

IRB Admin  
Office of Research Compliance  
540 Devall Drive, Suite 200  
Auburn, AL 36832  
334-844-5966

December 9, 2022

To the IRB Administration of the Office of Research Compliance,

I am sending this letter with my revised IRB exemption application to declare that I have not made any changes beyond the changes requested by the IRB reviewer's notes, with the addition of the 2 major changes listed below. All changes were made as requested and highlighted for easier revision.

**Change in sample size:**

- As requested by the hospital director of the small animal veterinary teaching hospital we have confined the time frame of recent clients that will receive a survey invitation to the last 4 years. Anticipating 10% of clients completing the survey, the expected number of participants was estimated at approximately 2000 pet owners.

**Added text field for comments at the end of the survey:**

- An optional text field was added at the end of the survey to invite the participants to voice any opinions, comments, or suggestions.

Please contact me or my faculty supervisor if further changes need to be made or if you have any other questions about the research project.

Sincerely,

Leonie Bertram, DVM

## AUBURN UNIVERSITY HUMAN RESEARCH PROTECTION PROGRAM (HRPP)

**EXEMPT REVIEW APPLICATION**For assistance, contact: **The Office of Research Compliance (ORC)**Phone: **334-844-5966** E-Mail: [IRBAdmin@auburn.edu](mailto:IRBAdmin@auburn.edu) Web Address: <http://www.auburn.edu/research/vpr/ohs>**Submit completed form and supporting materials as one PDF through the [IRB Submission Page](#)***Hand written forms are not accepted. Where links are found hold down the control button (Ctrl) then click the link..***1. Project Identification****Today's Date: December 9, 2022****Anticipated start date of the project: December 1, 2022 Anticipated duration of project: 1 Year**

- a. **Project Title: Small animal teaching hospital's clients' preferences for communication and decision-making during cardiopulmonary resuscitation.**

- b. **Principal Investigator (PI):** Leonie Bertram Degree(s): DVM  
 Rank/Title: Resident, Graduate Student Department/School: DCS, CVM  
 Role/responsibilities in this project: Primary investigator, conducting background research on survey topic, developing survey, organizing distribution of survey including recruitment and consent, data collection, data analysis, person of contact for any questions asked by potential participants and participants  
 Preferred Phone Number: 334-758-1715 AU Email: lmb0133@auburn.edu

**Faculty Advisor Principal Investigator (if applicable):** Katherine Gerken DVM, MS, DACVECC  
 Rank/Title: Assistant Professor Department/School: DCS, CVM  
 Role/responsibilities in this project: facilitating research progress, responsible for all aspects of student-led research  
 Preferred Phone Number: 334-728-7430 AU Email: [gerkekk@auburn.edu](mailto:gerkekk@auburn.edu)

**Department Head:** Anne Wooldridge, DVM, MS, PhD, DACVIM Department/School: DCS, CVM  
 Preferred Phone Number: 334-539-2204 AU Email: aaw0002@auburn.edu  
 Role/responsibilities in this project: not directly involved in this project

- c. **Project Key Personnel** – Identify all key personnel who will be involved with the conduct of the research and describe their role in the project. Role may include design, recruitment, consent process, data collection, data analysis, and reporting. ([To determine key personnel, see decision tree](#)). *Exempt determinations are made by individual institutions; reliance on other institutions for exempt determination is not feasible. Non-AU personnel conducting exempt research activities must obtain approval from the IRB at their home institution.*

Key personnel are required to maintain human subjects training through [CITI](#). Only for EXEMPT level research is documentation of completed CITI training NO LONGER REQUIRED to be included in the submission packet. NOTE however, **the IRB will perform random audits of CITI training records to confirm** reported training courses and expiration dates. Course title and expiration dates are shown on training certificates.

- Name:** Leonie Bertram Degree(s): DVM  
 Rank/Title: Graduate Student Department/School: DCS, CVM  
 Role/responsibilities in this project: Primary investigator, conducting background research on survey topic, developing survey, organizing distribution of survey including recruitment and consent processing, data collection, data analysis and reporting, person of contact for any questions asked by potential participants and participants
- AU affiliated? ☒ Yes ☐ No If no, name of home institution: [Click or tap here to enter text.](#)
  - Plan for IRB approval for non-AU affiliated personnel? [Click or tap here to enter text.](#)
  - Do you have any known competing financial interests, personal relationships, or other interests that could have influence or appear to have influence on the work conducted in this project? ☐ Yes ☒ No
  - If yes, briefly describe the potential or real conflict of interest: [Click or tap here to enter text.](#)
  - Completed required CITI training? ☒ Yes ☐ No If NO, complete the appropriate [CITI basic course](#) and update

Revised 02/01/2022

the revised Exempt Application form.

- If YES, choose course(s) the researcher has completed: Human Sciences Basic Course 3/10/2025  
3/10/2025

**Name:** Katherine Gerken

Degree(s): DVM, MS, DACVECC

Rank/Title: Assistant Professor

Department/School: DCS, CVM

Role/responsibilities in this project: facilitating research progress, **responsible for all aspects of student-led research**

- AU affiliated? ☒ Yes ☐ No If no, name of home institution: [Click or tap here to enter text.](#)
- Plan for IRB approval for non-AU affiliated personnel? [Click or tap here to enter text.](#)
- Do you have any known competing financial interests, personal relationships, or other interests that could have influence or appear to have influence on the work conducted in this project? ☐ Yes ☒ No
- If yes, briefly describe the potential or real conflict of interest: [Click or tap here to enter text.](#)
- Completed required CITI training? ☒ Yes ☐ No If NO, complete the appropriate [CITI basic course](#) and update the revised EXEMPT application form.
- If YES, choose course(s) the researcher has completed: Human Sciences Basic Course 3/14/2025  
Refresher Course 3/14/2025

**Name:** Kendon Kuo

Degree(s): DVM, MS, DACVECC

Rank/Title: Associate Professor

Department/School: DCS, CVM

Role/responsibilities in this project: facilitating research progress

- AU affiliated? ☒ Yes ☐ No If no, name of home institution: [Click or tap here to enter text.](#)
- Plan for IRB approval for non-AU affiliated personnel? [Click or tap here to enter text.](#)
- Do you have any known competing financial interests, personal relationships, or other interests that could have influence or appear to have influence on the work conducted in this project? ☐ Yes ☒ No
- If yes, briefly describe the potential or real conflict of interest: [Click or tap here to enter text.](#)
- Completed required CITI training? ☒ Yes ☐ No If NO, complete the appropriate [CITI basic course](#) and update the revised EXEMPT application form.
- If YES, choose course(s) the researcher has completed: Human Sciences Basic Course 3/13/2025  
Refresher Course 3/13/2025

**Name:** Erik Hofmeister

Degree(s): DVM, DACVVA, DECVAA, MA, MS

Rank/Title: Associate Professor

Department/School: DCS, CVM

Role/responsibilities in this project: facilitating research progress

- AU affiliated? ☒ Yes ☐ No If no, name of home institution: [Click or tap here to enter text.](#)
- Plan for IRB approval for non-AU affiliated personnel? [Click or tap here to enter text.](#)
- Do you have any known competing financial interests, personal relationships, or other interests that could have influence or appear to have influence on the work conducted in this project? ☐ Yes ☒ No
- If yes, briefly describe the potential or real conflict of interest: [Click or tap here to enter text.](#)
- Completed required CITI training? ☒ Yes ☐ No If NO, complete the appropriate [CITI basic course](#) and update the revised EXEMPT application form.
- If YES, choose course(s) the researcher has completed: Human Sciences Basic Course 2/4/2022  
Refresher Course 1/4/2025

**d. Funding Source** – Is this project funded by the investigator(s)? Yes ☒ No ☐

Is this project funded by AU? Yes ☐ No ☒ If YES, identify source [Click or tap here to enter text.](#)

Is this project funded by an external sponsor? Yes ☐ No ☒ If YES, provide name of sponsor, type of sponsor (governmental, non-profit, corporate, other), and an identification number for the award.

Revised 02/01/2022

Name: Click or tap here to enter text.

Type: Click or tap here to enter text.

Grant #: Click or tap here to enter text.

- e. List other AU IRB-approved research projects and/or IRB approvals from other institutions that are associated with this project. Describe the association between this project and the listed project(s):

[Click or tap here to enter text.](#)

## 2. Project Summary

- a. Does the study **TARGET** any special populations? Answer YES or NO to all.

Minors (under 18 years of age; if minor participants, at least 2 adults must be present during all research procedures that include the minors)

Yes ☐ No ☒

Auburn University Students

Yes ☐ No ☒

Pregnant women, fetuses, or any products of conception

Yes ☐ No ☒

Prisoners or wards (unless incidental, not allowed for Exempt research)

Yes ☐ No ☒

Temporarily or permanently impaired

Yes ☐ No ☒

- b. Does the research pose more than minimal risk to participants?

Yes ☐ No ☒

*If YES, to question 2.b, then the research activity is NOT eligible for EXEMPT review. Minimal risk means that the probability and magnitude of harm or discomfort anticipated in the research is not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or test. 42 CFR 46.102(i)*

- c. Does the study involve any of the following? If YES to any of the questions in item 2.c, then the research activity is NOT eligible for EXEMPT review.

Procedures subject to FDA regulations (drugs, devices, etc.)

Yes ☐ No ☒

Use of school records of identifiable students or information from instructors about specific students.

Yes ☐ No ☒

Protected health or medical information when there is a direct or indirect link which could identify the participant.

Yes ☐ No ☒

Collection of sensitive aspects of the participant's own behavior, such as illegal conduct, drug use, sexual behavior or alcohol use.

Yes ☐ No ☒

- d. Does the study include deception? Requires limited review by the IRB\*

Yes ☐ No ☒

## 3. MARK the category or categories below that describe the proposed research. Note the IRB Reviewer will make the final determination of the eligible category or categories.

- ☐ 1. Research conducted in established or commonly accepted educational settings, involving normal educational practices. The research is not likely to adversely impact students' opportunity to learn or assessment of educators providing instruction. 104(d)(1)

- ☒ 2. Research only includes interactions involving educational tests, surveys, interviews, public observation if at least ONE of the following criteria. (The research includes data collection only; may include visual or auditory recording; may NOT include intervention and only includes interactions). **Mark the applicable sub-category below (i, ii, or iii). 104(d)(2)**

- ☒ (i) Recorded information cannot readily identify the participant (directly or indirectly/ linked);

OR

Revised 02/01/2022

- surveys and interviews: no children;
- educational tests or observation of public behavior: can only include children when investigators do not participate in activities being observed.

- ☐ **(ii)** Any disclosures of responses outside would not reasonably place participant at risk; **OR**
- ☐ **(iii)** Information is recorded with identifiers or code linked to identifiers and IRB conducts limited review; no children. **Requires limited review by the IRB.\***
- ☐ **3.** Research involving Benign Behavioral Interventions (BBI)\*\* through verbal, written responses including data entry or audiovisual recording from adult subjects who prospectively agree and ONE of the following criteria is met. (This research does not include children and does not include medical interventions. Research cannot have deception unless the participant prospectively agrees that they will be unaware of or misled regarding the nature and purpose of the research) **Mark the applicable sub-category below (A, B, or C).** 104(d)(3)(i)
- ☐ **(A)** Recorded information cannot readily identify the subject (directly or indirectly/ linked); **OR**
- ☐ **(B)** Any disclosure of responses outside of the research would not reasonably place subject at risk;  
**OR**
- ☐ **(C)** Information is recorded with identifies and cannot have deception unless participants prospectively agree.  
**Requires limited review by the IRB.\***
- ☐ **4.** Secondary research for which consent is not required: use of identifiable information or identifiable bio-specimen that have been or will be collected for some other 'primary' or 'initial' activity, if one of the following criteria is met. Allows retrospective and prospective secondary use. **Mark the applicable sub-category below (i, ii, iii, or iv).** 104 (d)(4)
- ☐ **(i)** Bio-specimens or information are publicly available;
- ☐ **(ii)** Information recorded so subject cannot readily be identified, directly or indirectly/linked investigator does not contact subjects and will not re-identify the subjects; **OR**
- ☐ **(iii)** Collection and analysis involving investigators use of identifiable health information when us is regulated by HIPAA "health care operations" or "research" or "public health activities and purposes" (does not include bio-specimens (only PHI and requires federal guidance on how to apply); **OR**
- ☐ **(iv)** Research information collected by or on behalf of federal government using government generated or collected information obtained for non-research activities.
- ☐ **5.** Research and demonstration projects which are supported by a federal agency/department AND designed to study and which are designed to study, evaluate, or otherwise examine: (i) public benefit or service programs; (ii) procedures for obtaining benefits or services under those programs; (iii) possible changes in or alternatives to those programs or procedures; or (iv) possible changes in methods or levels of payment for benefits or service under those programs. (must be posted on a federal web site). 104.5(d)(5) (must be posted on a federal web site)
- ☐ **6.** Taste and food quality evaluation and consumer acceptance studies, (i) if wholesome foods without additives and consumed or (ii) if a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe,

Revised 02/01/2022

by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture. The research does not involve prisoners as participants. 104(d)(6)

*\*Limited IRB review – the IRB Chair or designated IRB reviewer reviews the protocol to ensure adequate provisions are in place to protect privacy and confidentiality.*

*\*\*Category 3 – Benign Behavioral Interventions (BBI) must be brief in duration, painless/harmless, not physically invasive, not likely to have a significant adverse lasting impact on participants, and it is unlikely participants will find the interventions offensive or embarrassing.*

*\*\*\* Exemption categories 7 and 8 require broad consent. The AU IRB has determined the regulatory requirements for legally effective broad consent are not feasible within the current institutional infrastructure. EXEMPT categories 7 and 8 will not be implemented at this time.*

#### **4. Describe the proposed research including who does what, when, where, how, and for how long, etc.**

##### **a. Purpose**

The purpose of this study is to investigate small animal teaching hospital's clients' preferences for communication and decision-making during cardiopulmonary arrest and subsequent resuscitation (CPR) of their pet. Specifically, the questionnaire will assess the time point at which pet owners want to be informed that CPR is being performed on their pet and whether pet owners prefer to decide themselves when to terminate (i.e., stop) CPR. Previous or current clients of the Auburn University Small Animal Teaching Hospital of the last 4 years will be sent an email asking to participate in the survey. Participation will be optional, and clients can choose to complete the survey on a voluntary basis. This email will include a link, providing access to a Qualtrics online questionnaire where participants can complete the survey. The collected data will be anonymous and will be analyzed by Drs. Bertram, Gerken, Kuo, Hofmeister.

##### **b. Participant population, including the number of participants and the rationale for determining number of participants to recruit and enroll. Note if the study enrolls minor participants, describe the process to ensure more than 1 adult is present during all research procedures which include the minor.**

Clients of the Auburn University Small Animal Teaching Hospital, age 18 or older, will be offered to participate in the survey. No minors will be recruited for this study. The study aims to recruit at least 2000 clients. This sample size was selected to create a study population large enough to closely represent the average veterinary teaching hospital client population of the region. Reviewing the number of clients seen over the last 4 years and anticipating 10% of clients completing the survey, we estimated 2000 respondents.

##### **c. Recruitment process. Address whether recruitment includes communications/interactions between study staff and potential participants either in person or online. Submit a copy of all recruitment materials.**

An email will be sent to clients of the Auburn University Small Animal Teaching Hospital. The email will provide clients with a link to a Qualtrics questionnaire. Participation will be optional, and clients can voluntarily choose to complete it.

##### **d. Consent process including how information is presented to participants, etc.**

Participation in the study will be optional and clients will be provided with an information letter about the study sent with the email.

##### **e. Research procedures and methodology**

An email with an invitation to participate in the survey (see attached document with email content) will be sent to clients of the small animal teaching hospital of the last 4 years. This email will include an information letter about the

Revised 02/01/2022

survey and will direct the reader to the survey link (i.e., Qualtrics survey link). Participants will fill out an online questionnaire. The results of the questionnaire will then be downloaded for data analysis. Data analysis will include descriptive statistical analysis, testing the data for normality (i.e., normal distribution, Shapiro-Wilk Test), group comparison, as well as testing for correlation using logistic or linear regression as applicable.

- f. Anticipated time per study exercise/activity and total time if participants complete all study activities.  
The anticipated time for participants to complete the survey will be approximately 5 minutes.
- g. Location of the research activities.  
The questionnaire will be provided in an online format using Qualtrics.
- h. Costs to and compensation for participants? If participants will be compensated describe the amount, type, and process to distribute.  
There will be no compensation or associated costs with the participation in the survey.
- i. Non-AU locations, site, institutions. *Submit a copy of agreements/IRB approvals.*  
not applicable
- j. Additional relevant information.  
Click or tap here to enter text.

## 5. Waivers

Check applicable waivers and describe how the project meets the criteria for the waiver.

- ☐ Waiver of Consent (Including existing de-identified data)
- ☒ Waiver of Documentation of Consent (Use of Information Letter, rather than consent form requiring signatures)
- ☐ Waiver of Parental Permission (in Alabama, 18 years-olds may be considered adults for research purposes)

<https://sites.auburn.edu/admin/orc/irb/IRB 1 Exempt and Expedited/11-113 MR 1104 Hinton Renewal 2021-1.pdf>

- a. Provide the rationale for the waiver request.  
The study procedures will be conducted anonymously and in an online format and collecting signatures to document informed consent would be impractical.

## 6. Describe the process to select participants/data/specimens. If applicable, include gender, race, and ethnicity of the participant population.

An email will be sent to clients of the Auburn University Small Animal Teaching Hospital, age 19 or older. The email will provide clients with a link to a Qualtrics questionnaire. The participation will be optional, and clients can voluntarily choose to complete it.

## 7. Risks and Benefits

- 7a. Risks - Describe why none of the research procedures would cause a participant either physical or psychological discomfort or be perceived as discomfort above and beyond what the person would experience in daily life (minimal risk).

Data will be collected via an online questionnaire and therefore no physical harm can be incurred. Psychological discomfort is expected to be minimal, and participants can discontinue the survey without penalty.

**7b. Benefits – Describe whether participants will benefit directly from participating in the study. If yes, describe the benefit. And, describe generalizable benefits resulting from the study.**

Participants will not directly benefit from participating in the study. Participants and other pet owners may indirectly benefit from this research as it could help improve communication and decision-making during CPR of cats and dogs. Collecting evidence of pet owners' preferences may facilitate easier communication for veterinarians and therefore benefit this population as well.

**8. Describe the provisions to maintain confidentiality of data, including collection, transmission, and storage.**

**Identify platforms used to collect and store study data.** For EXEMPT research, the AU IRB recommends AU BOX or using an AU issued and encrypted device. If a data collection form will be used, submit a copy.

Survey results will be anonymous and therefore no identifiable information will be collected, protecting the confidentiality of the participants.

- a. If applicable, submit a copy of the data management plan or data use agreement.

**9. Describe the provisions included in the research to protect the privacy interests of participants (e.g., others will not overhear conversations with potential participants, individuals will not be publicly identified or embarrassed).**

Data will be collected via an anonymous online questionnaire which will not include any identifiable information.

**10. Additional Information and/or attachments.**


*In the space below, provide any additional information you believe may help the IRB review of the proposed research. If attachments are included, list the attachments below. Attachments may include recruitment materials, consent documents, site permissions, IRB approvals from other institutions, data use agreements, data collection form, CITI training documentation, etc.*

Attached documents: recruitment email, information letter, survey questions

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**Required Signatures** (If a student PI is identified in item 1.a, the EXEMPT application must be re-signed and updated at every revision by the student PI and faculty advisor. The signature of the department head is required only on the initial submission of the EXEMPT application, regardless of PI. Staff and faculty PI submissions require the PI signature on all version, the department head signature on the original submission)

Signature of Principal Investigator:  Date: 12/9/2022

Signature of Faculty Advisor (If applicable):  Date: 12/9/2022

Signature of Dept. Head: \_\_\_\_\_ Date: \_\_\_\_\_

Version Date: 12/9/2022

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(NOTE: DO NOT AGREE TO PARTICIPATE UNLESS IRB APPROVAL INFORMATION WITH CURRENT DATES HAS BEEN ADDED TO THIS DOCUMENT.)

## INFORMATION LETTER

### For Research Study entitled

**“Small animal teaching hospital’s clients’ preferences in communication and decision-making during cardiopulmonary resuscitation”**

**You are invited to participate in a research study** to evaluate pet owners’ preferences in the timing of communication and decision-making during cardiopulmonary resuscitation (CPR) of their pets. The study is being conducted by Dr. Leonie Bertram, under the direction of Dr. Kendon Kuo, Dr. Katherine Gerken, and Dr. Erik Hofmeister in the Auburn University Department of Clinical Sciences, College of Veterinary Medicine. You are invited to participate because you are a client of the Wilford and Kate Bailey Small Animal Teaching Hospital and are age 19 years or older.

**What will be involved if you participate?** Your participation is completely voluntary. If you decide to participate in this research study, you will be asked to complete an online survey on your preferences of timing of communication during cardiopulmonary resuscitation of your pet. Your total time commitment will be approximately 5 minutes.

**Are there any risks or discomforts?** There are no risks anticipated for participants in this study.

**Are there any benefits to yourself or others?** Participants will not directly benefit by participating in this study. Participants and other pet owners may indirectly benefit from this research as it could help improve communication and decision-making during CPR of cats and dogs. Collecting evidence of pet owners’ preferences may facilitate easier communication for veterinarians and therefore benefit this population as well.

**Are there any costs?** There are no costs involved with taking part in this study.

**If you change your mind about participating,** you can withdraw at any time by closing your browser window. Once you’ve submitted anonymous data, it cannot be withdrawn since it will be unidentifiable. Your decision about whether or not to participate or to stop participating will not jeopardize your future relations with Auburn University, the Department of Clinical Sciences, or the Small Animal Teaching Hospital.

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**If you change your mind about participating**, you can withdraw at any time by closing your browser window. Once you've submitted anonymous data, it cannot be withdrawn since it will be unidentifiable. Your decision about whether or not to participate or to stop participating will not jeopardize your future relations with Auburn University, the Department of Clinical Sciences, or the Small Animal Teaching Hospital.

**Any data obtained in connection with this study will remain anonymous.** We will protect your privacy and the data you provide by not collecting any identifiable data about you. Information collected through your participation may be published in a professional journal.

**If you have questions about this study**, please contact Dr. Leonie Bertram, at [lmb0133@auburn.edu](mailto:lmb0133@auburn.edu) or the supervising faculty Dr. Katherine Gerken at [gerkek@auburn.edu](mailto:gerkek@auburn.edu).

**If you have questions about your rights as a research participant**, you may contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone (334) 844-5966 or e-mail at [IRBadmin@auburn.edu](mailto:IRBadmin@auburn.edu) or [IRBChair@auburn.edu](mailto:IRBChair@auburn.edu).

HAVING READ THE INFORMATION ABOVE, YOU MUST DECIDE IF YOU WANT TO PARTICIPATE IN THIS RESEARCH PROJECT. IF YOU DECIDE TO PARTICIPATE, PLEASE CLICK ON THE LINK BELOW.

YOU MAY PRINT A COPY OF THIS LETTER TO KEEP.



\_\_\_\_\_  
Leonie Bertram 12/9/22

Investigator

Date



\_\_\_\_\_  
Katherine Gerken 12/9/22

Co-Investigator

Date

*The Auburn University Institutional Review Board has approved this document for use from \_\_\_\_\_ to \_\_\_\_\_. Protocol # \_\_\_\_\_*

**LINK TO SURVEY**

Version Date (date document created): 12/9/2022



## E-MAIL INVITATION FOR ON-LINE SURVEY

Dear client of the Auburn University Small Animal Teaching Hospital,

I am a graduate student in the Department of Clinical Sciences of the College of Veterinary Medicine at Auburn University. I would like to invite you to participate in our research study titled “Small animal teaching hospital’s clients’ preferences for communication and decision-making during cardiopulmonary resuscitation” (i.e., resuscitative efforts when a pet dies).

Participants 18 years or older will be asked to complete a 5-minute survey. The survey is anonymous, and all responses are confidential. There are no risks anticipated when participating in this study. You will not directly benefit by completing this survey. You will not be compensated and there are no costs involved with taking part in this survey. By participating in this study, you may help us facilitate better communication and decision-making during CPR. If you would like to know more about this study, an information letter is attached to this email.

If you decide to participate you can access the survey by clicking this link (*will insert hyperlink here*).

This research will be supervised by the faculty principal investigator Katherine Gerken. If you have any questions, please contact me at [imb0133@auburn.edu](mailto:imb0133@auburn.edu) or my faculty supervisor at [gerkekk@auburn.edu](mailto:gerkekk@auburn.edu).

Thank you for your consideration,

Leonie Bertram, DVM

Version Date (date document created):  
12/9/2022\_\_\_\_\_

### Survey Questions:

What is your gender?

- Female
- Male
- Other (text field)

What is your age in years?

- (Text field)

Are you employed or previously employed in a healthcare profession?

- Yes
- No

Only if answered “yes” to the previous question: Please state the healthcare profession you are employed in or have been employed in:

- (Text field)

How would you rate your knowledge level of CPR on people?

- Likert scale (1-5, 1: I do not know what CPR is, 5: I am CPR certified)

### Information text:

CPR refers to cardiopulmonary resuscitation. CPR means that when a person or an animal dies (stops breathing and the heart stops beating) the healthcare team initiates chest compressions, secures an airway, and provides breaths. Additional life-saving measures, such as emergency drug administration and defibrillation may also be used. The ideal number of personnel for CPR is 4. This reduces the likelihood of fatigue from compressions.

What do you believe is the likelihood of cats and dogs surviving to go home after dying and undergoing CPR, as a percentage?

- Scale bar (0-100)

If one of your pets was admitted to the hospital today, what resuscitation status would you choose for your pet in the event of it passing away?

- DNR (do not resuscitate)
- CPR (resuscitate, i.e., chest compressions, intubation, and other life-saving measures)

Have you had a pet in the past that died in a veterinary hospital and underwent CPR?

- Yes
- No

Only if answered “Yes” to the previous question: What was the outcome?

- The CPR was successful, and my pet left the hospital

- The CPR was initially successful, but my pet died or was euthanized before it could leave the hospital
- The CPR was not successful

If one of your pets died in hospital and subsequently underwent CPR (i.e., chest compressions and other life-saving measures), when would you want your veterinarian to inform you about this?

- As soon as the cardiopulmonary arrest was recognized
- During the CPR
- After the CPR has ended with an outcome (unsuccessful versus return of heartbeat)

Your own pet is in a veterinary hospital, attended by a veterinarian and 3 technicians when suddenly its heart stops beating. The veterinarian and their team initiate CPR. Choose one of the following options:

- As soon as the arrest has been identified, a team member (veterinarian or technician) should step away to notify me about the event, while the rest of the team continues CPR.
- The whole team should initiate CPR, but a team member (veterinarian or technician) should step away from the CPR after a few minutes to notify me about the event.
- The whole team should stay with the animal and complete the CPR until either the CPR has been unsuccessful and stopped or the animal has been successfully resuscitated (i.e., the heart is beating). Only then, should a team member step away to inform me about the CPR.

Your own pet is in a veterinary hospital, attended by a veterinarian and 3 technicians when suddenly its heart stops beating. The veterinarian and their team initiate CPR. Choose one of the following options:

- I want the veterinarian to inform me about the event and speak to me while the 3 technicians continue CPR without the veterinarian present
- I want one of the technicians to inform me about the event and speak to me while the veterinarian and the other 2 technicians continue CPR
- I want a support staff member without medical training to inform me about the event and speak to me while the veterinarian and all 3 technicians continue CPR

If your pet underwent cardiopulmonary arrest, who should decide when to stop CPR?

- Me/the pet owner
- The supervising veterinarian

For how long would you want the veterinary team to attempt CPR?

- Time in minutes: scale bar (0-60)

Please share any thoughts you have about the timing of communication during CPR of pets, the decision on when to stop CPR, or anything else related to this survey. (Optional, write “na” if not applicable)



Completion Date 15-Mar-2022  
Expiration Date 14-Mar-2025  
Record ID 47961829

This is to certify that:

**Katherine Gerken**

Has completed the following CITI Program course:

Not valid for renewal of  
certification through CME.

**IRB # 2 Social and Behavioral Emphasis - AU Personnel - Basic/Refresher**

(Curriculum Group)

**IRB # 2 Social and Behavioral Emphasis - AU Personnel**

(Course Learner Group)

**1 - Basic Course**

(Stage)

Under requirements set by:

**Auburn University**

**CITI**  
Collaborative Institutional Training Initiative

Verify at [www.citiprogram.org/verify/?w61a650e3-a541-4d90-b012-8d90edc10739-47961829](http://www.citiprogram.org/verify/?w61a650e3-a541-4d90-b012-8d90edc10739-47961829)



Completion Date 11-Mar-2022  
Expiration Date 10-Mar-2025  
Record ID 47914713

This is to certify that:

**Leonie Bertram**

Has completed the following CITI Program course:

Not valid for renewal of  
certification through CME.

**IRB # 2 Social and Behavioral Emphasis - AU Personnel - Basic/Refresher**

(Curriculum Group)

**IRB # 2 Social and Behavioral Emphasis - AU Personnel**

(Course Learner Group)

**1 - Basic Course**

(Stage)

Under requirements set by:

**Auburn University**

**CITI**  
Collaborative Institutional Training Initiative

Verify at [www.citiprogram.org/verify/?w11d59978-2d28-46b2-8bbc-b617fac5a62c-47914713](http://www.citiprogram.org/verify/?w11d59978-2d28-46b2-8bbc-b617fac5a62c-47914713)



Completion Date 05-Jan-2022  
Expiration Date 04-Jan-2025  
Record ID 46499110

This is to certify that:

**Erik Hofmeister**

Has completed the following CITI Program course:

Not valid for renewal of  
certification through CME.

**IRB # 2 Social and Behavioral Emphasis - AU Personnel - Basic/Refresher**

(Curriculum Group)

**IRB # 2 Social and Behavioral Emphasis - AU Personnel**

(Course Learner Group)

**1 - Basic Course**

(Stage)

Under requirements set by:

**Auburn University**

**CITI**  
Collaborative Institutional Training Initiative

Verify at [www.citiprogram.org/verify/?w2c60d3fc-8cb4-4140-87d0-fd1ac3f5511a-46499110](http://www.citiprogram.org/verify/?w2c60d3fc-8cb4-4140-87d0-fd1ac3f5511a-46499110)



Completion Date 14-Mar-2022  
Expiration Date 13-Mar-2025  
Record ID 47956935

This is to certify that:

**Kendon Kuo**

Has completed the following CITI Program course:

Not valid for renewal of certification  
through CME.

**IRB # 2 Social and Behavioral Emphasis - AU Personnel - Basic/Refresher**

(Curriculum Group)

**IRB # 2 Social and Behavioral Emphasis - AU Personnel**

(Course Learner Group)

**1 - Basic Course**

(Stage)

Under requirements set by:

**Auburn University**

**CITI**  
Collaborative Institutional Training Initiative

Verify at [www.citiprogram.org/verify/?we0d4b2dc-306e-43b6-ba7d-c2e84abfcd43-47956935](http://www.citiprogram.org/verify/?we0d4b2dc-306e-43b6-ba7d-c2e84abfcd43-47956935)

## AUBURN UNIVERSITY HUMAN RESEARCH PROTECTION PROGRAM (HRPP)

**EXEMPT REVIEW APPLICATION**For assistance, contact: **The Office of Research Compliance (ORC)**Phone: **334-844-5966** E-Mail: [IRBAdmin@auburn.edu](mailto:IRBAdmin@auburn.edu) Web Address: <http://www.auburn.edu/research/vpr/ohs>**Submit completed form and supporting materials as one PDF through the [IRB Submission Page](#)***Hand written forms are not accepted. Where links are found hold down the control button (Ctrl) then click the link..***1. Project Identification****Today's Date: December 9, 2022****Anticipated start date of the project: December 1, 2022 Anticipated duration of project: 1 Year**

- a. **Project Title: Small animal teaching hospital's clients' preferences for communication and decision-making during cardiopulmonary resuscitation.**

- b. **Principal Investigator (PI):** Leonie Bertram Degree(s): DVM  
 Rank/Title: Resident, Graduate Student Department/School: DCS, CVM  
 Role/responsibilities in this project: Primary investigator, conducting background research on survey topic, developing survey, organizing distribution of survey including recruitment and consent, data collection, data analysis, person of contact for any questions asked by potential participants and participants  
 Preferred Phone Number: 334-758-1715 AU Email: [Imb0133@auburn.edu](mailto:Imb0133@auburn.edu)

**Faculty Advisor Principal Investigator (if applicable):** Katherine Gerken DVM, MS, DACVECC

Rank/Title: Assistant Professor

Department/School: DCS, CVM

Role/responsibilities in this project: facilitating research progress, responsible for all aspects of student-led research

Preferred Phone Number: **334-728-7430**AU Email: [gerkekk@auburn.edu](mailto:gerkekk@auburn.edu)**Department Head:** Anne Wooldridge, DVM, MS, PhD, DACVIM

Department/School: DCS, CVM

Preferred Phone Number: 334-539-2204

AU Email: [aaw0002@auburn.edu](mailto:aaw0002@auburn.edu)

Role/responsibilities in this project: not directly involved in this project

- c. **Project Key Personnel** – Identify all key personnel who will be involved with the conduct of the research and describe their role in the project. Role may include design, recruitment, consent process, data collection, data analysis, and reporting. ([To determine key personnel, see decision tree](#)). *Exempt determinations are made by individual institutions; reliance on other institutions for exempt determination is not feasible. Non-AU personnel conducting exempt research activities must obtain approval from the IRB at their home institution.*

Key personnel are required to maintain human subjects training through [CITI](#). Only for EXEMPT level research is documentation of completed CITI training NO LONGER REQUIRED to be included in the submission packet.NOTE however, **the IRB will perform random audits of CITI training records to confirm** reported training courses and expiration dates. Course title and expiration dates are shown on training certificates.**Name:** Leonie Bertram

Degree(s): DVM

Rank/Title: Graduate Student

Department/School: DCS, CVM

Role/responsibilities in this project: Primary investigator, conducting background research on survey topic, developing survey, organizing distribution of survey including recruitment and consent processing, data collection, data analysis and reporting, person of contact for any questions asked by potential participants and participants

- AU affiliated? ☒ Yes ☐ No If no, name of home institution: [Click or tap here to enter text.](#)- Plan for IRB approval for non-AU affiliated personnel? [Click or tap here to enter text.](#)- Do you have any known competing financial interests, personal relationships, or other interests that could have influence or appear to have influence on the work conducted in this project? ☐ Yes ☒ No- If yes, briefly describe the potential or real conflict of interest: [Click or tap here to enter text.](#)- Completed required CITI training? ☒ Yes ☐ No If NO, complete the appropriate [CITI basic course](#) and update

Revised 02/01/2022

the revised Exempt Application form.

- If YES, choose course(s) the researcher has completed: Human Sciences Basic Course 3/10/2025  
3/10/2025

**Name:** Katherine Gerken

Degree(s): DVM, MS, DACVECC

Rank/Title: Assistant Professor

Department/School: DCS, CVM

Role/responsibilities in this project: facilitating research progress, responsible for all aspects of student-led research

- AU affiliated? ☒ Yes ☐ No If no, name of home institution: [Click or tap here to enter text.](#)
- Plan for IRB approval for non-AU affiliated personnel? [Click or tap here to enter text.](#)
- Do you have any known competing financial interests, personal relationships, or other interests that could have influence or appear to have influence on the work conducted in this project? ☐ Yes ☒ No
- If yes, briefly describe the potential or real conflict of interest: [Click or tap here to enter text.](#)
- Completed required CITI training? ☒ Yes ☐ No If NO, complete the appropriate [CITI basic course](#) and update the revised EXEMPT application form.
- If YES, choose course(s) the researcher has completed: Human Sciences Basic Course 3/14/2025  
Refresher Course 3/14/2025

**Name:** Kendon Kuo

Degree(s): DVM, MS, DACVECC

Rank/Title: Associate Professor

Department/School: DCS, CVM

Role/responsibilities in this project: facilitating research progress

- AU affiliated? ☒ Yes ☐ No If no, name of home institution: [Click or tap here to enter text.](#)
- Plan for IRB approval for non-AU affiliated personnel? [Click or tap here to enter text.](#)
- Do you have any known competing financial interests, personal relationships, or other interests that could have influence or appear to have influence on the work conducted in this project? ☐ Yes ☒ No
- If yes, briefly describe the potential or real conflict of interest: [Click or tap here to enter text.](#)
- Completed required CITI training? ☒ Yes ☐ No If NO, complete the appropriate [CITI basic course](#) and update the revised EXEMPT application form.
- If YES, choose course(s) the researcher has completed: Human Sciences Basic Course 3/13/2025  
Refresher Course 3/13/2025

**Name:** Erik Hofmeister

Degree(s): DVM, DACVVA, DECVAA, MA, MS

Rank/Title: Associate Professor

Department/School: DCS, CVM

Role/responsibilities in this project: facilitating research progress

- AU affiliated? ☒ Yes ☐ No If no, name of home institution: [Click or tap here to enter text.](#)
- Plan for IRB approval for non-AU affiliated personnel? [Click or tap here to enter text.](#)
- Do you have any known competing financial interests, personal relationships, or other interests that could have influence or appear to have influence on the work conducted in this project? ☐ Yes ☒ No
- If yes, briefly describe the potential or real conflict of interest: [Click or tap here to enter text.](#)
- Completed required CITI training? ☒ Yes ☐ No If NO, complete the appropriate [CITI basic course](#) and update the revised EXEMPT application form.
- If YES, choose course(s) the researcher has completed: Human Sciences Basic Course 2/4/2022  
Refresher Course 1/4/2025

**d. Funding Source** – Is this project funded by the investigator(s)? Yes ☒ No ☐

Is this project funded by AU? Yes ☐ No ☒ If YES, identify source [Click or tap here to enter text.](#)

Is this project funded by an external sponsor? Yes ☐ No ☒ If YES, provide name of sponsor, type of sponsor (governmental, non-profit, corporate, other), and an identification number for the award.

Revised 02/01/2022

Name: Click or tap here to enter text.

Type: Click or tap here to enter text.

Grant #: Click or tap here to enter text.

- e. List other AU IRB-approved research projects and/or IRB approvals from other institutions that are associated with this project. Describe the association between this project and the listed project(s):

[Click or tap here to enter text.](#)

## 2. Project Summary

- a. Does the study **TARGET** any special populations? Answer YES or NO to all.

Minors (under 18 years of age; if minor participants, at least 2 adults must be present during all research procedures that include the minors)

Yes ☐ No ☒

Auburn University Students

Yes ☐ No ☒

Pregnant women, fetuses, or any products of conception

Yes ☐ No ☒

Prisoners or wards (unless incidental, not allowed for Exempt research)

Yes ☐ No ☒

Temporarily or permanently impaired

Yes ☐ No ☒

- b. Does the research pose more than minimal risk to participants?

Yes ☐ No ☒

*If YES, to question 2.b, then the research activity is NOT eligible for EXEMPT review. Minimal risk means that the probability and magnitude of harm or discomfort anticipated in the research is not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or test. 42 CFR 46.102(i)*

- c. Does the study involve any of the following? If YES to any of the questions in item 2.c, then the research activity is NOT eligible for EXEMPT review.

Procedures subject to FDA regulations (drugs, devices, etc.)

Yes ☐ No ☒

Use of school records of identifiable students or information from instructors about specific students.

Yes ☐ No ☒

Protected health or medical information when there is a direct or indirect link which could identify the participant.

Yes ☐ No ☒

Collection of sensitive aspects of the participant's own behavior, such as illegal conduct, drug use, sexual behavior or alcohol use.

Yes ☐ No ☒

- d. Does the study include deception? Requires limited review by the IRB\*

Yes ☐ No ☒

## 3. MARK the category or categories below that describe the proposed research. Note the IRB Reviewer will make the final determination of the eligible category or categories.

- ☐ 1. Research conducted in established or commonly accepted educational settings, involving normal educational practices. The research is not likely to adversely impact students' opportunity to learn or assessment of educators providing instruction. 104(d)(1)

- ☒ 2. Research only includes interactions involving educational tests, surveys, interviews, public observation if at least ONE of the following criteria. (The research includes data collection only; may include visual or auditory recording; may NOT include intervention and only includes interactions). **Mark the applicable sub-category below (i, ii, or iii). 104(d)(2)**

- ☒ (i) Recorded information cannot readily identify the participant (directly or indirectly/ linked);

OR

Revised 02/01/2022

- surveys and interviews: no children;
- educational tests or observation of public behavior: can only include children when investigators do not participate in activities being observed.

- ☐ **(ii)** Any disclosures of responses outside would not reasonably place participant at risk; **OR**
- ☐ **(iii)** Information is recorded with identifiers or code linked to identifiers and IRB conducts limited review; no children. **Requires limited review by the IRB.\***
- ☐ **3.** Research involving Benign Behavioral Interventions (BBI)\*\* through verbal, written responses including data entry or audiovisual recording from adult subjects who prospectively agree and ONE of the following criteria is met. (This research does not include children and does not include medical interventions. Research cannot have deception unless the participant prospectively agrees that they will be unaware of or misled regarding the nature and purpose of the research) **Mark the applicable sub-category below (A, B, or C).** 104(d)(3)(i)
- ☐ **(A)** Recorded information cannot readily identify the subject (directly or indirectly/ linked); **OR**
- ☐ **(B)** Any disclosure of responses outside of the research would not reasonably place subject at risk;  
**OR**
- ☐ **(C)** Information is recorded with identifies and cannot have deception unless participants prospectively agree.  
**Requires limited review by the IRB.\***
- ☐ **4.** Secondary research for which consent is not required: use of identifiable information or identifiable bio-specimen that have been or will be collected for some other 'primary' or 'initial' activity, if one of the following criteria is met. Allows retrospective and prospective secondary use. **Mark the applicable sub-category below (i, ii, iii, or iv).** 104 (d)(4)
- ☐ **(i)** Bio-specimens or information are publicly available;
- ☐ **(ii)** Information recorded so subject cannot readily be identified, directly or indirectly/linked investigator does not contact subjects and will not re-identify the subjects; **OR**
- ☐ **(iii)** Collection and analysis involving investigators use of identifiable health information when us is regulated by HIPAA "health care operations" or "research" or "public health activities and purposes" (does not include bio-specimens (only PHI and requires federal guidance on how to apply); **OR**
- ☐ **(iv)** Research information collected by or on behalf of federal government using government generated or collected information obtained for non-research activities.
- ☐ **5.** Research and demonstration projects which are supported by a federal agency/department AND designed to study and which are designed to study, evaluate, or otherwise examine: (i)public benefit or service programs; (ii) procedures for obtaining benefits or services under those programs; (iii) possible changes in or alternatives to those programs or procedures; or (iv) possible changes in methods or levels of payment for benefits or service under those programs. (must be posted on a federal web site). 104.5(d)(5) (must be posted on a federal web site)
- ☐ **6.** Taste and food quality evaluation and consumer acceptance studies, (i) if wholesome foods without additives and consumed or (ii) if a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe,

Revised 02/01/2022

by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture. The research does not involve prisoners as participants. 104(d)(6)

*\*Limited IRB review – the IRB Chair or designated IRB reviewer reviews the protocol to ensure adequate provisions are in place to protect privacy and confidentiality.*

*\*\*Category 3 – Benign Behavioral Interventions (BBI) must be brief in duration, painless/harmless, not physically invasive, not likely to have a significant adverse lasting impact on participants, and it is unlikely participants will find the interventions offensive or embarrassing.*

*\*\*\* Exemption categories 7 and 8 require broad consent. The AU IRB has determined the regulatory requirements for legally effective broad consent are not feasible within the current institutional infrastructure. EXEMPT categories 7 and 8 will not be implemented at this time.*

#### **4. Describe the proposed research including who does what, when, where, how, and for how long, etc.**

##### **a. Purpose**

The purpose of this study is to investigate small animal teaching hospital's clients' preferences for communication and decision-making during cardiopulmonary arrest and subsequent resuscitation (CPR) of their pet. Specifically, the questionnaire will assess the time point at which pet owners want to be informed that CPR is being performed on their pet and whether pet owners prefer to decide themselves when to terminate (i.e., stop) CPR. Previous or current clients of the Auburn University Small Animal Teaching Hospital of the last 4 years will be sent an email asking to participate in the survey. Participation will be optional, and clients can choose to complete the survey on a voluntary basis. This email will include a link, providing access to a Qualtrics online questionnaire where participants can complete the survey. The collected data will be anonymous and will be analyzed by Drs. Bertram, Gerken, Kuo, Hofmeister.

##### **b. Participant population, including the number of participants and the rationale for determining number of participants to recruit and enroll. Note if the study enrolls minor participants, describe the process to ensure more than 1 adult is present during all research procedures which include the minor.**

Clients of the Auburn University Small Animal Teaching Hospital, age 18 or older, will be offered to participate in the survey. No minors will be recruited for this study. The study aims to recruit at least 2000 clients. This sample size was selected to create a study population large enough to closely represent the average veterinary teaching hospital client population of the region. Reviewing the number of clients seen over the last 4 years and anticipating 10% of clients completing the survey, we estimated 2000 respondents.

##### **c. Recruitment process. Address whether recruitment includes communications/interactions between study staff and potential participants either in person or online. Submit a copy of all recruitment materials.**

An email will be sent to clients of the Auburn University Small Animal Teaching Hospital. The email will provide clients with a link to a Qualtrics questionnaire. Participation will be optional, and clients can voluntarily choose to complete it.

##### **d. Consent process including how information is presented to participants, etc.**

Participation in the study will be optional and clients will be provided with an information letter about the study sent with the email.

##### **e. Research procedures and methodology**

An email with an invitation to participate in the survey (see attached document with email content) will be sent to clients of the small animal teaching hospital of the last 4 years. This email will include an information letter about the

Revised 02/01/2022

survey and will direct the reader to the survey link (i.e., Qualtrics survey link). Participants will fill out an online questionnaire. The results of the questionnaire will then be downloaded for data analysis. Data analysis will include descriptive statistical analysis, testing the data for normality (i.e., normal distribution, Shapiro-Wilk Test), group comparison, as well as testing for correlation using logistic or linear regression as applicable.

- f. Anticipated time per study exercise/activity and total time if participants complete all study activities.  
The anticipated time for participants to complete the survey will be approximately 5 minutes.
- g. Location of the research activities.  
The questionnaire will be provided in an online format using *Qualtrics*.
- h. Costs to and compensation for participants? If participants will be compensated describe the amount, type, and process to distribute.  
There will be no compensation or associated costs with the participation in the survey.
- i. Non-AU locations, site, institutions. *Submit a copy of agreements/IRB approvals.*  
not applicable
- j. Additional relevant information.  
[Click or tap here to enter text.](#)

## 5. Waivers

**Check applicable waivers and describe how the project meets the criteria for the waiver.**

- ☐ Waiver of Consent (Including existing de-identified data)
- ☒ Waiver of Documentation of Consent (Use of Information Letter, rather than consent form requiring signatures)
- ☐ Waiver of Parental Permission (in Alabama, 18 years-olds may be considered adults for research purposes)

<https://sites.auburn.edu/admin/orc/irb/IRB 1 Exempt and Expedited/11-113 MR 1104 Hinton Renewal 2021-1.pdf>

- a. Provide the rationale for the waiver request.  
The study procedures will be conducted anonymously and in an online format and collecting signatures to document informed consent would be impractical.

## 6. Describe the process to select participants/data/specimens. If applicable, include gender, race, and ethnicity of the participant population.

An email will be sent to clients of the Auburn University Small Animal Teaching Hospital, age 19 or older. The email will provide clients with a link to a Qualtrics questionnaire. The participation will be optional, and clients can voluntarily choose to complete it.

## 7. Risks and Benefits

### 7a. Risks - Describe why none of the research procedures would cause a participant either physical or psychological discomfort or be perceived as discomfort above and beyond what the person would experience in daily life (minimal risk).

Data will be collected via an online questionnaire and therefore no physical harm can be incurred. Psychological discomfort is expected to be minimal, and participants can discontinue the survey without penalty.

**7b. Benefits – Describe whether participants will benefit directly from participating in the study. If yes, describe the benefit. And, describe generalizable benefits resulting from the study.**

Participants will not directly benefit from participating in the study. Participants and other pet owners may indirectly benefit from this research as it could help improve communication and decision-making during CPR of cats and dogs. Collecting evidence of pet owners' preferences may facilitate easier communication for veterinarians and therefore benefit this population as well.

**8. Describe the provisions to maintain confidentiality of data, including collection, transmission, and storage.**

**Identify platforms used to collect and store study data.** *For EXEMPT research, the AU IRB recommends AU BOX or using an AU issued and encrypted device. If a data collection form will be used, submit a copy.*

Survey results will be anonymous and therefore no identifiable information will be collected, protecting the confidentiality of the participants.

- a. If applicable, submit a copy of the data management plan or data use agreement.

**9. Describe the provisions included in the research to protect the privacy interests of participants (e.g., others will not overhear conversations with potential participants, individuals will not be publicly identified or embarrassed).**

Data will be collected via an anonymous online questionnaire which will not include any identifiable information.

**10. Additional Information and/or attachments.**


*In the space below, provide any additional information you believe may help the IRB review of the proposed research. If attachments are included, list the attachments below. Attachments may include recruitment materials, consent documents, site permissions, IRB approvals from other institutions, data use agreements, data collection form, CITI training documentation, etc.*

*Attached documents: recruitment email, information letter, survey questions*

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**Required Signatures** *(If a student PI is identified in item 1.a, the EXEMPT application must be re-signed and updated at every revision by the student PI and faculty advisor. The signature of the department head is required only on the initial submission of the EXEMPT application, regardless of PI. Staff and faculty PI submissions require the PI signature on all version, the department head signature on the original submission)*

Signature of Principal Investigator:  Date: 12/9/2022

Signature of Faculty Advisor (If applicable):  Date: 12/9/2022

Signature of Dept. Head: \_\_\_\_\_ Date: \_\_\_\_\_

Version Date: 12/9/2022

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(NOTE: DO NOT AGREE TO PARTICIPATE UNLESS IRB APPROVAL INFORMATION WITH CURRENT DATES HAS BEEN ADDED TO THIS DOCUMENT.)

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## INFORMATION LETTER

### For Research Study entitled

**“Small animal teaching hospital’s clients’ preferences in communication and decision-making during cardiopulmonary resuscitation”**

**You are invited to participate in a research study** to evaluate pet owners’ preferences in the timing of communication and decision-making during cardiopulmonary resuscitation (CPR) of their pets. The study is being conducted by Dr. Leonie Bertram, under the direction of Dr. Kendon Kuo, Dr. Katherine Gerken, and Dr. Erik Hofmeister in the Auburn University Department of Clinical Sciences, College of Veterinary Medicine. You are invited to participate because you are a client of the Wilford and Kate Bailey Small Animal Teaching Hospital and are age 19 years or older.

**What will be involved if you participate?** Your participation is completely voluntary. If you decide to participate in this research study, you will be asked to complete an online survey on your preferences of timing of communication during cardiopulmonary resuscitation of your pet. Your total time commitment will be approximately 5 minutes.

**Are there any risks or discomforts?** There are no risks anticipated for participants in this study.

**Are there any benefits to yourself or others?** Participants will not directly benefit by participating in this study. Participants and other pet owners may indirectly benefit from this research as it could help improve communication and decision-making during CPR of cats and dogs. Collecting evidence of pet owners’ preferences may facilitate easier communication for veterinarians and therefore benefit this population as well.

**Are there any costs?** There are no costs involved with taking part in this study.

**If you change your mind about participating,** you can withdraw at any time by closing your browser window. Once you’ve submitted anonymous data, it cannot be withdrawn since it will be unidentifiable. Your decision about whether or not to participate or to stop participating will not jeopardize your future relations with Auburn University, the Department of Clinical Sciences, or the Small Animal Teaching Hospital.

The Auburn University Institutional  
Review Board has approved this  
Document for use from  
11/21/2022 to -----  
Protocol # 22-508 EX 2211

**If you change your mind about participating**, you can withdraw at any time by closing your browser window. Once you've submitted anonymous data, it cannot be withdrawn since it will be unidentifiable. Your decision about whether or not to participate or to stop participating will not jeopardize your future relations with Auburn University, the Department of Clinical Sciences, or the Small Animal Teaching Hospital.

**Any data obtained in connection with this study will remain anonymous.** We will protect your privacy and the data you provide by not collecting any identifiable data about you. Information collected through your participation may be published in a professional journal.

**If you have questions about this study**, please contact Dr. Leonie Bertram, at [lmb0133@auburn.edu](mailto:lmb0133@auburn.edu) or the supervising faculty Dr. Katherine Gerken at [gerkekk@auburn.edu](mailto:gerkekk@auburn.edu).

**If you have questions about your rights as a research participant**, you may contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone (334) 844-5966 or e-mail at [IRBadmin@auburn.edu](mailto:IRBadmin@auburn.edu) or [IRBChair@auburn.edu](mailto:IRBChair@auburn.edu).

HAVING READ THE INFORMATION ABOVE, YOU MUST DECIDE IF YOU WANT TO PARTICIPATE IN THIS RESEARCH PROJECT. IF YOU DECIDE TO PARTICIPATE, PLEASE CLICK ON THE LINK BELOW.

YOU MAY PRINT A COPY OF THIS LETTER TO KEEP.



\_\_\_\_\_  
Leonie Bertram 12/9/22

Investigator

Date



\_\_\_\_\_  
Katherine Gerken 12/9/22

Co-Investigator

Date

*The Auburn University Institutional Review Board has approved this document for use from \_\_\_\_\_ to \_\_\_\_\_. Protocol # \_\_\_\_\_*

**LINK TO SURVEY**

Version Date (date document created): 12/9/2022

The Auburn University Institutional  
Review Board has approved this  
Document for use from  
11/21/2022 to -----  
Protocol # 22-508 EX 2211

## E-MAIL INVITATION FOR ON-LINE SURVEY

Dear client of the Auburn University Small Animal Teaching Hospital,

I am a graduate student in the Department of Clinical Sciences of the College of Veterinary Medicine at Auburn University. I would like to invite you to participate in our research study titled “Small animal teaching hospital’s clients’ preferences for communication and decision-making during cardiopulmonary resuscitation” (i.e., resuscitative efforts when a pet dies).

Participants 18 years or older will be asked to complete a 5-minute survey. The survey is anonymous, and all responses are confidential. There are no risks anticipated when participating in this study. You will not directly benefit by completing this survey. You will not be compensated and there are no costs involved with taking part in this survey. By participating in this study, you may help us facilitate better communication and decision-making during CPR. If you would like to know more about this study, an information letter is attached to this email.

If you decide to participate you can access the survey by clicking this link (*will insert hyperlink here*).

This research will be supervised by the faculty principal investigator Katherine Gerken. If you have any questions, please contact me at [lmb0133@auburn.edu](mailto:lmb0133@auburn.edu) or my faculty supervisor at [gerkekk@auburn.edu](mailto:gerkekk@auburn.edu).

Thank you for your consideration,

Leonie Bertram, DVM

Version Date (date document created):  
12/9/2022\_\_\_\_\_

The Auburn University Institutional  
Review Board has approved this  
Document for use from  
11/21/2022 to -----  
Protocol # 22-508 EX 2211

Survey Questions:

What is your gender?

- Female
- Male
- Other (text field)

What is your age in years?

- (Text field)

Are you employed or previously employed in a healthcare profession?

- Yes
- No

Only if answered “yes” to the previous question: Please state the healthcare profession you are employed in or have been employed in:

- (Text field)

How would you rate your knowledge level of CPR on people?

- Likert scale (1-5, 1: I do not know what CPR is, 5: I am CPR certified)

Information text:

CPR refers to cardiopulmonary resuscitation. CPR means that when a person or an animal dies (stops breathing and the heart stops beating) the healthcare team initiates chest compressions, secures an airway, and provides breaths. Additional life-saving measures, such as emergency drug administration and defibrillation may also be used. The ideal number of personnel for CPR is 4. This reduces the likelihood of fatigue from compressions.

What do you believe is the likelihood of cats and dogs surviving to go home after dying and undergoing CPR, as a percentage?

- Scale bar (0-100)

If one of your pets was admitted to the hospital today, what resuscitation status would you choose for your pet in the event of it passing away?

- DNR (do not resuscitate)
- CPR (resuscitate, i.e., chest compressions, intubation, and other life-saving measures)

Have you had a pet in the past that died in a veterinary hospital and underwent CPR?

- Yes
- No

Only if answered “Yes” to the previous question: What was the outcome?

- The CPR was successful, and my pet left the hospital

- The CPR was initially successful, but my pet died or was euthanized before it could leave the hospital
- The CPR was not successful

If one of your pets died in hospital and subsequently underwent CPR (i.e., chest compressions and other life-saving measures), when would you want your veterinarian to inform you about this?

- As soon as the cardiopulmonary arrest was recognized
- During the CPR
- After the CPR has ended with an outcome (unsuccessful versus return of heartbeat)

Your own pet is in a veterinary hospital, attended by a veterinarian and 3 technicians when suddenly its heart stops beating. The veterinarian and their team initiate CPR. Choose one of the following options:

- As soon as the arrest has been identified, a team member (veterinarian or technician) should step away to notify me about the event, while the rest of the team continues CPR.
- The whole team should initiate CPR, but a team member (veterinarian or technician) should step away from the CPR after a few minutes to notify me about the event.
- The whole team should stay with the animal and complete the CPR until either the CPR has been unsuccessful and stopped or the animal has been successfully resuscitated (i.e., the heart is beating). Only then, should a team member step away to inform me about the CPR.

Your own pet is in a veterinary hospital, attended by a veterinarian and 3 technicians when suddenly its heart stops beating. The veterinarian and their team initiate CPR. Choose one of the following options:

- I want the veterinarian to inform me about the event and speak to me while the 3 technicians continue CPR without the veterinarian present
- I want one of the technicians to inform me about the event and speak to me while the veterinarian and the other 2 technicians continue CPR
- I want a support staff member without medical training to inform me about the event and speak to me while the veterinarian and all 3 technicians continue CPR

If your pet underwent cardiopulmonary arrest, who should decide when to stop CPR?

- Me/the pet owner
- The supervising veterinarian

For how long would you want the veterinary team to attempt CPR?

- Time in minutes: scale bar (0-60)

Please share any thoughts you have about the timing of communication during CPR of pets, the decision on when to stop CPR, or anything else related to this survey. (Optional, write “na” if not applicable)