

Appendix E

Verbal Consent Script

For physicians, nursing home administrators, and nursing home staff

Hello, my name is _____, and I am working with the research team that is responsible for evaluation of the pilot of the POLST form. Our records indicate that you received copies of the POLST form and information about using it. I'd like to ask your help with our evaluation. I would like to ask you a few questions regarding your experience with the POLST form. Your participation should take about 30 minutes. (If the participant indicates a willingness to participate, then continue with the remainder of the consent process.)

This research project has been reviewed and approved by the Institutional Review Board at Washington State University and Eastern Washington University. If you have any questions or concerns about this research project, you can contact the WSU IRB at (509) 335-9661. These data will be kept confidential. I will not record your name on the interview form, but rather will use a number to identify the interview for our records. Your participation is completely voluntary. You are free to not answer any questions you may find objectionable, and may withdraw from participating at any time, just by letting me know you would like to end the interview.

The interview poses minimum risk to you but there are two potential concerns. Making end of life decisions with patients can be difficult and the interview may be emotionally troubling. Also, the researchers are obligated by Washington State Law to report incidents of abuse or neglect.

Are there any questions about the program that I can answer for you at this time?

(Answer questions.) Would you like to participate in this project?

Appendix F

POLST Evaluation Study

Consent Form

Dear Resident (or legal surrogate for health care decision making),

You are cordially invited to participate in a research study designed to evaluate the usefulness and safety of the Physician Orders for Life Sustaining Treatment (POLST) form. You have been identified as a resident who has completed a POLST with your physician. The POLST research group will be using what you tell us to do a better job with the POLST form. This work is part of an effort to improve end of life care for everyone.

We expect that our interview will take about 30 minutes to an hour of your time. The interview will be audio-taped and the interviewer will take notes during the interview. The audio-tapes will not have your name on them, only the code number. One list that matches your name with the code number will be kept in a locked cabinet and only the three researchers listed below will have access to the list. The tapes will be kept in a separate locked cabinet. The list and the audio-tapes will be destroyed after three years. Your name will not be identified in the final research report.

Participating in this interview is entirely voluntary. You may, at any time, change your mind and refuse to participate. There will be no consequences for you, whether you choose to participate or not. Because the POLST form deals with end of life decision making, there is some risk that this interview will be troubling for you. If needed, nursing or social service staff will be available to talk about concerns that you might have. If you have any questions regarding this study or the interview, please contact any of the researchers listed below. Thank you for participating.

Sincerely,

Judy L. Meyers, RN, PhD
509-324-7282

Crystal Moore, MSW, PhD
509-359-6425

Melissa Ahern, MBA, PhD
509-358-7982

Consent Statement

I have read the above comments and agree to participate in this research study. I understand that I will be interviewed and asked about my experience with completing the POLST form. If I have concerns, or change my mind prior to participating, I will notify a staff person who will inform the researcher(s) of my desire to not participate. I also understand that during the interview, I can refuse to answer any question, or stop the interview at any time. I understand that if I have questions or concerns regarding this project, I can contact any of the researchers involved or the Washington State University Institutional Review Board at 509-335-9661.

Resident (or legal surrogate) _____ Date _____