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Exploring Service Learning Partnerships with Hospice in Allied Health Education

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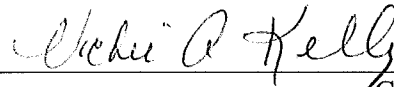
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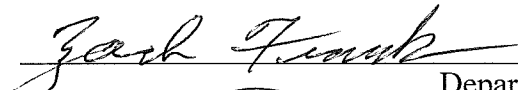
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## Abstract

Students in allied health professions such as radiation therapy will have encounters with patients who are dying. While clinical rotations and classroom discussions are designed to provide exposure to these situations, many students may not be prepared to fully comprehend or address the complexities surrounding death and dying. This project was intended to examine students' familiarity with services such as hospice and palliative care and to explore the use of a service learning experience in a local hospice to help them become more comfortable with patients and their families during stressful end of life transitions. Allied health students were asked to participate in a short survey on hospice and palliative care. The data indicated most students had some knowledge of these services, but students also felt it would be helpful to spend time with a patient who was nearing death. A local hospice was contacted, and objectives were discussed regarding working together in the future on a service learning project involving allied health students. Service learning opportunities in allied health programs can offer meaningful experiences for students to serve in the community, while learning skills such as communication and empathy in non-traditional learning environments.

## Table of Contents

Abstract.....	iii
Introduction.....	1
Purpose of Study.....	3
Significance of Project.....	4
Project Objectives.....	6
Background.....	8
Theoretical Framework.....	13
Review of Literature.....	17
Methodology/Data.....	23
Implementation.....	30
Project Summary.....	33
Conclusion.....	36
References.....	38
Appendices.....	42

## Table of Figures

Figure 1.....	24
Figure 2.....	25
Figure 3.....	26
Figure 4.....	27
Figure 5.....	27
Figure 6.....	28
Figure 7.....	29
Figure 8.....	29

Radiation therapists and other professionals working in allied health fields often have encounters with patients who are nearing the end of life. For students entering these fields, this can be overwhelming and uncomfortable at times. Questions also exist regarding students' knowledge of end of life care services such as palliative care and hospice, and the extended role these services can play during this transition for patients and their families. While simulations and role-playing activities are often used in classrooms to help students work through specific scenarios, there may also be opportunities to work closely with local hospices or other community organizations in a service learning context to provide students with real-life experiences through service to the community.

Service learning is not a new concept in education but has been closely associated with civic and political activism since the early 20<sup>th</sup> century when American colleges and universities became more involved in communities through civic engagement. The phenomenon emerged from the philosophical influences of John Dewey in the early 1920's, who believed that meaningful learning takes place through active engagement, with an emphasis on social improvement. Throughout the last century, economic, political, and social issues shaped and expanded learning opportunities for young adults through service programs such as President Roosevelt's Civilian Conservation Corp, and President Kennedy's Peace Corp. By the late 1970's American universities were beginning to offer Service Learning as part of their curriculum, and the trend continued to evolve throughout the '80's and '90's with legislative grants supporting more programs among institutions of higher education (National-Luis University, 2018).

In the 21<sup>st</sup> century, service learning models have grown to include many areas of health care education, such as allied health disciplines, nursing, social work, and even pre-med and medical school students. While service learning has provided an opportunity for students to

become involved in their communities, it has also extended learning beyond the clinical setting. Traditionally, healthcare education programs have used a variety of methods to educate and train students, often balancing classroom lectures and textbook readings with hands on practice through clinical rotations, field work, and internships. This real-life exposure is essential to the students' ability to experience processes and procedures in the moment. However, in some situations, students may gain a deeper understanding of sensitive subjects, such as death and dying, if experienced in a setting different from their normal clinical environment. Service learning can create opportunities to isolate these types of experiences and reflect upon them separately from every-day clinical experiences, thus helping students become more compassionate health care professionals.

The scope of this project was to attempt to determine the knowledge and comfort of students in various health care fields when working with dying patients and to explore service learning as a vehicle to compliment learning activities for students in health care fields. The project began with a survey of allied health, social work, human services, and nursing students at Washburn University to determine their familiarity with palliative care and hospice services, as well as their prior exposure to patients nearing the end of life. Literature was reviewed on the benefits and limitations of service learning projects with health care students, comparing studies and strategies of examples from several different disciplines. A prospective service learning project was designed for a radiation therapy program in partnership with a local hospice, and benefits and limitations of this type of a course were considered.

### **Purpose of Study/Project**

For years, health care professionals in the United States (U.S.) have been trained to improve the health of patients through preventative and curative measures, gently nursing them back to healthy and productive lives. However, there are situations when patients do not get better, when death is eminent, and when the focus begins to shift towards nursing to death. The subject of death and dying is a sensitive topic for most people, including those in health care fields, as many entered their professions with the hope of making people well. Discussions surrounding death and dying can cause emotional, spiritual, and psychological stress for many professionals, and they must often come to terms with personal feelings and beliefs to reduce the risk of depression or job burn out (Trad, 2013). However, acknowledging death enables health care providers to give continuous, compassionate, and holistic care, making it a necessary part of health care education.

For students new to the clinical environment, encounters with patients who are nearing death can be startling, emotional, and intense. Understanding that death is part of a journey, and that it often involves an interdisciplinary approach, may help students gain perspective on a sensitive, and often taboo topic. First, however, it is important to determine the general knowledge and comfort level of students entering health care fields regarding death and dying. What preconceived ideas do students have regarding the dying process? What do students know about services offered to patients facing terminal illnesses? Are they familiar with Hospice? Do they understand the extended role that Palliative Care services offers patients? Are they comfortable communicating with patients nearing the end of their lives?

Many students entering health care professions are young and have not experienced the death of a loved one or close friend. Yet many will also be working with patients who are facing

a terminal illness. The main purpose of this study is to try to understand the comfort level of these students and determine if learning opportunities beyond the classroom and clinic might offer the chance to gain experience, confidence, and knowledge that might compliment their professional goals. The second aspect of this study assesses the interest of local hospice organizations to determine whether a Service Learning partnership would be an appropriate way to extend student learning through service to the community.

### **Significance of the Project**

Health care professionals, at some point, will likely encounter a patient who is facing death. Skills such as compassion and empathy are essential in helping patients and their families through these stressful end of life transitions (Trad, 2013). This is especially true in the field of radiation therapy, where patients are receiving daily treatments for cancer. Cancer is not always terminal, and many patients go on to live full and active lives post treatment; however, there are also people who are nearing the end of their journey, and sometimes the care plan is altered. Today health care is approached from an inter-professional perspective, with a team of caregivers working together to care for the patient's body, mind, and spirit. For cancer patients, this team often involves not only oncologists, nurses, and therapists, but also social workers, dietitians, and chaplains. Recognizing the holistic needs of the patient, and the extended role of caregivers takes time and experience.

Students in health care programs, including radiation therapy, are often immersed in many hours of formal clinical training as a key part of their education. This is essential for students to learn the fundamentals of their fields such as operating equipment, safety issues, and patient care. The clinical setting also provides real-life experiences working directly with patients facing a difficult diagnosis, allowing students to learn many types of critical interactions.

However, when students have not had much prior exposure to sensitive situations, they may feel higher levels of stress and emotional discomfort which may create barriers to connecting learning theories from the classroom with clinical learning experiences (Wilkinson, 2015).

Many students enter health care fields with preconceived ideas regarding end of life care, including hospice and palliative care services. In some professions, such as radiation therapy, it can be difficult to develop true empathy towards patients with terminal illnesses without a better understanding of what the patient may feel or experience beyond their daily treatment. Health care professionals must be able to identify patient needs and understand that the needs of palliative care and hospice patients are often different from those of patients seeking to recover from their illnesses. Recognizing and sharing the feelings of these patients is an important step towards developing trusting and meaningful relationships with patients, rather than focusing solely on their physical needs. At the same time, health care workers (and students) must be aware of their own feelings and recognize signs of job stress for their own health and self-care. These are complex processes, and it may be helpful for students to have additional learning experiences to provide a foundation before they begin clinical interactions.

Service Learning can provide an additional environment for students to make these connections and gain personal and social skills, which will serve them professionally, while simultaneously providing a needed service within their community. Such courses have been incorporated into the curriculum in several university health care programs with positive outcomes for both students and the community. Educators can enhance community ties and teach civic responsibility, while creating a more enriched and engaged learning experience through instruction and reflection for students. Community partners gain a fresh perspective from students eager to learn and contribute, as well as valuable human resources to help their patients

or clients. Through thoughtful, structured planning involving both partners, Service Learning can benefit the student, the community and the institution. The relationship between the learning institution and the community is strengthened, and students can explore sensitive topics such as death and dying outside of formal clinical training (Bandy, 2018).

### **Project Objectives**

This study sought to assess Allied Health students' knowledge regarding end of life care services, as well as to gain a better perception of students experience and comfort around patients who are dying. It is important for students to develop an understanding of hospice and palliative care services, as they are integral in the holistic care of patients coping with terminal illnesses. The intent of the project is to explore possible options for incorporating Service Learning partnerships with local hospices to extend learning experiences prior to and beyond the traditional clinical experiences. Taking into consideration that these types of partnerships can complement most health care education programs, this project mainly focuses on Radiation Therapy programs and the benefits for their students, who will encounter patients at many different phases of their disease. Recognizing that patients at the end of life may face a wider array of challenges and concerns, this project is intended to offer additional ways to introduce students to these sensitive situations, in a safe, supportive environment where they will not only be able to broaden their knowledge and skills but can also contribute to their community.

Some of the current American Society of Radiologic Technologist (ASRT) guidelines for a radiation therapy curriculum suggest that students should be able to demonstrate the following skills after completing clinical rotations:

- demonstrate appropriate interaction with patients and patients' families and friends;

- identify factors that influence a patient's emotional response;
- assess patient side effects and complications to create an interdisciplinary management strategy that fosters prevention, healing, and comfort;
- evaluate the clinical significance of the patient's uniqueness to formulate appropriate actions;
- describe programs designed to promote and maintain health and wellness to meet patient needs (ASRT, 2018).

It is generally understood that these are advanced skills, which come from months, if not years, of training. Students need to be adequately prepared to recognize the depth and range of emotions which patients and families often face when coming to terms with a (terminal) diagnosis. Service Learning is one opportunity for students to gain valuable insight into the reality of death and dying which many patients and their families must also face, while simultaneously developing critical skills such as compassion and empathy. Exploring sensitive topics, such as the end of life, in a safe environment, outside of formal clinical training, and under the guidance of an invested instructor may add a deeper, lasting impression for students.

Examples of learning objectives experienced through a hospice or palliative care service learning experience may include:

- describing the psychosocial effects of cancer;
- developing and practicing appropriate professional communication skills;
- exploring the stages of grief and the process of death and dying;
- demonstrating effective communication skills when connecting with patients and family members;

- distinguishing the individual aspect of illness, and each patient's uniqueness (Lasley, 2018).

Many benefits as well as some of the challenges of implementing Service Learning into Allied Health programs have been explored in this project, including time constraints of students, instructors, and program curricula. Guidelines were developed to help ensure successful experiences for students and community partners. Ultimately, the intent is to assist students who may face anxiety, stress, or uncertainty about encountering patients in the process of dying. It will provide an alternative to traditional clinical experiences, which may offer a deeper, more meaningful connection for students entering health care professions.

### **Background**

There is concern that students new to health care fields often have little experience with death and dying patients, and limited knowledge of the services such as palliative care and hospice that are in place to help patients and their families during this difficult time. In the field of Radiation Therapy, it is likely that students will meet and work with patients who may soon need this level of care. At times, it can be overwhelming to comprehend the depth of what some patients may be experiencing: exhaustion, pain, stress, isolation, loss of dependence, depression, anger, failure, resignation, grief, and acceptance, are just a few. Learning to communicate with patients and families during stressful times can induce anxiety and apprehension among students, particularly those new to such experiences. Yet communication is a key element in patient satisfaction, and an essential skill for excellent health care delivery. It is important to provide safe environments for students to enhance their skills as caregivers and explore options that extend beyond the traditional classroom and clinical setting to produce confident, knowledgeable, and caring health care professionals.

Skills such as compassion, empathy, and communication are not always easily taught in the classroom, but develop over time with experience and exposure to sensitive situations. Educators in allied health and nursing fields have begun to question whether there is enough emphasis on compassionate caregiving in the health care curriculum, particularly surrounding end of life care. Nursing students in both the U.S. and Australia recently reported feeling under-prepared to care for dying patients due to limited exposure (Carmack, 2018). Indeed, others have wondered if it is possible to teach such skills as compassion and empathy without a better understanding of the patient's circumstances beyond the clinical experience (Trad, 2013).

While clinical rotations will provide much of this learning and experience, the opportunity for students to be involved with patients in a setting such as hospice and to contribute to patient care outside of the clinic can offer meaningful connections between theories and real-life situations. Service Learning provides a structured experience in addition to formal clinical exposure, allowing students to practice skills such as communication and empathy in other settings (Chow, 2015). Through guided reflection, students can explore their own feelings regarding death and dying, learn about hospice and palliative care, and serve their communities.

John Dewey believed that people learn through action, or by doing and experiencing things themselves, in addition to purposeful reflection. David Kolb took this further, with his theories on Experiential Learning, based on a cycle of action and reflection in which students reflect upon an experience, begin to understand the experience, and transfer that knowledge into other situations (Brandy, 2018). Service learning combines experiences in traditional teaching contexts with non-traditional settings where newly acquired knowledge and skills can easily be transferred. Service Learning should not be confused with other activities in which students

spend time working in the community. More accurately, it is an extension of a structured academic course, containing key elements such as:

- clearly defined connection to course objectives;
- service to the community;
- definitive opportunities for reflection – such as journaling, discussions, formal papers (National-Luis University, 2018).

The opportunity for reflection is one of the most important aspects of high-quality Service Learning, as the connection must be made between course concepts and the individual student's unique learning experiences. This distinguishes Service Learning from volunteering, community service, and internships, which are not formally connected with course work. Reciprocity between partners is another main feature of Service Learning, with the intent that both the student *and* the community equally benefit from the activity: such that the student gains knowledge and understanding and the community gains a valuable service (National-Luis University, 2018).

Higher education has experienced a revitalized interest in combining student engagement and community engagement activities in recent years. Educational theories sometimes ebb and flow in popularity, but evidence is showing that when students can make meaningful connections between course work and real-world experience, there are many positive student-learning outcomes, including increased critical thinking, confidence, and retention rates. With added exposure to community involvement, students are also more likely to continue to be engaged in their communities beyond college. The National Survey of Student Engagement (NSSE) was developed in the late 1990's to help colleges and universities measure the quality and effectiveness of student engagement activities, enabling them to provide "high-impact practices"

and more meaningful educational experiences (NSSE, 2018). When high impact practices are combined with relevant community engagement, the result is High Impact Community Engagement Practices or HICEPS. These are student-centered educational experiences that are based in community partnerships with the university to increase student awareness and action. Several high impact educational practices have been identified as beneficial for college students of many backgrounds, including Service Learning, which combines the opportunity for real-world experience and guided classroom reflections on service experiences (American Association of Colleges and Universities [AAC&U], 2018).

Service learning is commonly used to enhance student learning at universities across the world. Historically, it has served to encourage young adults to actively participate in their communities through civic involvement, often with an emphasis towards improving social outcomes. More recently, it has expanded to include health care students, so that they too may be involved in civic responsibility through community outreach projects. Traditionally, these students gain their experience in hospital clinical settings – both private and public, but as health care itself becomes more interdisciplinary, it is important to consider a wider range of options for training future professionals.

Hospice care is a patient centered type of care for patients with life-limiting illnesses, providing holistic care, which focuses on quality of life, rather than length of life. It involves an interdisciplinary team of health care professionals that addresses the goals, values, and rituals of patients and their families through open discussions of the dying process, including prognosis and realities of disease. Hospice care focuses on palliation, or providing relief from physical pain, as well as emotional and mental stress, offering support, resources, and assistance. It does not promote or prolong death but seeks to reduce suffering and preserve patient dignity

throughout the natural course of dying. The modern concept for hospice care was developed throughout the last half of the twentieth century, and provides services at home, in a hospital, a nursing home, or a special designated facility, such as a "hospice home". Today it is funded by both public and private health insurance, and includes teams of doctors, nurses, social workers, chaplains, and therapists, but the backbone of hospice has always been based on volunteers (Nabili, 2018).

Palliative Care services are often associated with hospice services but are also intended to aid patients with chronic conditions that are not necessarily terminal. These services also address the patient's physical, emotional, and spiritual needs, and are a part of the patient's ongoing care plan. While palliative care focuses on comfort and alleviating pain, it also encompasses strategies for improving daily living, including nutrition, exercise programs, and even sexual health. Palliative care is often provided at the institution or facility where a patient receives most of his or her care, such as a hospital or doctor's office, but can also be given in the home. It compliments most types of ongoing treatments, as patients continue with therapies for chronic or debilitating illnesses during any stage of their disease (World Health Organization, WHO, 2018).

Both hospice care and palliative care can be an important part of a patient's care when dealing with diseases such as cancer, as well as diseases of the heart and lungs. Understanding the extended role these services provide to patients and their families can be beneficial to students in fields where they are likely to care for patients with life-limiting illnesses. Healthcare students can provide valuable services through service learning partnerships with community hospices by spending time with patients and families, learning to *be in the moment*, and provide comfort through companionship and listening. In turn, they can gain a deeper understanding of

hospice and palliative care services and develop skills which will serve them in their clinical and professional roles.

### **Theoretical Framework**

John Dewey did not invent the term "Service Learning", but he is often credited with the foundation and theories that guide the underlying pedagogies. His idea of experiential education was entwined in his association between democracy and education: in short, he believed that schools should provide opportunities for students to interact with their communities to further learning and social responsibility. Dewey felt that education should be an active process, not strictly a lecture or an exercise in memory, but a combination of curriculum and experiential learning. Inherent in this process is the opportunity for reflection on the experience, so that the learner can make a connection, as Dewey recognized that experience alone does not necessarily produce knowledge. In this way, each experience influences future experiences, producing a learning continuum, an idea Dewey defined in his principles of continuity and interaction (Pacho, 2013).

Dewey's ideas were considered progressive at the turn of the twentieth century, as he viewed students as problem solvers able to develop their own conclusions through guided reflection. He felt that when students are offered real-life learning experiences, it increases personal connections and relevance, which is critical to reinforcing learning and retention. The combination of social interaction advances cognitive and moral development and promotes Dewey's ideals of democracy through education (Audette, 2013).

David Kolb took this concept further with his Experiential Learning Model, which is centered around the concept that learning is a transformational process wherein knowledge

comes from the experience and the change it creates through reflection. Kolb believed that learning is a cyclic process involving four main parts:

- A concrete experience;
- Reflection on that experience;
- Forming new ideas or concepts based on reflection (Abstract Conceptualization);
- Testing new concepts (Active Experimentation); (Cooper, 2013).

Thus, learning must be both active and meaningful, increasing the opportunity for transformative learning through reflection (Cooper, 2013).

Other theories have been explored in relation to service learning, such as constructivist theory, where learners build their ideas of the world based on their own experience and reflection. Students actively participate in experiences that enable them to apply new information to already acquired knowledge and form their own ideas about their world. The role of the educator in constructivist theory places more emphasis on mediating students than on lecturing (Lasley, 2017). Situational learning theory also implies that learning takes place in real-world surroundings rather than a classroom, and growth occurs through service to the community and personal motivation to improve students' own skill levels. Similarly, Facilitation Theory is also based on learners taking more responsibility for their learning and enables students to learn more independently with support from the instructor and community partners, who are viewed more as "facilitators" than as instructors. Action Learning provides the opportunity for students to practice skills taught in a classroom, while Problem Based Learning allows students to make relevant connections between prior learning and real-life experiences, confront obstacles, and resolve them in ways that are mutually beneficial to patients, clients, and the student (Cooper,

2013). While these theories may be a part of Service Learning, the meaningful blending of community service with course objectives remains central to its definition.

Service Learning most consistently encompasses the values and theories of both Dewey and Kolb (others include Piaget, Freire, and Lew) involving learning opportunities with community partners which benefit both students and the community. There are multiple definitions and approaches to Service Learning, such as internships, fieldwork, work/study, role play, and simulation, but Service Learning is distinguished by several factors. It must blend significant community service with defined objectives from a specific course, address a real need in the community, provide orientation from both the school and the community partner, be reciprocal, in that both the student and the community benefit equally, provide ongoing development and reflection, and foster a sense civic responsibility. Other terms for service learning include civic education, community engagement, or engaged scholarship, most of which emphasize civic responsibility and scholarship, but must equally benefit the community and the student while providing academic content and relevant leaning experiences through closely aligned objectives (Bandy, 2018).

Service Learning provides students with concrete objectives and provides an opportunity to apply learned theories in real-world situations. It allows students more freedom to comprehend complex and ambiguous concepts on their own terms, creating a more individual, meaningful learning experience. It should enhance understanding of complex situations, problem solving methods, critical thinking, and cognitive development. It has been shown to increase interpersonal development, intercultural understanding, leadership and communication skills, along with social responsibility and lifelong community involvement. It also may improve faculty and institution relationships with the community, including opportunities for research and

networking, while increasing commitment to a varied curriculum. It provides valuable human resources to communities, including increased energy, enthusiasm, and fresh student perspectives (Bandy, 2018).

All of these are noble and valuable outcomes, but many discussions in health care education center on the efficacy of implementing a Service Learning course into a curriculum already inundated with coursework and clinical rotations. Service Learning can be as varied and diverse in health care education as it is in general education. Educators must be able to find merit in non-traditional learning options that add strength and substance to course work. In science-based professions, the gold standard is evidence-based practice, but can the outcomes of Service Learning truly be scientifically and consistently measured? Determining the value of implementing it into Allied Health curricula depends on factors such as the subject matter, specific learning objectives, community opportunities, and faculty enthusiasm (Stallwood, 2011).

Today a variety of health care disciplines use Service Learning in addition to classroom learning. It is used in nursing schools, medical schools, and professional programs such as occupational therapy, physical therapy, pharmacy and social work. It can be part of a community outreach program for preventative health, or to help meet the needs of underserved populations, and is often viewed as an extension of clinical practice. A major component of this project is to examine the use of Service Learning in the specific field of Radiation Therapy, to see if these core theories can be put in place to serve the community while advancing student learning outcomes.

## Review of Literature

Service Learning is almost ubiquitous on university campuses these days, including health care education programs. While the concept is not new, the practice is still evolving, as are the definitions, theories, and validity. For this project, Service Learning is defined as blending meaningful learning objectives with meaningful service objectives with the purpose of inducing a change for both the provider of the service, as well as the recipient of the service. Through the process of experience, reflection, and action, it is intended that students will achieve a deeper understanding of themselves, while gaining experience in a unique setting, and accomplishing real objectives for the community. While many health care disciplines have been using Service Learning to broaden student experiences for several years now, its implementation has been slower in other fields, such as Radiation Therapy, where students already spend many hours in a clinical setting, in addition to class time. Articles were reviewed concerning service learning, service learning in health professions programs, and specifically, the knowledge and comfort level of students in health care studies who must face difficult situations, such as end of life care, to examine the efficacy of implementing such a course.

The clinical component is often the cornerstone of the professional healthcare curriculum. Theories are taught in classrooms, and students then spend many hours in a clinical setting applying these theories under the guidance of a health care professional who is an educator. This is also considered to be *experiential learning*, where students can experience real-life situations and work with real patients. In some cases, though, students have reported increased anxiety and stress upon entering the clinical environment for the first time, leading to decreased confidence levels that may impede the connection between learned theories and clinical experiences. In a

study by Wilkinson et al. (2015), students reported a positive association with original experiences prior to introduction into the clinic setting and patient contact. Hands-on practice was identified as the most valuable type of learning experience prior to working with live patients (Wilkinson, 2015).

Working in simulation labs and role playing provide safe experiences for students learning to problem solve in unexpected situations. The more life-like the scenario, the more positively students rated the experience. However, these types of learning experiences also have inherent limitations, including cost to purchase and maintain manikins and other equipment, staff education, and time constraints involving preparation for realistic scenarios (Gillian, 2014). As healthcare becomes more interdisciplinary, some educators and professionals are finding it helpful to provide multiple environments to increase exposure and broaden learning experiences. Mary Kirk (2015) found that placing students in a wider variety of settings can increase their knowledge and understanding, making them better prepared to face the diverse demands of the healthcare profession today. Each new setting provides an opportunity for a new mentor and another view of the health care spectrum (Kirk, 2015). Service learning is another form of experiential learning that can help students gain confidence and competence through a cycle of action and reflection while accomplishing real acts of service in the community.

The difficulty of teaching concepts such as empathy and compassion has also been examined in healthcare education. Brown and Bright (2017) acknowledged that the field of nursing today has become a much more technical, diagnostic, and task-oriented environment, questioning whether enough emphasis still exists on providing high levels of compassion. In health care today, it is important for professionals to be able to build relationships with patients to provide holistic care, in addition to learning the technical aspects of their fields. Exploring

death, dying, and end of life communication can be difficult, especially for students new to healthcare professions. Studies have shown that many first-year nursing students have had few interactions with people with terminal illnesses nearing the end of their lives and feel under-prepared to care for such patients. It is important for educators to not only provide opportunities for exploring these concepts, but to also help prepare students to face these challenges, emotionally, spiritually and psychologically (Poultney, 2014).

Carmack and Kemery (2018) explored teaching methods for end of life care in nursing and reported face to face interactions fared most favorably, including lectures, guest speakers, discussions, group work, and Service Learning. Simulations were viewed as a safe environment to practice and improve clinical skills, and clinical settings continue to provide the foundation for building upon these skills, but studies show there is room to improve student confidence and communication skills prior to entering the clinical setting, especially in end of life situations. Preparing students through intentional experiences, such as experiences in palliative care or hospice settings, provided a more interdisciplinary view of working with dying patients, which helped students identify concepts such as a "good death." Discussions and opportunity for reflection allowed students to examine their own attitudes on death and dying, and to make a personal connection regarding their own mortality. This led to a better connection with patients, creating positive attitudes in end of life experiences for both students and patients (Carmack, 2018).

Other professions have also taken note of the sensitivity of teaching skills for end of life care, including the use of hospice or palliative care settings. Chiarelli et al. (2014) recommend training in palliative care settings in undergraduate education for all healthcare professionals after completing a study of entry-level physical therapy students who were enrolled in a

preliminary course. This study surveyed students before and after the course to analyze students' confidence levels, the role of physical therapy, and their knowledge of its use in palliative care, as well as the interactions and emotional impact of working in a palliative care setting. Many students reported feeling unprepared emotionally and were hesitant to interact with patients receiving palliative care prior to the introductory course. After the course, however, students felt much more confident regarding their knowledge of palliative care services and their ability to communicate with patients with life-limiting illnesses. Most students reported positive interactions with hospice and palliative care patients, which helped prepare them for future clinical encounters (Chiarelli, 2014).

A critical element of all health care is communication, which can be especially challenging when encountering patients who are nearing the end of their life. Michael Pagano (2016), a professor of Communication Studies at Fairfield University, recognized that discussions centered around death are often taboo in our culture, creating a sort of "communication apprehension" among young people, even those entering healthcare professions who may frequently work with patients who are dying. This apprehension often makes it more difficult for students (and professionals) to be able to have honest conversations with patients and families facing death, yet studies show that people who are dying still want - and need - to interact with others (Pagano, 2016).

Pagano (2016) developed a course on end of life communication focusing on the concept of death and dying communication for healthcare and non-healthcare students. He incorporated a Service Learning approach, working with a local hospice to help provide students with the experience of interacting with hospice patients and their families, and decrease their "communication apprehension". The first half of the semester was spent in class discussing end

of life communication, using textbooks, videos, and shared personal experiences, creating a safe setting to openly discuss sensitive topics and encourage sharing. Students began spending time with hospice patients in the second half of the semester, working in pairs or teams to help alleviate anxiety. A variety of time options were available to accommodate student schedules. Student reflective journals initially indicated that most had 0% experience in communicating with dying people and acknowledged apprehension regarding the upcoming Service Learning project. Upon course completion, however, most students reported a transformational experience, and lower apprehension in communicating with people facing death (Pagano, 2016).

Megan Trad (2013) has been instrumental in incorporating service learning into the curriculum for radiation therapy students at Texas State University. A service learning course was offered to first year students involving spending time with patients at a nearby hospice. Prior to the course, clear objectives were developed by the instructor and the hospice representative. Students attended an orientation at the hospice so that they would understand their role, as well as what they might encounter. The course was set up allowing students to spend two class periods a week with their assigned patient, and to meet as a class during the third class period to reflect and discuss their experiences. Students reported gaining confidence through this experience on their ability to discuss difficult topics such as death and dying, to build stronger relationships with patients through better communication, and their general ability to provide more support for patients. Trad (2013) concluded that service learning provided relevance to the radiation therapy curriculum by creating concrete learning experiences for her students, in areas which are difficult to teach and assess through classroom instruction alone.

The benefits of a true service learning experience must extend equally to students and the community. In numerous reviews of service learning across various healthcare disciplines,

particularly those connected with end of life care, patients and facilities reported satisfaction with student interactions. Patients and their families appreciated having a caring person listen to their stories, while students learned the value of active listening and the importance of "being in the moment." The ability to make these connections outside of the traditional learning environment empowers students to build upon these skills and transfer this knowledge for future use (Prizzi, 2014).

Some authors approached service learning with caution, however, recognizing potential challenges for students, faculty, and community partners. Time constraints often topped the list of concerns for both educators and students, in terms of fitting in volunteer hours into an already busy schedule. In some situations, students faced delays in starting their volunteering, which also caused stress, while others reported a lack of a defined role in the community organization. Faculty face challenges of creating new assignments to facilitate student reflection, difficulty building flexibility into the curriculum, and issues of assessing student performance. Community partners must keep in mind that service learning volunteers are different from regular volunteers, and that the time commitment may be less due to class schedules. It is important for faculty and community partners to work together to develop clear expectations and descriptions for student volunteers, and to connect the activity with academic goals (Poultney, 2014).

Educators have also questioned the effectiveness of service learning, as results are often self-reported by students, rather than concrete assessments. Evaluation or assessment processes are largely untenable making it difficult to measure whether objectives have been achieved. Steinke and Fitch (2007) acknowledged the difficulty of assessing real-world skills as accountability in higher education increases. They compiled a list of assessment tools which could be used to measure gains in cognitive skills through service learning, including the

Problem-Solving Inventory and the Cognitive Learning Scale –both of which are indirect measurements of student's attitudes. They went on to list more tests which could be used to assess service learning outcomes, but concluded more research is needed to fuel the discussion of such assessment (Steinke, 2007). While writing or journaling can be helpful for assessing outcomes, the value of the experience will vary from student to student. Others question the true reciprocity of the relationship with community partners and whether their goals or needs are truly being met, as well as specific, achievable learning outcomes for students. Some confusion still exists surrounding terminology, as service learning in the past has been grouped into categories of learning experiences which are not mutually beneficial or are not directly linked to academic content (McMenamin, 2014).

Nevertheless, service learning continues to offer students a unique learning experience, balancing opportunities to acquire new knowledge and skill sets in non-traditional settings, while serving the community. In disciplines where much information is disseminated over a short period of time, service learning provides a new perspective for students, and often has a positive impact on communities with unmet health care needs, helping to foster a sense of civic duty in future health care professionals.

### **Methodology/Data**

Approval was requested and granted from the Washburn University Institutional Review Board to survey students in the Radiation Therapy program, as well as students from Radiology, Respiratory Therapy, Occupational Therapy Assistant, Human Services, and Nursing programs (Appendix A). A short survey was designed and sent out through student emails. The survey consisted of five questions regarding students' familiarity with hospice and palliative care services, whether they have spent time with a person nearing death, and whether they felt such an

experience would be helpful to them (Appendix B). The data revealed that most students were somewhat familiar with both hospice and palliative care services currently, as well as prior to entering their programs.

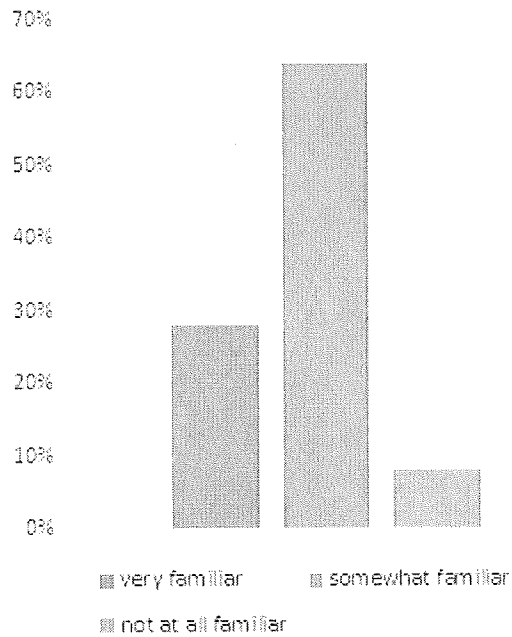


Figure 1: How Familiar Are You with Hospice Services?

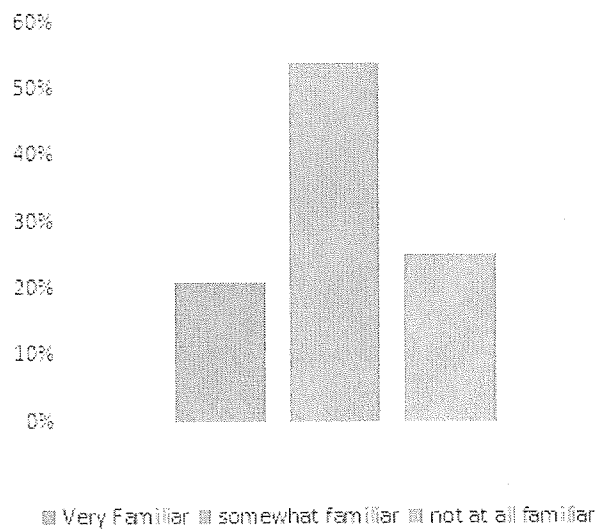


Figure 2: How Familiar Are You with Palliative Care Services?

More students were familiar with hospice services than palliative care services, as 25% of the students were currently unaware of palliative care services compared to only 8% who were currently unfamiliar with hospice services (Figures 1 and 2).



Figure 3: How Familiar Were You with Palliative Care or Hospice Prior to Entering Your Program of Study?

Upon entering their program, close to one third (34%) of survey respondents were not at all familiar with either hospice or palliative care services. Only 16% of students were very familiar with either hospice or palliative care services, and almost 50% of students were somewhat familiar with such services prior to beginning their programs of study (Figure 3).

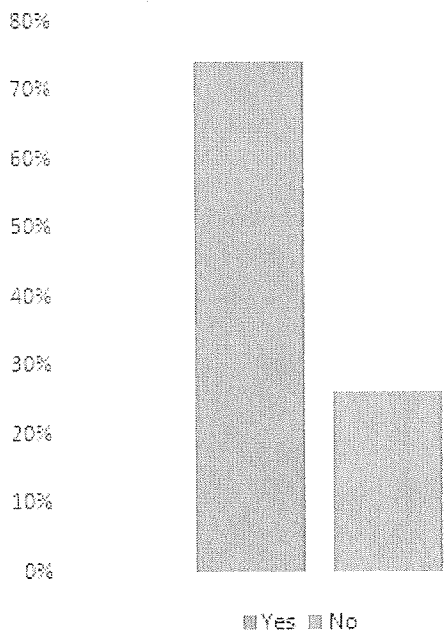


Figure 4: Have You Ever Spent Time with a Person in the End Stages of a Terminal Illness?

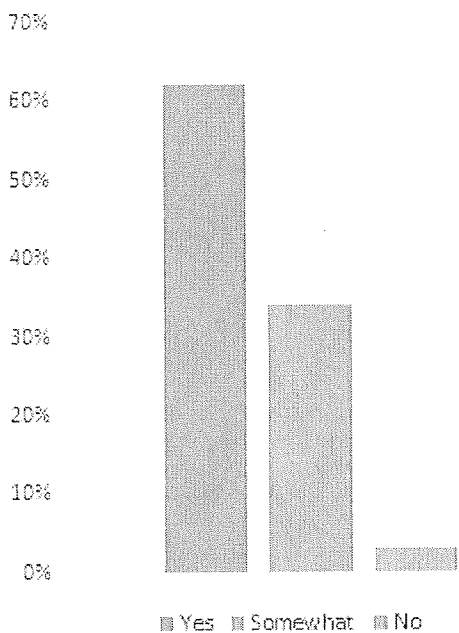


Figure 5: Do You Feel It Would Be Helpful to Spend Time with a Patient or Family Member Who Was Nearing Death?

Nearly three fourths (74%) of all students surveyed had spent time with a person who was nearing death, while 62% of all students felt it would be helpful to do so, 34% indicated it might be helpful and 3% did not feel it would be helpful to spend time with a patient or patient's family in the end stages of life (Figures 4 and 5).

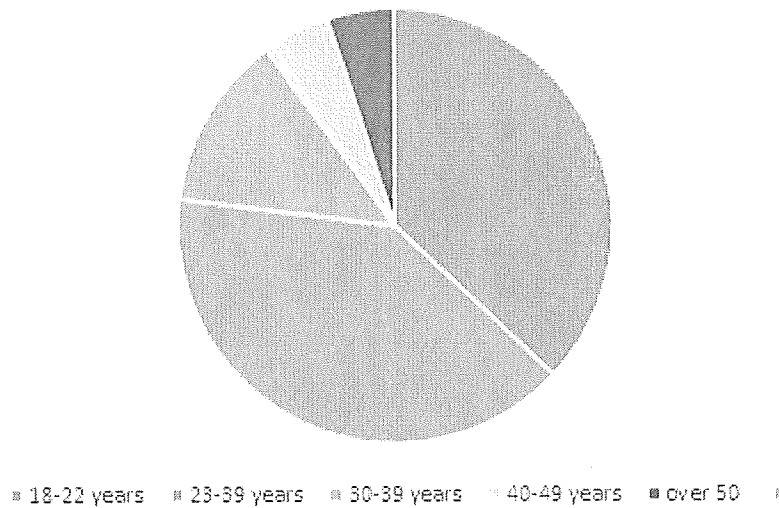


Figure 6: Age Group

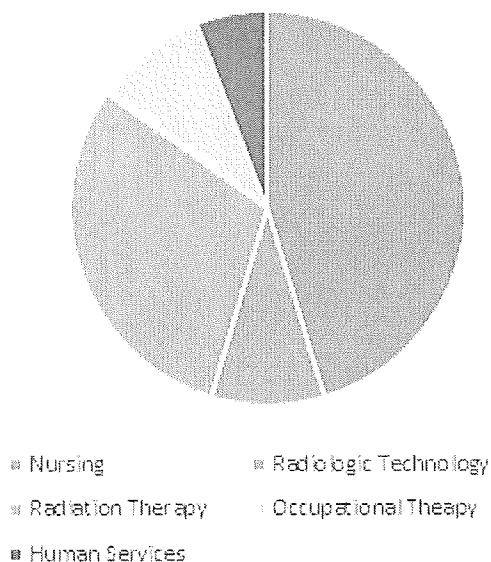


Figure 7: Field of Study

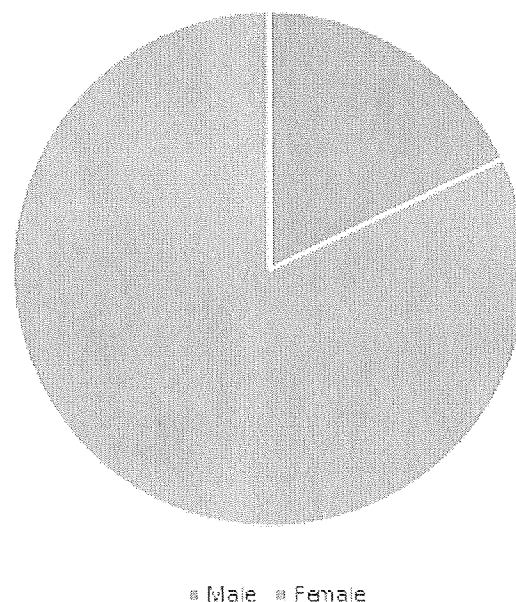


Figure 8: Gender

Demographically, most of the survey respondents were under 30 years of age, with 82% being females, compared to 18% males. Thirty nine percent of respondents were first year Nursing students, while 26% were from Radiation Therapy, 8% each from Radiologic Technology and Occupational Therapy Assistant programs, and 5% from the Human Services program (figures 6-8).

Overall results show that most students had some level of understanding of hospice and palliative care services prior to entering their programs, and that by the beginning of the second semester of their program, when they survey was taken, they had become slightly more familiar with such services. An overwhelming majority of students still felt spending time with a patient or patient's family as they neared death would be helpful to them.

## **Implementation**

Learning objectives for a hospice Service Learning experience were identified for Radiation Therapy students, as well as for Allied Health students in other disciplines. A local hospice was contacted to discuss the possibility of establishing a partnership for a Service Learning project, to allow students to provide companionship to patients and/or family members, throughout a semester to help further their understanding of hospice service while beginning to develop skill sets for serving patients who are dying. The idea was enthusiastically received, as the local hospice had previously worked with university students on other projects with positive outcomes. Learning Objectives for students were shared and steps to implement such a program were established to ensure that both student needs and hospice needs would be met. An example of Learning Objectives is provided, as well as some of the important considerations for the project.

### **Student Learning Objectives (Radiation Therapy specific)**

- explain psychosocial effects of cancer
- develop and practice appropriate professional communication skills
- explore the stages of grief and the process of death and dying
- communicate perspective on personal values/beliefs surrounding death and dying
- compare the uniqueness of each patient's individual illness
- explain the importance of establishing a professional relationship with patient and family
- assess the value of companionship for cancer patient/family

**Student Learning Objectives (General)**

- interpret cultural competency and cross-cultural understanding
- demonstrate a personal sense of civic-responsibility
- formulate constructive communication skills
- demonstrate personal, moral and social development
- examine leadership roles and skills

Prior to beginning the course, the volunteer coordinator and the course instructor will need to meet to structure specific training objectives around the students' needs and academic learning objectives, as well as the requirements of the hospice. A volunteer schedule will need to be decided upon, including how many hours each week students will be expected to volunteer, scheduled times, and locations. The local hospice contacted has an average of 7-10 patients staying at the facility at any given time and asked that students be understanding and flexible regarding patient needs. Depending upon the class size and the number of student placements required, students could be paired in small groups, or could alternate rotations throughout the hospice house to assist the house parent in other regards. For much larger classes of students, arrangements could be made to meet with hospice patients who are living at home or in nursing homes. In this instance, the volunteer coordinator would meet with students the first few times they met with patients and families to ensure safety and comfort of both students and families, and students would be advised to communicate with the hospice coordinator each week before making an off-site visit.

Once the details of schedules and expectations have been outlined, the professor and participating students would meet at the hospice campus for training and orientation. In most cases, hospice volunteers require up to six hours of training; however, as Service Learning occurs as part of a credit-bearing course, some preparation will take place in the university classroom, prior to the on-site hospice orientation. The hospice orientation includes approximately two hours of orientation and training, consisting of information about the hospice house, HIPPA regulations, death and dying, a tour of the campus, and a video. The volunteer coordinator will help define hospice needs and expectations to be met by the students, as well as answer any questions students may have regarding their duties, or what to anticipate from patients and families.

In designing a service learning program of this type, instructors will need to establish goals for the students, as well as the community partners. The most positive service learning experiences offer solid orientation and reparation processes prior to student placement and outline clearly defined roles for students as they begin serving in the community. In a hospice service learning program, it may also be necessary for some students to have an alternative activity or assignment, in case they are unable to participate due to the recent loss of a loved one. Designated class time throughout the semester is an important aspect of service learning, so that students can relate the experience back to academic content. Instructors should design learning activities that complement the Service Learning prior to the project, throughout the project, and at the completion of the project, as well as decide upon assessment of the experience. Activities such as directed writing or journaling, class discussions, and class presentations offer opportunities for reflection and sharing as students process their experience.

## Project Summary

The data from the survey indicate that students have some familiarity with hospice and palliative care services, as well as an increase in familiarity with such topics since beginning their healthcare programs, as would be expected. Students entering healthcare programs seem to have some knowledge regarding hospice and palliative care, but it is difficult to determine from the survey questions just what they know, or how comfortable they are being around a dying person. While most students had spent time with a person who was dying, the majority still felt it would be helpful to spend time with a patient or family member who was approaching death. Admittedly, the data does not present a complete picture of student knowledge and comfort, but it may indicate that there is room for innovative teaching and learning opportunities in allied health education, including service learning.

One of the limitations to this study was the timing, in that the survey was presented to students in the second semester of their programs, rather than at the beginning of their programs. It is also important to consider the variety of educational experiences of the respondents, as students in some programs may have had more clinical exposure or interactions with seriously ill patients than their cohorts in other programs. While the survey questions addressed familiarity with hospice and palliative care services, it did not encompass students' comfort level when communicating with or caring for dying persons, which may be another limitation of the study. The study was confined to the fields of study of students being surveyed; however, there are many other allied health programs that could possibly benefit from similar service learning experiences.

Service learning has been implemented in various allied health programs in recent years, often as a means of community outreach, where students gain professional skills through

interactions with patients and community members, such as during health screenings or information drives. Radiation therapists work with a unique population of patients, who may be facing spiritual, social, emotional, and physical challenges which are also similar to those experienced by hospice patients. A service learning partnership with a hospice can offer these students an opportunity to witness some of the complications faced by patients and their families outside of the clinical environment, and to build skills such as communication and empathy, while learning the value of being present for patients and families. This type of experience provides a solid foundation for skills that will transition into clinical and professional practice for students, while increasing their sense of civic awareness and responsibility. The local hospice was eager to work with students in a project such as this.

Ensuring a positive service learning experience involves significant planning and preparation, beginning with establishing a mutual partnership within the community. Outlining clear goals and expectations is beneficial to both students and the community partner, as well as having specific roles for students, so that they complement the Learning Objectives of the project. Opportunities for reflection should be provided throughout the course in connection to classwork. In preparing for their community service, students may be directed to write about what they expect to encounter prior to volunteering, as well as ongoing experiences, thoughts, or emotions throughout the semester. Assessing student learning outcomes could be achieved through activities such as guided writing assignments, journaling, projects, and through pre-and-post course surveys or evaluations. It may provide an opportunity to explore biases or misconceptions students may hold prior to their service, as well as to examine their personal views on sensitive subjects surrounding end of life issues.

Students should be prepared for the time commitment required in a service learning course, as most studies recommend volunteering at least 20 hours in a semester in addition to normal class time. They should also be notified of potential travel requirements, which may add to time commitments. Logistical and organizational realities exist when working with hospice patients, and flexibility in scheduling should be considered concerning student availability and patient needs, including cancellations and revisions through the semester. Equally important is the emotional responses of patients, family members, students, and staff when working in a hospice environment, and students should be cautioned not to be insulted or take things personally. Consideration should be given to students who may be unable to meet these obligations due to their own recent loss, and alternate activities may need to be designed for them (Pagano, 2016). In all situations, students should be made aware of counseling services through the university should emotional stress become an issue. Going forward, both the community partner and the course instructor should be willing to readjust and redefine schedules and needs as they learn from each semester.

Designing a service learning course for an online program creates unique challenges but is not impossible. Students may be required to find their own hospice or volunteer opportunity, requiring a larger time commitment and more individual preparation. This may need to be built into the curriculum guide or presented prior to the semester to give all parties adequate time to prepare. It may be necessary to alter the scope of the objectives to allow for alternative types of service learning, and students could be more involved in choosing their site if a hospice setting was not available. While this project focused on a service learning experience with a local hospice, there are other ways to involve radiation therapy and allied health students in the community if volunteering with a hospice is not a viable option. Many communities have Ronald

McDonald houses, or other temporary living arrangements for family members of patients, who may need assistance preparing meals or snacks, or even just companionship. Sometimes the value is in learning to listen; to be in the moment when someone is experiencing grief or loss. These experiences often help students learn as much about themselves as about those for whom they are caring (Lasley, 2017).

### **Conclusion**

Many Radiation Therapy programs are time-intensive, with limited space for activities beyond class work and clinical rotations, but the chance to be active within the community, and provide a much-needed service is also valuable for students to gain confidence and insight beyond the clinical experience. To justify the addition of Service Learning into a healthcare education curriculum, the course must prove to effectively accomplish essential learning objectives in a unique manner. Clinical experiences will always be the foundation for most Allied Health learning experiences, but service learning in an atypical setting can help (radiation therapy) students learn how to identify and maintain professional relationships while continuing to support patients. Service learning in health care can offer students an individual perspective in a varied setting, as they gain knowledge of themselves as well as the needs of those in their community. Its effectiveness can be measured in terms of course evaluations and surveys, through student comments, recommendations to other students, and in meeting learning goals.

Regarding students in allied health fields, future studies might involve more specific questions to help identify students' preconceived ideas or prior experiences regarding hospice and palliative care services as well as certain biases or misconceptions they may have surrounding the dying process. The use of service learning continues to be explored and expanded in health care education for high impact practices and community engagement

(HICEPs) to increase student awareness and contribution to society. While not all disciplines are equipped to help during acute incidences such as hurricanes or earthquakes, people can make a difference within their own communities. The role of service learning in specific allied health disciplines deserves to be further examined to determine the value of such community engagement experiences on program objectives and outcomes.

Allied health programs are necessarily specific; however, education also implies stimulating moral growth, which can be done through creative and well-designed Service Learning opportunities. In the rush and pressure to care for and cure patients, it is important not to lose sight of the humanity in health care. Service Learning in Radiation Therapy, or in any health care education, can have an important role in preparing future health care professionals by creating student-centered models to reach a variety of learners with different learning styles. Providing interdisciplinary collaboration, helping to build skills such as empathy, compassion, and communication, and strengthening ties to our communities, Service Learning can have long term benefits for student, educators, and communities.

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## Appendices

### 1. Appendix A: Copy of IRB Approval email

**From:** irb  
**Sent:** Tuesday, January 30, 2018 8:08 PM  
**To:** Catherine Esquibel  
**Cc:** Vickie Kelly  
**Subject:** IRB #18-07

Congratulations! Your IRB application has been approved.

Best of luck with your study!

Cynthia (Wooldridge) Nebel, PhD  
Assistant Professor of Psychology  
IRB Chair  
Henderson 211-G  
Washburn University  
1700 SW College Ave  
Topeka, KS 66621  
785-670-1763

## 2. Appendix B: Copy of End of Life Care Survey Questions

Catherine Esquibel

[Catherine.esquibel@washburn.edu](mailto:Catherine.esquibel@washburn.edu)

MHS Practicum Spring 2018

Survey Questions for Project: "Exploring the Role of Service Learning Projects in Health Science Curricula". (9 questions including informed consent)

Survey Title: End of Life Care Survey

a. Informed Consent to participate in survey:

The department of Allied Health supports the practice of protection for human subjects participating in research. Your participation in this short survey will be helpful in determining how knowledgeable and prepared students in Allied Health fields are when encountering patients who are nearing death. The survey is anonymous and the information you provide will in no way be linked to you or any of your personal information. Participation is strictly voluntary. Please indicate that you have read and understand this Informed Consent Statement before continuing with the survey. Thank you for your participation.

- Yes, I have read and understand the Informed Consent Statement, and wish to participate in the survey.
- No, I do not give consent to participate in this survey.

\*Due to the sensitivity of some of the survey questions, we wish to remind you of the availability of campus counseling services, if needed. Appointments can be made by calling 785-670-3100 or by dropping by offices in Kuehne Hall (directly across from Benton Hall).

- b. How familiar are you with hospice services?
- Very familiar
  - Somewhat familiar
  - Not very familiar

- c. How familiar are you with Palliative Care services?
- Very familiar
  - Somewhat familiar
  - Not very familiar
- d. How familiar were you with Hospice or Palliative Care Services prior to entering your Allied Health Program?
- Very familiar
  - Somewhat familiar
  - Not very familiar
- e. Have you ever spent time with a person in the end stages of a terminal illness?
- Yes
  - No
- f. Do you feel it would be helpful for you to spend time with a patient or family member who was nearing death?
- Yes, I feel it would be very helpful
  - I feel it would be somewhat helpful
  - I do not feel it would be helpful at all

These last questions will provide a bit more statistical information for this study:

- g. Please indicate your age group:
- 18-22
  - 23-29
  - 30-39
  - 40-49
  - Over 50
- h. Current field of study:
- Nursing
  - Radiologic Technology
  - Radiation Therapy

- Respiratory Care
- Physical Therapy Assistant
- Occupational Therapy Assistant
- Social Work
- Human Services
- Other

- i. Gender
  - Male
  - Female

\*Once again, just a reminder that campus counseling services are available at Kuehne Hall if you have questions or would like to visit. 785-670-3100.

**Approval Page**

Exploring Service Learning Partnerships with Hospice in Allied Health Education

Catherine M. Esquibel  
MHS, Washburn University, 2018

A THESIS

SUBMITTED TO THE DEPARTMENT OF ALLIED HEALTH  
OF WASHBURN UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF MASTER OF HEALTH SCIENCE

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Committee Chairperson

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Department Member

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Department Member

Washburn University of Topeka  
April, 2018