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Using an Experiential Learning Assignment to Teach BSW Students about Culture and End-of-
Life Care Planning

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Abstract

In response to needs identified by the Institute of Medicine (2015) and the National Association of Social Workers (2004), this paper describes an experiential assignment to increase BSW students' skills in end-of-life care. In this assignment, students discussed end-of-life wishes with another, completed an advance directive, and processed their experience. Students made gains in three areas: awareness of others' perspectives, recognition of culture's influence on end-of-life decisions, and the role of information in empowering patients and families. Students also made gains in the affective skill of empathy.

Keywords: BSW, Advance Directives, Experiential Learning

Introduction

The quality of end-of-life care has been the focus of national attention for some time. End-of-life care comprises a range of practices others perform at the conclusion of an individual's life including terminal care, hospice care, and palliative care (Izumi, Nagae, Sakurai, & Imamura, 2012). Ideal end-of-life care encompasses social, psychological, and spiritual domains, emphasizes the wishes of patients and their families, and uses evidence-based practices for the most effective outcomes (Institute of Medicine (IOM), 2015). Dying in America is characterized by death from chronic conditions after prolonged illnesses in medicalized settings (IOM, 2015). Since 1991 the Patient Self-Determination Act has required Medicare and Medicaid certified health facilities to inquire about, offer, and honor advance directives (IOM, 2015, Morrell, Brown, Qi, Drabiak, & Helft, 2008), yet many people have not thought about their end-of-life wishes or discussed them with others (Black et al., 2009). Skilled health professionals can help patients and family members negotiate this difficult end-of-life period, but many health profession students report apprehension with the topic of death (Pagano, 2016).

One challenge involved in providing quality end-of-life care is the variety of perspectives on what constitutes a good death. Culture, including religion, race, and ethnicity, can influence end-of-life decision making. One definition of culture is "a relatively organized system of shared meanings, including beliefs and symbols that guide but do not determine individual behaviors." (Mehrotra & Wagner, 2008, pp 25) When we talk about cultural influences on end-of-life, we are concerned with perspectives that are shared by a group of people that may make people in that group experience end-of-life differently than other people. People in that group may also be viewed differently by others (Mehrotra & Wagner, 2008) For example, religion provides interpretations about how suffering relates to the afterlife and what needs to take place

at the end to ensure rest for the soul (Alexander, 2000). This can influence patient preferences on pain management and beliefs about appropriate treatments. In addition, culture can influence access to health information and approaches to withdrawal of treatments at the end-of-life. Interdisciplinary teams must consider cultural influences on decision making for individuals receiving end-of-life care.

Social workers are an important part of the interdisciplinary team providing end-of-life care in nearly every practice setting, including hospitals, hospices, nursing homes, and non-medical settings (Walsh-Burke & Csikai, 2005; Csikai, 2008). Notable publications, including the IOM Report *Dying in America* (2014) and the National Association of Social Workers (NASW) Standards for Palliative and End of Life Care (2004), address social work roles in end-of-life care, such as supporting dying individuals and their family members in coping with loss, facilitating family conferences, advocating for the rights and preferences of the dying individual, acknowledging cultural differences, educating the care team about cultural differences related to end-of-life, and policy advocacy to address the gaps in a fragmented system (NASW, 2004; Csikai, 2008). Social workers also bring a person-in-environment perspective and understand the links between micro, mezzo, and macro systems (CSWE, 2015). Social work values such as respect for dignity and worth of the person allow social workers to respect individual choices and advocate for patients' rights (Csikai, 2008). Yet most social workers receive little specific training on end-of-life issues in their social work programs (Cacciatore, Thieleman, Killian, & Tavasoll, 2015; Huff, Weisenfluh, Murphy, & Black, 2006).

The Bachelor's Degree in Social Work (BSW) is a generalist practice degree. BSW programs teach a broad overview of "a range of prevention and intervention methods" (CSWE, 2015, pp 11). According to the Council on Social Work Education (CSWE, 2015):

Generalist practice is grounded in the liberal arts and the person-in-environment framework. To promote human and social well-being, generalist practitioners use a range of prevention and intervention methods in their practice with diverse individuals, families, groups, organizations, and communities based on scientific inquiry and best practices. The generalist practitioner identifies with the social work profession and applies ethical principles and critical thinking in practice at the micro, mezzo, and macro levels. Generalist practitioners engage diversity in their practice and advocate for human rights and social and economic justice. (pp. 11)

While these skills are important for providing end-of-life care, this focus means that BSW students receive limited specialized content in aging (Hooyman, 2006).

Despite the fact that CSWE does not expect competence in specialized practice at the BSW level (CSWE, 2015, p. 12) and many BSW graduates go on to Master's in Social Work (MSW) programs where they receive specialized training in specific populations (CSWE, 2015, pp. 12), BSWs practice in many settings with older adults and their families (Waites & Lee, 2006). For example, NASW certifies BSWs to work in hospice and palliative care settings. Medicare allows BSWs to fill social work positions in hospice. In nursing homes, social service roles are filled by those with bachelor degrees in social work or one of eight other "related fields" (Bern-Klug et al., 2016). Despite a possible lack of social work training, social service workers may address advance directives in long term care (Simons et al., 2012). In many states, BSWs have a limited scope of practice, yet state licensing websites reveal that about 80% of states license or certify BSWs for independent work. Therefore it is important to prepare BSW students for competent practice in end-of-life care.

Experiential learning encompasses educational practices that involve learning by doing allowing students to engage with problems, particularly those with no clear answers (Cacciatore, et al., 2015). It may range from one-time, in-class active learning experiences to semester-long, out-of-the-classroom authentic experiences. "Active learning exercises are useful tools for promoting discussion, reflection, and knowledge building among undergraduates" (Latshaw,

2015, pp 278). Experiential learning experiences include a reflective component which allows students to assimilate the new knowledge created by participating in the activity (Kolb, 1984). This paper describes an end-of-life planning assignment that uses an experiential learning experience to teach undergraduate social work students in an aging elective about the challenges facing older adults and their families in end-of-life decision making, cultural influences on end-of-life decisions, and their own biases about aging. Advance directives were chosen as the end-of-life skill to focus on because they can be addressed by social workers in a variety of settings. The purpose of this study was to understand the impacts of this assignment on student learning and the development of affective competencies such as empathy and cultural awareness.

Literature Review

Experiential Learning

Many college students in the health professions report a lack of experience and comfort with death (Pagano, 2016). Comfort with the topic of death is just the first step in being able to facilitate a conversation about death with patients and families. Conversations about death involve multiple concrete and affective skills, such as knowledge about regulations, empathy for the patient and family's situation, the ability to communicate with the patient and family, and an understanding of the implications of culture on end-of-life decision making. Experiential learning is an effective approach for teaching affective skills like empathy (Kolb, 1984).

Empathy uses cognitive, emotive, and behavioral components to recognize how another feels, imagine how that person is feeling, and reflecting understanding back to the individual (Selph, Shiang, Engelberg, Curtis, & White, 2008). Empathy makes helping professionals more effective in their work with clients (Cacciatore, et al., 2015). Empathy improves outcomes in

social work interventions (Cuzzo, Larson, Mattsson, & McGlasson, 2017). Empathy in end-of-life discussions is associated with increased satisfaction with communication (Selph et al., 2008).

Experiential learning is a framework that involves participating in an experience as a means to integrating new knowledge into one's being (Giordano, Clarke, & Stare, 2015). Kolb (1984)'s experiential learning framework has four components: concrete experience, reflective observation, abstract conceptualization, and active experimentation. Concrete active learning experiences promot[e] discussion ...and knowledge building among undergraduates" (Latshaw, 2015, pp 278). Adopting such a process in courses that explore end-of-life issues allows students to discover their own truth about end-of-life beliefs. This is in line with a postmodernist theoretical approach that posits that truth is subjective and all members can have different views of society (Cuzzo et al., 2017). Thus, a student-centered approach to teaching end-of-life decision making allows each student to understand their own process.

Lack of Preparation for End-of-life and The Need for Skilled Social Workers

Though death may take place at any point in the life cycle, people tend to avoid thinking about their own until it seems imminent (IOM, 2014). Almost a quarter of adults aged 75 or older have not thought about or documented their wishes for end-of-life care (IOM, 2014). Thus, many older adults arrive at health care settings in the late stages of life without having had conversations with loved ones and care providers. The social workers in these settings are often charged with facilitating these conversations (NASW, 2004; VA, 2017).

There are many barriers to conversations about end-of-life including discomfort with death or a preference for focusing on life (Fakhri et al., 2016), a belief that decision making ability will not be lost (Martino, 2000), religious or cultural beliefs around discussing death (Bullock, 2011), or not knowing how to approach the conversation (IOM, 2014). People expect

to be in control of their end-of-life decisions, yet physical and cognitive decline could accompany the dying process and may leave individuals unable to make or voice their care choices (IOM, 2014). Patients may avoid talking about their wishes out of fear that talking about death may burden family members. Ironically, the evidence shows the opposite--that advance care planning can reduce confusion and guilt among family members who make decisions (IOM, 2014).

Social workers in end-of-life care may have a variety of roles and responsibilities to patients, their families, and other members of the interdisciplinary care team (Murty, Sanders, & Stensland, 2015) and they bring specific skills to end-of-life care that enhance the patient experience. Social workers take a person-in-environment perspective when working with patients and families (NASW, 2004), and thus are equipped to help address the challenges outlined above. Social workers also bring skills that help the work of an interdisciplinary team. For example, social work's focus on diversity and cultural competence are essential as the aging population becomes more diverse (Bullock, 2011). They can educate other team members about culturally relevant beliefs that influence end-of-life care (NASW, 2004). Social workers also value problem solving starting from the client's perspective (NASW, 2017). Open discussion is often needed to understand what quality of life means to a patient, and in the presence of substituted decision making, who is in the role of decision maker (Csikai, 2008). Social workers can facilitate these conversations and advocate for the voice of the patient in all decisions (Csikai, 2008). These social work skills address the IOM recommendation for comprehensive end-of-life care that is consistent with "individuals' values, goals, and informed preferences" (IOM, 2014, pp. 10).

Initiating a conversation about end-of-life wishes is just one of many tasks that a social worker may encounter in working with families. While it is an important part of the social work role, the conversation alone does not eliminate the burden on loved ones at the end of life (Murty, Sanders, & Stensland, 2015). Even among families that have had advance planning conversations, when family members are confident that they know what the dying person wants, carrying out end-of-life wishes may be emotionally challenging. Families may need assistance and support to fulfill this role (IOM, 2014). Social workers' expertise in helping families through crises is essential in end-of-life care (Murty, Sanders, & Stensland, 2015).

Cultural Factors in End-of-life Decision Making

Individual beliefs about death are shaped by “a wide array of social, cultural, economic, geographic, spiritual, and religious beliefs and experiences.” (IOM, 2014, pp. xi) Cultural influences on end-of-life decision making are complex and cannot be easily summarized. Individual beliefs can include differing views about what constitutes a good death, such as perceptions about the use of artificial nutrition and hydration, respirators, and palliative care (Bullock, 2011). For example, Catholic teachings on the sanctity of life do not permit assisted dying (Alexander, 2000). Other individuals believe advance directives, do not resuscitate orders, and palliative care accelerate death and thus represent a lack of trust in God's plan (Bullock, 2011). Other cultures discourage the discussion of death (IOM, 2014), citing a fear that such discussions will hasten death or cause bad luck. Among social work students, race and ethnicity were found to be a predictors of attitudes about end-of-life care planning (Kwon, Kolomer, & Alper, 2014). Given the diversity of cultural perspectives about end-of-life, cultural competence is essential to understanding how culture influences choices and recognizing the variability that may exist within a cultural group (Murty, Sanders, & Stensland, 2015).

This Assignment

The course in which this assignment is situated meets the University's global cultures requirement, designed to foster cultural understanding of the world beyond the borders of the United States. The course presented changes and challenges that occur in aging, and how they are experienced by people from different cultural backgrounds within the US context. The advance directive assignment described combined these areas. Acknowledging a lack of preparation for dying and end-of-life planning and the need to prepare social workers to work with older adults and their families, this experiential learning assignment was developed as a formative assessment to "[a]ddress the cultural, spiritual, & ethnic values & beliefs of older adults & their families" (CSWE, 2017). Structured based on Kolb (1984)'s model, students discuss their healthcare wishes with others, complete an advance directive and reflect on the experience (Kolb, 1984). The reflection questions ask students to describe their discussion, describe their thoughts, feelings, and reactions, explain any new understanding that arose, and consider how their cultural identity influences thoughts and choices about end-of-life care. The combination of experiencing a conversation with a close family member or friend about end-of-life wishes and reflecting on the experience allows social work students to engage in critical thinking. Asking about cultural influences allows the students to consider the impacts of identity on end-of-life decision making. Both of these prepare them to work with diverse individuals and their families.

Methods

Study Design and Procedures

All students participating in an undergraduate elective in Aging and Culture took part in this study to evaluate the effectiveness of course assignments and processes at developing

geriatric social work competence. After IRB approval was received, all students in the class were invited to anonymously participate. To avoid the potential for coercion, the study was introduced to students by a faculty member not associated with the class. Students were given the opportunity to opt-out of the data collection at that time and at any time during the semester. No students in the class chose to opt-out. All written assignments submitted for course credit were de-identified and saved to a research database separate from course records. During the semester in which the class was being held, only an undergraduate research assistant had access to the research database. After final course grades were submitted the researcher/professor was able to access the database for analysis.

Sample

Thirty two students were enrolled in the class, 28 female, 4 male. Due to the anonymous nature of the data collection, students were not asked to report their ages or their ethnicities. Through class discussions and assignment reflections, it was revealed that many were foreign born or first generation Americans. Many spoke languages other than English in their homes.

Setting

This course was held in an undergraduate social work program in an urban area, on an integrated university campus located about 40 miles from the program's main campus. Students in the BSW program receive population-specific content during one required upper-level elective, and the aging elective was one of several offered by the department. This undergraduate elective on aging and culture was developed to increase student achievement of the Geriatric Social Work Competencies as defined by the Social Work Leadership Institute (SWLI) and the Council on Social Work Education's Gero-Ed Center (CSWE, 2017).

This class' location at a public university center in a large urban area resulted in an ethnically diverse classroom composition, including many students who were immigrants or first-generation Americans. In addition, the content of the course emphasized the impact of culture on aging experiences. The assignment reflection questions specifically asked students to consider how cultural identity influenced their thoughts and choices on end-of-life care, including all aspects of identity such as gender, race, and ethnic background, as applicable.

The Assignment

This assignment was one of three short paper assignments that had students complete an observation or task and write a guided reflection on that task. The task in this assignment asked students to complete an advance directive on the state form after having a discussion with close individuals of their choice about their wishes for end-of-life. The goal was to provide students with the opportunity to experience advance care planning from the perspective of their own values and family system. This includes the consideration of how a person's cultural identity impacts their perspective on end-of-life decision and to face the difficult decisions those facing serious illness or life-limiting illness have to make throughout their disease trajectory. Students were asked to reflect on the parts of the assignment that were challenging for them to help understand concerns and barriers clients may face in completing an advance directive

Analysis

To understand how this assignment shaped students' abilities to comprehend the process of completing an advance directive, students papers were analyzed using a phenomenological approach. Phenomenology is a method of qualitative analysis that allows researchers to explore the shared elements of defined human experiences (Creswell, 2015). Phenomenology allows researchers to construct accounts of human relations, using the interpretations of the individuals

who experience them (Elo & Kyngas, 2008). Using the techniques outlined by Elo & Kyngas (2008), the assignments were read in their entirety. Since the assignment structure provided some pre-ordained categories for analysis, the units of analysis were both the overall assignments and the categories created by the assignment questions: thoughts, feelings, and reactions to the assignment; new understandings; and cultural influences. Open coding for themes was done within each of these sections and within the assignment as a whole. Codes were categorized and grouped as belonging together. The final themes emerged from this grouping of categories. Quotes were taken directly from the assignments to support the meanings of the categories. The discussion explores lessons learned about end-of-life education. Identifying factors are redacted to protect the privacy of the student participants.

Results

Three themes related to social work practice in end-of-life care were identified from the students' assignments: New Perspectives on Others' Experiences, Influence of Culture and Religion, and Empowerment. One additional theme involved experiential learning and the affective skills they learned as a result of completing the assignment.

New Perspective on Others' Experiences

This theme describes comments that reflect a growing realization of both the challenges and the benefits of the advanced care planning process.

Students described the challenges that exist when individuals and their families have different views and wishes on end-of-life.

Completing these forms helped me understand how difficult can be for the person and for the family members serving as agents and witnesses filling out the forms as doing so may make more evident the fact that the death of the person is approaching. Now I also understand that selecting the choice that best describes a person's healthcare preferences may be even more challenging when family members or partners do not have the same

values. Therefore, coming to an agreement of the types of treatments or care an individual should receive may be very challenging. (Student #15)

Specifically, one student identified the area of nutrition and hydration to be a particular challenge, since “although these means of nourishments through medical intervention can ease the suffering and pain, they also prolong the life of a terminally ill patient. (Student # 8)”

They also discussed the challenges related to the experiences of loss such as confronting their own mortality, and/or the impending death of a loved one. One student said, “Filling out the forms may make more evident the fact that the death of the person is approaching.” (Student # 15) Similarly, another student felt that “Filling out the advance directing causes someone to face their own mortality.” (Student # 27) Another student discussed the challenge of discussing death in families that have experienced previous losses, as this conversation can cause the family members to re-experience the pain of that loss.

Despite these challenges, students indicated that they felt that completing an advance directive would result in a sense of relief or fulfillment. They perceived that having the conversation reduced the long term burden on family members.

I believe people experience a sense of sadness when completing the advance directive, but feel a sense of fulfillment after completing the form. The person that completes the form must feel inspired knowing that any actions or decisions made by the healthcare provider were influenced by their own wishes. As one completes the advance care planning process, they must feel at ease knowing that they will lessen the burden from their family members. (Student # 28)

As another student said, “... each step in the process can be intense. However, in the end of the process you tend to feel a sigh of relief which is always a good feeling.” (Student # 17)

Finally, in this theme, students expressed an increase in empathy towards the feelings those who must complete these directives in difficult situations experience, when the decisions must be confronted. “Even though the forms itself are simple to fill out the question asked are

life changing decisions a person makes.” (Student #15) “In our discussion, we came to understand some of the experiences people have when completing the advance care planning process. For a variety of reasons, end-of-life care is a topic that many people are uncomfortable thinking about and engaging in discussions over.” (Student # 8)

Influence of Culture and Religion

Students who completed this assignment indicated that it helped them consider broadly the influence of culture on end-of-life decision making and the influence their culture had their beliefs about end-of-life. Consider these response from students for whom the very discussion of death was discouraged in their cultures because of the fear that it would bring or cause death.

My cultural identity influenced a lot while making the choices on end of life care. In the [nationality redacted] culture talking about death is taboo. Speaking about death is taboo because it brings sadness or might cause the actual death of the person. I do not believe much in such superstitious belief. However, while starting the conversations with my husband regarding the end of life care, I was anxious and afraid. I was afraid because I feared it might bring the sadness and death. (Student #26)

For me, it made me feel superstitious as if I am jeopardizing my life. In my husband’s culture, it is an anathema to discuss end of life plans and death because they view it as a curse. (Student #8)

This student expressed a belief that her culture led to her in collective decision making about end-of-life.

I believe ethnic background and cultural identity are most relevant in one's thoughts and choices regarding end of life care. Feeling a sense of belonging and connection to one's community or family plays a strong role in how major life decisions are made. Since, I have grown up in a large family and still live in the local area of my family I know this plays into how I view end of life care. (Student #9)

Students also reflected on how their religious and cultural identity prepared them for caregiving expectations and attitudes towards health conditions that arise. These two students felt their faith allowed them to accept natural death because of their religious beliefs and trust in

God's plans for them. The third student wondered whether her religion dictated that she should sustain life, with the hope that a miracle would occur.

Religion has helped me to accept the situations that life brings and to be spiritually prepared. I learned through my time at church that God has a plan for everyone and I am a strong believer that whatever I am experiencing is happening for a reason. This helped me to accept death and that is why I did not choose to extend my life and allow natural death to occur. (Student #14)

I believe in God and his promise for my life; as result, my decisions for end-of-life care are persuaded by my [religious identity redacted] faith. I believe when life-threatening illnesses or injuries that come to claim one's life, I believe in allowing nature to take its course. I do not believe in any medical interventions being used to sustain life. Allowing a machine or any other medical equipment to keep me breathing is not natural. Therefore, I prefer to allow nature to take its course and not have to be placed on any ventilator machine or a feeding tube. (Student #28)

Being religious can also play a part in decision making and whether or not you should extend life or just be comfortable and die. Many people I know who are religious believe miracles can happen so it may be a situation where they think it is best to extend life for as long as possible. I struggled with this decision as well. Part of me was wondering if I didn't take the feeding tube if I was just essentially starving myself in order to die. There are many dynamics that can play a part in these decisions but I would say for me it was my gender and religiosity. (Student #23)

One student noted that being in a minority group reduced the exposure she had had to information about advanced care planning. In having this discussion, she was challenged by both the cultural taboos of having the discussion, and the lack of knowledge of the options.

This experience has also caused me to think further about my cultural, ethnic, and religious identity. I also recognize that a lot of my wishes result from my religious beliefs that I hope to respect. ...[F]rom personal experience, I know that minorities such as [ethnic identity redacted] do not have knowledge about such advance care planning that is available. The advance care planning discussion gives individuals the option of expressing their end of life care wishes, and the right to choose who can make medical decisions on their behalf. (Student #13)

Social Work Practice: Empowerment

Empowerment was introduced to social work practice by Barbara Solomon in 1976.

Solomon (1976) defined empowerment as "a process whereby the social worker engages in a set

of activities with the client or client system that aim to reduce the powerlessness that has been created by negative valuations based on membership in a stigmatized group.” (pp 29) Since this seminal work, other social workers have noted that empowerment provides individuals with real decision making power, from a range of choices, offers access to information and resources, and allows the individual to affect change in their own life (Chamberlain, 1997).

In this study, students described the process of advanced care planning as empowering, and included in their descriptions many of the concepts cited by Chamberlain (1997).

This experience allowed me to think about issues I hadn't previously thought about. It was ironic because I usually plan everything that goes on in my life.... I found it interesting that I had not thought about planning my end of life care, since it is an inevitable part of life. However, this experience made me feel like I was in control about my life even after my death. I felt a sense of security and reassurance as I listed my primary and backup agents. Discussing my advance care planning with my agents and witnesses also made me feel dignity, as I was the one making my medical decisions ahead of time. I felt empowered, and genuinely supported by them. (Student # 13)

Not only did the decision making process empower students who made the choices, they suggested that it empowered their family members to be able to carry out their wishes if and when the time came that they needed to do so, as one student described: “I conclude that this Advance Directive should make it easier for my family and loved ones to carry out my wishes. It should help them to not feel guilty but to feel proud that they fulfilled my wishes.” (Student #4)

Experiential Learning and the Development of Affective Skills

Student responses revealed lessons learned in the process of completing the assignment unrelated to the assignment focus. For example, two students revealed that doing the assignment allowed them to connect with loved ones in deeper and more meaningful ways than they had before. As a result of the conversation initiated by the assignment, they were able to have lengthy discussions about life and end-of-life wishes for both themselves and the loved ones.

They also revealed that they learned about themselves by thinking about their end-of-life choices. One student said,

In an odd way, I enjoyed this assignment. The main reason being, I connected in a way with my mother and grandmother that I had not previously in my life. After the assignment, I had lengthy discussions about life, and also spoke to them about what they would want if they could not make decisions for themselves. After speaking to both of them, I believe this is something that everyone should do sometime in their life; sooner than later. (Student #27)

Similarly,

This experience has allowed me to connect with those involved in another level. I have expressed my wishes at end of life, and I am sure they will be respected. I have also learned about myself by thinking about what I prefer at the end of life. (Student #13)

Not all students viewed the experience as positive. This student still felt uncomfortable about discussing death, yet felt relieved that this process existed and encouraged others to complete directives.

My reaction to this assignment made me feel uncomfortable, because I do not like thinking about death; however, it is going to happen one day. Life-threatening illness or injuries are never planned; however, if one has an advance directive, he or she is given the opportunity to plan his or her health care. Therefore, I am happy to know that there is a form available at no cost, and that is easy to access and to complete. In addition to me completing this advance directive, I have suggested to my family the importance of completing their own advance directive. (Student # 28)

Similarly, other students felt that while the conversation was uncomfortable or frowned upon, they realized how useful it would have been to have known the wishes of family members who had passed away, or how much better they felt at being able to leave their wishes for their family members.

Overall, this assignment was personally very eye-opening and useful in the sense that it really got a conversation going for my family. ... Death is something we just do not talk about. However after my grandma passing and seeing the choices that were made during her final days, my family realized how useful it would have been to know what her wishes were. (Student #3)

Filling out the advance directive was more difficult than I thought it would be. Choosing the agents was the easiest part of the process because I already knew who I would go to in the event that I had a health issue. The challenging part was thinking about what I wanted for myself in my final days. (Student #7)

Finally,

This assignment should be completed by every college student. College is supposed to prepare you for adult life and death is definitely a part of life. I found this assignment helpful in making me realize that there are many things we should think about when it comes to our wishes at the end of life. These decisions should not be left for old age because not everyone dies from old age. The experience of filling out the advance directive with the input of trusted loved ones made it so that there are open channels of communications about the options we have at the end of life and even filling out an advance directive. (Student # 7)

Discussion

This experiential learning assignment increased undergraduate social work students' comfort and competence around end-of-life decision making. By their own words, they reported a previous lack of preparation for end-of-life planning, which is to be expected because many of them were young adults. This assignment increased their ability to confront discomfort in discussions around the topic and to have important conversations.

Students who completed this assignment were able to articulate cultural influences on end-of-life decision making. Because this assignment was limited to discussions within their own families, not all students had the opportunity to explore with individuals in cultures different than their own. Further work is needed on ways to provide students with an opportunity to follow up with each other to learn about different cultures and perspectives, and then further reflect, based on the cycle of experiential learning described in Kolb (1984).

This assignment helped students to explore experiences they might not have considered. At the same time, their written reflections suggest that they were able to develop empathy in the

area of end-of-life planning by understanding better the challenges faced by families that have to address these difficult topics.

From the faculty perspective, an instructor applying this intervention would need to be aware of their own level of comfort around death and biases related to end-of-life care. The primary instructor for this course had a long history of practicing social work in nursing homes and hospitals and thus had previous exposure to multiple experiences of death and dying, and had observed a variety of reactions to death. The range of student reactions to the assignment and to talking about death confirmed previous professional experiences. As a result of professional experiences the instructor had participated in personal conversations about end-of-life. She possessed a strong bias towards comfort care and against extensive interventions which needed to be acknowledged in the grading of the assignments and the analysis for this paper. This was addressed using self-reflection throughout the process and acknowledging the existence of these personal preferences.

Faculty less comfortable with the topic of death may need to do some self-reflection on the process and consider having their own conversation about end-of-life prior to assigning this experience to students. Social workers have many difficult conversations in the course of doing their work and in some ways, this is just another one of those conversations. Faculty members should use good social work practice to consider the benefits and drawbacks of self-disclosure to students of their own discomforts with the discussion topic and/or process.

One word of caution to faculty considering this intervention is that it can be triggering to students who have experienced recent or traumatic losses. The sheet describing this assignment that was distributed to students included a statement on the potential difficulty: "This assignment may be upsetting for some people to complete. The intention is for you to reflect on those parts

that are challenging for you to help you understand concerns and barriers clients may face.”

Faculty members might consider having an alternative assignment available to students who feel unable to complete the assignment.

Limitations

The results presented here are limited because they present the experience of one class of students. As is true for much qualitative research, it is not intended to be generalizable (Leung, 2015). However, as phenomenological research the study provides an account of students' experiences with experiential learning as a tool to teach about end-of-life planning. Based on the description of the context provided, readers can judge whether they might apply this approach (Polit & Beck, 2010) in their own BSW classes and settings.

The assignments were graded using a rubric, the results of which are not presented here. Class grades included additional criteria such as grammar and thoroughness of responses, while this analysis focused solely on content.

Conclusion

This assignment provided BSW students with the experience of talking about and completing their advance directives. Since BSW students receive limited population specific content in their training, it is important that the content they receive provides them with hands on experience of relevant tools and topics. Students who participated in this assignment reported, unprompted, an increase in understanding the challenges faced by those who complete advance directives, an understanding of cultural influences in on end-of-life decision making, and a sense of empowerment by the process of making their wishes know. This is one assignment, and this paper reports the results of one class of students. However, these responses suggest the value of

experiential assignments such as these in highlighting important social work values such as cultural competence and increasing comfort with challenging topics such as end-of-life planning.

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