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### Impact of an Occupation-based Practice (OBP) Learning Module on Perceptions of OBP and Selection of Occupation-based interventions By Occupational Therapy Assistant Students

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IMPACT OF AN OCCUPATION-BASED PRACTICE (OBP) LEARNING MODULE ON  
PERCEPTIONS OF OBP AND SELECTION OF OCCUPATION-BASED INTERVENTIONS  
BY OCCUPATIONAL THERAPY ASSISTANT STUDENTS

Presented in Partial Fulfillment of the  
Requirements for the Degree of  
Doctor of Occupational Therapy

Eastern Kentucky University  
College of Health Sciences  
Department of Occupational Science and Occupational Therapy

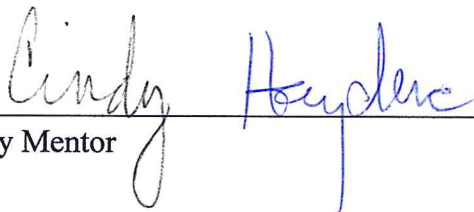
Allen Keener  
2016

**EASTERN KENTUCKY UNIVERSITY  
COLLEGE OF HEALTH SCIENCES  
DEPARTMENT OF OCCUPATIONAL SCIENCE AND OCCUPATIONAL THERAPY**

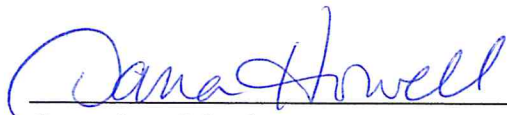
This project, written by Allen Keener under direction of Dr. Cindy Hayden, Faculty Mentor, and approved by members of the project committee, has been presented and accepted in partial fulfillment of requirements for the degree of

**DOCTOR OF OCCUPATIONAL THERAPY**

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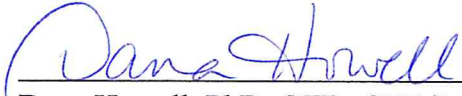
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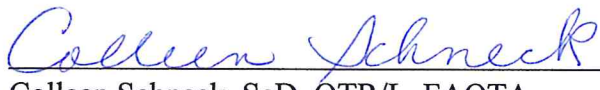
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THERAPY**

**Certification**

We hereby certify that this Capstone project, submitted by Allen Keener, conforms to acceptable standards and is fully adequate in scope and quality to fulfill the project requirement for the Doctor of Occupational Therapy degree.

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## Executive Summary

**Background:** This Capstone project focused on increasing student knowledge of occupation, occupational therapy (OT), and occupation-based practice (OBP), considered foundational to the practice of occupational therapy. Professional leaders have called for a return to OBP, noting discrepancies between educational preparation and the daily practice of occupational therapy practitioners. Providing students with education in the areas of occupation and OBP can have an impact on the choices made during service delivery with their future clients.

**Purpose:** The purpose of this Capstone project was to immerse OTA students in classroom experiences designed to increase their knowledge of key concepts of occupation, OBP, and ability to select occupation-based interventions. The hypothesis of the researcher was that engagement in the module would create an increase in OTA student knowledge in the areas of occupation and OBP, as well as the ability to select occupation-based interventions based on client scenarios.

**Theoretical Framework:** Theoretical frameworks utilized for this project included Adult Learning Theory, with aspects of Bloom's Taxonomy, and the Occupational Therapy Practice Framework, 3<sup>rd</sup> edition, utilized throughout the Capstone.

**Methods:** Prior to engagement in module class sessions, students engaged in pretesting activities, consisting of demographic information, a short essay, and an intervention selection task. Once completed, students participated in a module on occupation and OBP over two class sessions. At the conclusion of the module, students engaged in posttesting, completing the same activities as in the posttesting portion of the module and an additional survey on preferred instructional strategies.

**Results:** Through analysis of quantitative and qualitative data, the results of the project demonstrated significant learning in the areas of occupation, OBP, and the ability to select occupation-based interventions. Quantitative data revealed a statistically significant change in the improvement of the cohort of participants between pre- and posttesting. Qualitative analysis indicated an increase in student learning, evidenced by increased complexity of responses, measured by Bloom's Taxonomy levels of performance.

**Conclusions:** The Capstone project provided education in the areas of occupation and OBP to 39 first-semester OTA students. By taking the OBP module students were able to increase their knowledge regarding these concepts which are vital to the profession of OT. The results of the project demonstrated significant learning regarding occupation, OBP, and the ability to select occupation-based interventions.

## **Acknowledgements**

I would like to express my most sincere appreciation and gratitude to my Capstone Project mentor, Dr. Cindy Hayden, whose mentorship made this project exceed what I had envisioned, into something that I am very proud of. Your understanding of the challenges and opportunities associated with the community college student and environment helped to enrich the project. Thank you for encouraging me to follow my dream of advancing OTA education and not being content with the status quo. I would also like to thank my committee member, Dr. Dana Howell. Your advice and expertise in qualitative research were immensely helpful in communicating the outcomes of the project. My content expert, Dr. Salvador Bondoc, was helpful in challenging my views of occupation, leading to deeper knowledge and understanding of its importance.

In the spirit of the Doctor of Occupational Therapy Capstone Project, this statement of acknowledgement would not be complete without an expression of gratitude to the professors who designed courses, facilitated discussions, and provided mentorship and encouragement along the way. OTD faculty members during my time in the program were: Dr. Shirley O'Brien, Dr. Christine Myers, Dr. Doris Pierce, Dr. Amy Marshall, Dr. Anne Shordike, Dr. Camille Skubik-Peplaski, Dr. Colleen Schneck, Dr. Kelle Deboth, Dr. Cindy Hayden, and Dr. Dana Howell. Each of you has helped make me a better leader in my professional life and teacher for my students.

I am eternally grateful for the assistance of the faculty and staff of the OTA program at Wallace State Community College (WSCC). Finally, I would like to express sincere appreciation for the WSCC OTA Class of 2017. Without you, this project certainly would not have been possible.

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**DEPARTMENT OF OCCUPATIONAL SCIENCE AND OCCUPATIONAL THERAPY**

**CERTIFICATION OF AUTHORSHIP**

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Title of Submission: Impact of an Occupation-based Practice (OBP) Learning Module on Perceptions of OBP and Selection of Occupation-based Interventions by Occupational Therapy Assistant Students

*Certification of Authorship: I hereby certify that I am the author of this document and that any assistance I received in its preparation is fully acknowledged and disclosed in the document. I have also cited all sources from which I obtained data, ideas, or words that are copied directly or paraphrased in the document. Sources are properly credited according to accepted standards for professional publications. I also certify that this paper was prepared by me for this purpose.*

Student's Signature: 

Date of Submission: 12/6/2016



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## **Section 1**

### **Nature of Project and Problem Identification**

#### **Introduction**

“The root of occupational therapy is distinct, with the profession founded on the use of occupation as a therapeutic method” (Lamb, 2016, p. 2). Occupational therapy was founded with the belief that engagement in occupation could have powerful benefits for individuals. One of the primary goals of the National Society for the Promotion of Occupational Therapy in 1917, later to become the American Occupational Therapy Association (AOTA), was “to study and advance curative occupations for invalids and convalescents” (O’Brien and Hussey, 2012, p. 17).

The importance of applying occupation-based practice (OBP) into one’s clinical practice as an occupational therapy practitioner has been addressed throughout the last several years in the professional literature. In her 1995 Slagle Lecture, Trombly, described numerous studies that show the effectiveness of occupation-based interventions when compared with interventions designed to simulate occupations or tasks designed to remediate components needed for occupational performance (pp. 963-968). Fisher (1998) described a disconnect between theory and practice in occupational therapy by stating that understanding of occupation is detached from what is observed in daily practice. This important disconnect was also explored by other occupational therapy leaders and scholars (Fleming-Castaldy & Gillen, 2013; Gillen, 2013; Hinojosa, 2007). Fisher (1998) challenged occupational therapy practitioners to consider if component remediation and contrived tasks were the most effective methods to increase the function of our clients and to set us apart as a profession from other disciplines. As occupational

therapy practitioners, we are bound to provide the most effective interventions for our clients by our profession's Code of Ethics. Hinojosa (2007) argued that "90% of what students learn today will be irrelevant within 5 years" (p. 633). Taking into consideration the large number of practitioners out there with more than five years' experience and no additional education, it is probable that many are not utilizing the more current intervention practices that exist. Lamb (2016) challenged practitioners to be "influencers of change and put occupation back into your daily practice" (p. 6), while calling for those who are already occupation-based to mentor other colleagues to do the same.

Fleming-Castaldy and Gillen (2013) called for strengthening the link between education and practice in occupational therapy. These authors noted that one such evidence-based approach, the use of occupation-based practice, is clearly supported by a growing research base. OBP is aligned with the foundation of our profession, yet many practitioners "remain wedded to tradition" (p. 367). Other authors have written about this issue, mentioning students' disappointment when what was going on in their Fieldwork settings was not congruent with the evidence or practices learned during their professional education (Gray, 1998). The occupational therapy literature contains a collection of articles concerning the perceived barriers to utilizing research-based techniques, such as occupation-based intervention. Multiple studies have shown the supremacy of occupation-based practice in comparison to other methods (Fleming-Castaldy & Gillen, 2013; Gray, 1998; Trombly, 1995).

The American Occupational Therapy Association (AOTA) has recognized the importance of occupation and occupation-based practice in its own professional documents. The 2014 AOTA Education Research Agenda called for the identification of factors shaping professional identity, specifically including occupation and occupation-centered practice. In this

time of evolving healthcare, reimbursement, and push for outcomes with fewer resources, it is vital that a profession have a strong identity, both within and in the public eye. In her 2016 Inaugural Address, AOTA President Amy Lamb challenged educators to “identify ways we can amplify our support for the inclusion of occupation-based practice across all areas of practice” (Lamb, 2016, p. 5). The issue appears to be multi-faceted, but the literature is supportive of the use of OBP as the method of choice in planning client-centered, effective interventions for the clients served by occupational therapy practitioners.

### **Problem**

As discussed previously, the use of occupation-based intervention practices can hold great benefit for clients having a variety of conditions. Moreover, OBP is congruent with our profession’s Code of Ethics and validated by the founders of the occupational therapy profession, as well as current professional literature. However, the use of occupation-based practices by occupational therapy practitioners is limited. According to a needs assessment conducted where six occupational therapy assistant (OTA) practitioners with varying of years of experience and from a variety of practice areas were interviewed about OBP, a lack of understanding of OBP and how to incorporate it into practice was demonstrated. Additionally, students from the Wallace State Community College (WSCC) OTA program have reported few instances of client engagement in occupation by their OTA fieldwork educators, outside engagement in activities of daily living. The problem this Capstone project will address is the lack of knowledge OTA students have about occupation-based practice.

### **Purpose of the Capstone Project**

Given the seemingly widespread lack of utilization of research-based OBP, the purpose of this Capstone project was to immerse OTA students in classroom experiences designed to

increase their knowledge of key concepts of occupation and occupation-based techniques and the ability to select occupation-based interventions. This was accomplished by development of an educational module on OBP embedded in an introductory course in the WSCC OTA curriculum, Occupational Therapy Fundamentals. The module was designed to equip students with knowledge of the importance of occupation, its link to health and well-being, the importance of OBP in occupational therapy and to facilitate the identification of occupation-based interventions for clients. The aim of this capstone project was to provide a critical foundation at the beginning of their education, allowing for continued development as students progress through the curriculum, then culminating in treatment planning later in the program to ultimately benefit future clients.

### **Project Objectives**

The primary objective of this Capstone project was to increase the knowledge of the importance of occupation and occupation-based practice to OTA students. This educational module addressed a lack of knowledge of OBP among OTA students. The module, taught during the first professional semester of study, laid a foundation for the use of occupation-based practice and its use in the delivery of occupational therapy services to clients. This instruction was limited to two in-class sessions. The course utilized instructional techniques such as written learning activities, case application and discussion, reflective exercises, role play activities, course readings, and short, focused lectures to convey knowledge to the students. The learning objectives for students were to: 1) define occupational therapy, 2) define occupation and articulate its value in supporting participation and promoting physical and mental health and wellness, and 3) identify occupation-based interventions appropriate for client scenarios.

## **Theoretical Framework**

Adult Learning Theory, as formulated by Malcolm Knowles, encompasses six assumptions that are believed to be true of adult learners that include: the need to know, self-concept, experience, readiness to learn, orientation to learn, and motivation to learn (Finlay, 2010). Bradshaw (2014) indicated that this principle was applicable to health professions education due to adult education being more career-oriented. Also adult students, as consumers, desire to see value and benefit from their educational endeavors.

Adult Learning Theory is a framework that was utilized in this project due to its use in the WSCC OTA program and because of its relevance to and alignment with the needs of students and employers. It was specifically chosen for this project because of its usefulness in designing course experiences that develop relevant skills needed for effective clinical practice. As a general example, during the entire course of the OTA program, students are engaged in a variety of learning experiences designed to provide them with basic practice knowledge. There are many opportunities to demonstrate and apply this knowledge to situations reflective of clinical practice. This makes learning important to students because the information will be needed to make practice decisions necessary for them to become competent practitioners. WSCC OTA Faculty appreciate the flexibility of the instructional approaches that can be utilized within the framework of Adult Learning Theory. Aspects of social learning theory, constructivism, cognitive learning theory, and others can be utilized in planning and conducting class sessions, making for a well-rounded, multi-modal approach to education. This helps tailor instruction to the needs of the class, learner, situation, and specific material or problem covered. It is a useful and appropriate framework through which to guide the development of this



Capstone project. The most recent version of the Occupational Therapy Practice Framework (OTPF-III) (AOTA, 2014) was also utilized for this project in terms of guiding content and focus for the development of content modules.

### **Significance of the Capstone Project**

Trombly (1995) proposed that occupation-based practices provided increased benefits in intervention when compared with other types and categories of intervention. Through the design and implementation of educational programs that focus on OBP, future occupational therapy practitioners can gain the skills necessary to implement occupation-based techniques into their practice for the ultimate benefit of clients and their families. Another important aspect of this capstone project is that it served a role helping reconcile the inconsistencies between education and practice identified by Fleming-Castaldy and Gillen (2013). Successful implementation of this project can provide students with the knowledge and background experiences to utilize evidence-based and occupation-based practice in future practice settings. There is also potential to reach their coworkers, clients, and their families through effective and meaningful intervention selections. An added benefit is these types of intervention practices clearly demonstrate the role and value of occupational therapy. It is important that occupational therapy practitioners have a clear professional identity in this period of change in healthcare. A final area of significance for this project is that it addresses gaps in the professional literature in the areas of OTA education and occupation-based practice with OTAs. This research paper contributes to the AOTA Education Research Agenda (2014) objectives discussed earlier in this paper.

## Summary

The program explored through this Capstone project is the development of an education module designed to provide strategies for students to gain knowledge of occupation and OBP, and to identify occupation-based interventions in their clinical settings. The objectives of this project were to increase the knowledge of occupation, occupational therapy, OBP, and to identify interventions consistent with OBP. The organizational structure for this project considered the target population of the project, which is the existing (and future) pool of occupational therapy assistant students served by Wallace State Community College (WSCC).

The result was a course module designed for first-semester OTA students that provided education in the areas of occupation and OBP. This OBP module was important in a time when the profession is returning to its roots, as stated by our founding members. It is also a time of great necessity for a strong professional identity that conveys value to the consumer. A profession's strong identity and value in the eye of consumers are vital in this era of shrinking reimbursement. In times such as these, practitioners must successfully maintain outcomes in a healthcare culture expected to do more with fewer resources. Additionally, this project was vital in addressing the gaps between education and practice that were identified in the professional literature. Through the successful implementation of this project, future OTA students can contribute to the profession through the knowledge of occupation and the ability to identify occupation-based intervention techniques. OTA students will engage their clients in meaningful occupations, and indirectly promote occupational therapy through this understanding of the power of occupation. This knowledge will be applied both through their evaluation and intervention selection, but also through the outcomes they achieve with their future clients.

## **Section II**

### **Review of the Literature**

#### **Introduction**

According to the 2011 Accreditation Council for Occupational Therapy Education (ACOTE) standards that went into effect in 2013, OTA programs must equip students to “be prepared to articulate and apply occupational therapy principles and intervention tools to achieve outcomes related to occupation” (p. 1). Students must also be able to apply the use of occupation therapeutically with individuals or groups to increase participation. Furthermore, the AOTA Blueprint for Entry-Level Education identified occupation and occupation-centered factors as key elements to be included in occupational therapy programs (AOTA, 2010). The Blueprint for Entry-Level Education serves as a guide to content knowledge that OT and OTA students should receive in their educational programs. In consideration of the framework for OT and OTA educational programs provided by these two foundational documents, one would expect to see a preponderance of literature devoted to the importance of occupation in laying the foundation for OT/OTA education.

During a search of the literature including databases for allied health and education (CINAHL, PubMed, Education Direct, Education Source, Education Administration, and ERIC) for evidence related to occupational therapy assistant and education between 2009 and 2016, only ten results were returned. Those articles focused primarily on the use of simulation, fieldwork education, mental health, and broad articles related to interprofessional practice. None of the articles focused on specific teaching and learning strategies, the use of occupation or occupation-based practice, or the unique considerations involved in the education of the occupational therapy assistant. Broadening the search to occupational therapy and education

resulted in many articles of the same type, with little mention of occupation or occupation-based practice in education. There were a handful of articles addressing OBP, mostly from international journals. Due to the lack of literature regarding occupational therapy assistant education, the search also focused on occupation and occupation-based practice in occupational therapy education, which will be included in this review.

## **Occupation**

Law, Polatajko, Baptiste, & Townsend (as cited by ACOTE, 2011) defined occupation as “everything that people do to occupy themselves, including looking after themselves...enjoying life...and contributing to the social and economic fabric of communities” (p. 42). Additionally, Pierce (2001) further distanced occupation from activity by stating “occupation is the experience of a person, who is the sole author of the occupation’s meaning” (p. 139). The link between a person’s health and well-being and engagement in occupation is a hallmark of the profession of occupational therapy, and a required component of student education, according to ACOTE (2011) standards B.2.4 and 2.5.

## **Occupation and occupation-based practice in education**

Fleming-Castaldy and Gillen (2013) asserted that occupational therapy practitioners remain “wedded to tradition” but need to shift focus to interventions consistent with evidence-based practice, such as the “therapeutic use of occupation” (p. 366). This statement echoes findings from other OT scholars on the use and effectiveness of occupation-based interventions, compared to other intervention methods (Fisher, 1998; Gray, 1998; Trombly, 1995). Specifically, in regard to education, Hooper and colleagues tasked educators to “play a central role in sustaining and expanding occupation’s role in occupational therapy” (Hooper, Mitcham, Taff, Price, Krishnagiri, & Bilics, 2015, p. 1). Hooper noted that without this understanding

students lack a worldview and overall perspective of their profession with which to form professional identity and guide therapy decisions. Without this worldview, OT practitioners will not be equipped to provide the most effective intervention possible for clients, thus violating the Code of Ethics (AOTA, 2015). Outside the United States, researchers have also written about the use of occupation in education. Fortune & Kennedy-Jones (2014) presented occupation as a threshold, or basic concept that must be understood by students in order for them to make the higher-level associations with health, well-being, engagement, and independence. Gillen & Greber (2014) indicated that occupation is returning as the “new-found” focus of our profession’s practice (p. 39) and educators should work to maintain its focus in an increasingly complex curriculum.

### **Outside Influence**

A factor that warrants consideration in regard to preparing students for occupation-based practice is the role and influence of fieldwork educators, as well as the future coworkers of OTAs entering the workforce. Hinojosa (2007) argued that the majority of what students learn today will be obsolete within five years, indicating the need for quality professional development to ensure continuing competence and innovative practices by current practitioners, as these practitioners will be serving as fieldwork educators for future generations of students. This is congruent with standards for professional development and continuing competence as discussed by the Code of Ethics (AOTA, 2015). In Australia, a study explored the influence of practice educators (equivalent to American fieldwork educators) on students’ abilities to understand and apply theoretical knowledge to practice. The researchers found a lack of cohesion between occupation-focused intervention models and their applications in practice (Towns & Ashby, 2014). The study concluded that the practice educator had much influence over the student in

terms of shaping practice and guiding future development. Gillen and Greber (2014) added that while occupation is central to education, this is often not the case in practice, as practitioners yield to the demands of the employer, service constraints, or the expectations of other professionals regarding the role of OT practitioners. This can create a situation for students where they are torn between techniques learned in their academic settings that conflict with what they see in practice. In her 2010 doctoral dissertation, Amini, explored the professional beliefs and practice choices of novice occupational therapy assistants. She found that novice (defined as having one year or less practice experience) OTAs simultaneously hold two identities, one that is focused on the beliefs and requirements of coworkers and the work setting, and another that is based through experiences with clients and educational experiences from their academic institutions. Amini (2010) contended that in some novice OTAs, these two identities do not meld, causing a reliance on reductionist techniques instead of occupation-based practice. In concluding, Amini tasked OTA educators with equipping students with strategies to evaluate and develop their practice beliefs, as the community of practicing OT practitioners, at large, does not reinforce occupation-based practice. Educational programs must acknowledge these outside factors and barriers and provide students with strategies to overcome them. This will assist OT and OTA students to successfully integrate occupation-based principles and intervention into their future clinical practices. This is imperative to provide students the opportunity to practice in an occupationally focused way (Gillen & Greber, 2014). Despite the importance, the lack of evidence in regard to OTA education regarding occupation-based practice indicates a need for more research in this area. Researching the development of strategies for the effective immersion of students into occupation is warranted in order to provide a foundation for their development as future practitioners.

## Summary

The results of this search indicated three major gaps in the literature involving occupational therapy education. 1) More exploration into occupation-based practice and preparing students to implement this into their clinical practice is necessary. 2) Additional research is needed in the area of preparing students and educators to address the gap between theory of OBP learned in educational programs and actual clinical practice. 3) More research and work, on a general level, is needed in the area of occupational therapy assistant education. The OTA plays an important role in the delivery of occupational therapy services, but the gap in the literature indicated that little research has been done to explore pedagogies, effective teaching methods, or outcomes with this population of students. With OTAs responsible for much of the intervention that occurs in many practice settings, it is alarming that little to no scholarly work has been completed in regard to their education.

O'Brien and Hussey (2012) classified the training of an occupation therapy assistant as more of a technical level of education than that of the occupational therapist, which includes more "depth in the areas of theory" than that of the OTA (p. 45). Despite the other similarities in OT and OTA education, it would be irresponsible for educators, accreditation officials, and other stakeholders to assume that techniques and research regarding occupational therapy education can always be directly applied to occupational therapy assistant education. These identified limitations and gaps in the professional literature work against the goals of the profession to link evidence and practice (Fleming-Castaldy & Gillen, 2013) and the research agenda for occupational therapy education (AOTA, 2014). The limitations in the literature also serve to prevent optimal development of students' abilities to view clients through our profession's focus of occupation (Mitcham, 2014). This ultimately does not serve in advancing

occupational therapy practice and the profession as outlined in our Centennial Vision (AOTA, 2006), as we are leaving out a substantial portion of the future practitioners in the field. This Capstone project served to provide initial solutions to the limited literature regarding OTA education and OBP.

### **Section III**

#### **Methods**

##### **Project Design**

The design of this project focused on the development and implementation of an educational module for the OTA student. The objectives were to increase student knowledge of occupation, OBP, and the ability to select occupation-based interventions for future clients. This knowledge was vital to the foundational education of occupational therapy practitioners and its necessity is supported by needs assessment research and review of the literature discussed previously.

The nature of data to be collected for this capstone project supported a mixed-methods research design. Creswell (2014) noted that mixed-methods designs are appropriate for projects that compare perspectives drawn from qualitative and quantitative data, for explaining quantitative data with qualitative follow-up and analysis. A mixed-methods design served to provide a better understanding of the impact of an OT/OBP education module through collection and analysis of both types of data, according to Creswell.

Data was collected at the beginning and conclusion of the project through a variety of methods. Background data regarding the students' prior experiences with occupational therapy was explored through a demographic information questionnaire. Students completed the questionnaire prior to the educational module. A pretest, consisting of an essay assignment



designed to explore the students' knowledge of occupation and OBP and an intervention selection activity, was administered to the participants. The pretest essay was administered to students prior to their engagement in the OBP education module. The pretest and posttest consisted of prompts where students defined occupation and its value, OBP, and occupational therapy (Appendix A). The pre and posttest also consisted of questions requiring students to select the occupation-based interventions from a list provided that relate to client scenarios (Appendix B). Following the preassessment data, students engaged in the OBP module activities for two class sessions. At the conclusion of the second session of the module, the posttesting, which included an instructional methods preference survey, was conducted. This project was approved by the Institutional Review Board at Eastern Kentucky University on September 15, 2016. Additionally, senior administration at Wallace State Community College provided consent for the project to be conducted on campus with participants to be chosen from the OTA program. Upon securing approval from all parties, the project began on September 19, 2016 during the course in which the module activities were embedded.

### **Setting**

The setting for this project was the OTA program at Wallace State Community College (WSCC) in Hanceville, Alabama. Wallace State, founded in 1966, is part of the Alabama Community College System and is located halfway between two of the largest cities in the state, Birmingham and Huntsville. At any given point in the academic year, WSCC is home to approximately 6,000 students. Despite the rural location, the college maintains a diverse student body, largely due to its strong health division, which is the largest in the state. The WSCC health division was recently named by *Community College Week* as one of the top 25 producers of health professionals in the United States. It is the only Alabama institution, either two or four

year, on the list. The OTA program, established in 1994, specifically is one of only two in the entire state of Alabama, and the only one at a public, non-profit college. This location was chosen due to the nature of the project, designed to have an impact on OTA education and the OTA student. It is the primary workplace and practice setting of the researcher. This afforded periodic access to the students, curriculum, and resources necessary for implementation and evaluation of the project. The project setting also allowed for the ability to make curriculum changes after the conclusion of the project in order to utilize the results to improve the educational preparation of WSCC OTA students.

### **Inclusion/Exclusion Criteria**

Due to the nature of the project being educationally related, inclusion criteria are related to the student population. To be included in this project, the participant must have been a WSCC student, admitted to the OTA program as a first-semester student, and enrolled in the 2016-2017 cohort. Students eligible for participation were those enrolled in the OTA 210 Occupational Therapy Fundamentals course during the fall 2016 term, which ran from August to December. Participation in the project was voluntary, with no penalty for students who did not wish to be included in their study. Informed consent was obtained from students through a process in which students were provided with a written consent form (Appendix C) describing the study. The researcher answered all student questions regarding the study prior to the beginning of the project. De-identified data from the study will be made available to students at the conclusion of the project. Students who declined to participate in the study activities received the same educational experience as those who did opt to participate in the study. Participants were excluded from participation if they were not WSCC OTA students in the 2016-2017 cohort,

enrolled in the OTA 210 course, first-semester students, withdrew or were dismissed from the program.

## **Project Methods**

Participants in the course engaged in course module and activities related to the concepts of occupation and occupation-based practice in occupational therapy. Prior to engagement in the course activities, students completed a preassessment test. The pretest determined their knowledge and perspectives of occupation, occupational therapy, and occupation-based practice through a written response and an intervention selection activity prior to the course module. Additionally, students completed a demographic information questionnaire (Appendix D) that was designed to determine any potential impact of prior exposure to occupational therapy on their performance on the assessment tasks.

The pre essays were scored with a rubric developed by the researcher/course instructor (Appendix E). Pretest intervention selection tasks were scored for the number of correct occupation-based interventions selected. The researcher and an OTA faculty member not affiliated with the OTA 210 course or the study activities scored student essays. If a consensus was not reached between the two raters on an essay, a third rater scored the essay. The intervention selection task (Appendix B) was scored by totaling the number of OBP interventions correctly identified by the students who participated in the study. After completing the course activities, students completed the posttest, which consisted of the same essay and test as the pretest, and the instructional methods preference survey Posttests were scored by the same procedure as the pre essay and pretest items.

In addition to the analysis of the quantitative data, student responses were coded and explored for themes through the use of a spreadsheet program. The qualitative analysis was

conducted in order to enrich the data collected and provide a more comprehensive understanding of the outcomes of the project.

### **Outcome Measures**

The project was evaluated based on the attainment of student learning outcomes for the course module, reflecting occupation and OBP. Outcomes were measured via the pre and post essays and pre and posttest intervention selection task. Objectives for the modules included:

1. The student will define occupational therapy.
2. The student will define and articulate the unique value of occupation as viewed by OT to support client participation and its importance in the promotion of physical and mental health and wellness.
3. The student will identify occupation-based activities and strategies based on stated client needs and evaluation data.

An additional objective, not related to student learning outcomes for the module, was to determine whether students' prior associations with occupational therapy had an impact on his/her scores and how.

Objectives were measured using educationally-based assessment techniques of testing and short, written assignments. These measures were developed by the author of this project, who was also the course instructor. Testing and written assignments are considered by a preponderance of educational literature to be effective methods of assessment learning outcomes in school or university settings and are widely utilized (Bradshaw, 2014; Marin, 2014).

Attainment of objectives was measured through analysis of written responses in the essay questions as well as the comparison of pre and post essay (Appendix A) and pre/posttest data.

Pre and post rubric (Appendix E) and pre/posttest scores were compared. The written responses

were coded and explored for themes that evidenced student understanding of occupation, occupational therapy, and OBP.

### **Ethical Considerations**

Project activities and assessment took place in the classroom of a college campus. The project was embedded as a module in an introductory course for occupational therapy assistant students. Module, objective, activity, and assessment design are consistent with evidence-based and currently accepted teaching practices at this level of education. All students in the cohort and course were invited to participate in the project and assessment. OTA students had the option of not participating without penalty. Module design was consistent with professional perspectives identified in the literature review and ACOTE standards. Data collection was reviewed by members of the doctoral project committee limiting misinterpretation of the data.

All student work and data were de-identified to protect the privacy of study participants. This was accomplished by an administrative assistant who assigned numbers to each student who volunteered for the study. She maintained the key containing the student names and participant numbers in her office, and was not shared with the researcher. Data was submitted by participants in typewritten form, identified only by participant number, and sent directly to the administrative assistant by the student participants. The office assistant transferred the data into a spreadsheet for the researcher to analyze. Data in the spreadsheet was not made available to the researcher until the conclusion of the module and data collection for the project. These measures protected the identity of the participants and decreased the likelihood of bias by the researcher during analysis of the data.

The project researcher served as the creator of the module and assessment materials. To limit any bias, professional documents from the field of occupational therapy and course

textbooks were utilized to develop the materials. This helped ensure that the material presented and assessment criteria were consistent with the documents and terms utilized by the profession of occupational therapy. The Capstone committee members and the content expert for the project also reviewed materials. These OT educators provided feedback on content and suggestions for revision as needed during the development process.

A final possible ethical concern involved the course instructor (who was the researcher) completing the grading of the pre and post essay and assessment tasks utilized for data. This was addressed by having a second rater who was not involved with the course score the pre and post essays and tests to compare scores. Any disagreement between the raters was settled by a third rater. The second rater was an OTA faculty member at the research institution and an OTA clinician. The OTA faculty member has 16 years of clinical experience in occupational therapy and has three years of experience as an OTA educator.

### **Project Timeline**

The course module and assessment instruments were developed during the Applied Leadership Experience, which took place during summer semester 2016. IRB application and submission occurred at the end of August. Approval was granted from the Institutional Review Board at Eastern Kentucky University on September 15, 2016. The researcher obtained informed consent from participants on September 16, 2016 (Appendix C). The following week, pretest data and demographic information were collected from participants and the first half of the OBP module was conducted during the OTA 210 course. The second session of the module, along with the posttest data collection occurred the next class session. Analysis of the data began the week of October 3, 2016. The final written report and presentation of the project were submitted in December 2016.

## **Section IV**

### **Results and Discussion**

#### **Introduction**

The desired student learning outcomes of this Capstone project were to increase the knowledge of occupation, OBP, and the ability to select occupation-based interventions. These were accomplished through an educational module, delivered over two in-class sessions to thirty-nine OTA students. The participants attended Wallace State Community College and were in their first semester of professional study. This module took place during the Occupational Therapy Fundamentals course, after preassessment data and demographic information were collected from the students. Module activities (Appendix F) included class lecture and discussion of AOTA professional documents such as the OT Practice Framework definitions of occupation and the World Federation of Occupational Therapists (WFOT) definition of occupational therapy. Small group also discussed the impact of other factors on engagement in occupation. During the second session of the module, students participated in reflection activities about occupation-based practice, small group case application, generated the characteristics of an occupation-based intervention, and identified activities that were occupation-based through a web-based quiz platform called Kahoot. At the conclusion of the in-class sessions, posttest assessment data was collected from the students who participated in the study.

#### **Results of Evaluation of Project Objectives**

The aim of this Capstone project was to provide an education module designed to increase OTA student knowledge of occupation and OBP. The research question was “Does OTA student participation in an educational module on occupation-based practice have an

impact on the students' understanding of OBP and occupation?" Data collection was conducted according to the timeline and procedure discussed on pages 16-18.

Analysis of data began during the week following conclusion of the project, October 3, 2016.

The Pre and post essay scoring rubric had a total of four levels of proficiency with corresponding point values. The maximum possible score on the pre and post essay was 16 points. Results of the data collection from the pre/post essays and the OBP intervention selection task are summarized in Table 1 and Table 2 below.

### Quantitative Data

Table 1

*Scores on Pre and Post Essay from Rater 1 (R1) and Rater 2 (R2), by Participant*

Participant	Pre R1	Pre R2	Post R1	Post R2	Improvement (Post R1- Pre R1)	Improvement (Post R2- Pre R2)
A1	4	4	10	10	6	6
A2	4	4	11	10	7	6
A3	4	4	8	8	4	4
A4	4	5	10	10	6	5
A5	4	5	12	11	8	6
A6	4	4	12	11	8	7
A7	4	4	12	12	8	8
A8	4	5	10	10	6	5
A9	4	5	10	10	6	5
A10	4	5	11	11	7	6
A11	4	5	10	9	6	4
A12	4	4	8	9	4	5
A13	4	4	9	8	5	4
A14	4	4	10	10	6	6
A15	4	4	8	8	4	4
A16	4	5	11	10	7	5
A17	4	5	12	13	8	8
A18	4	4	10	10	6	6
A19	4	4	11	11	7	7
A20	4	4	10	10	6	6
A21	4	4	12	12	8	8
A22	4	4	12	11	8	7
A23	4	5	12	13	8	8
A24	4	4	12	11	8	7
A25	4	4	11	11	7	7
A26	4	4	11	11	7	7
A27	4	5	7	7	3	2
A28	4	5	12	13	8	8
A29	4	4	12	11	8	7



Participant	Pre R1	Pre R2	Post R1	Post R2	Improvement (Post R1- Pre R1)	Improvement (Post R2- Pre R2)
A30	4	4	9	9	5	5
A31	5	4	11	11	6	7
A32	4	4	10	9	6	5
A33	4	4	11	11	7	7
A34	4	4	11	11	7	7
A35	4	4	10	10	6	6
A36	4	4	10	10	6	6
A37	4	4	8	9	4	5
A38	4	5	10	10	6	5
A39	4	4	13	12	9	8

Table 2

*Scores on Pre and Post OBP Intervention Selection Task, by Participant.*

Participant	Pretest	Posttest	Difference (Posttest – Pretest)
A1	7	9	2
A2	9	10	1
A3	6	7	1
A4	6	11	5
A5	7	11	4
A6	5	8	3
A7	9	10	1
A8	5	7	2
A9	7	7	0
A10	7	7	0
A11	8	9	1
A12	10	9	-1
A13	10	7	-3
A14	7	8	1
A15	7	10	3
A16	6	9	3
A17	2	10	8
A18	7	10	3
A19	7	10	3
A20	7	12	5
A21	6	9	3
A22	7	12	5
A23	5	8	3
A24	6	9	3
A25	8	11	3
A26	7	6	-1
A27	6	7	1
A28	8	8	0
A29	9	11	2
A30	4	10	6
A31	8	10	2
A32	7	7	0
A33	5	7	2
A34	8	6	-2
A35	9	10	1

<b>Participant</b>	<b>Pretest</b>	<b>Posttest</b>	<b>Difference (Posttest – Pretest)</b>
A36	7	10	3
A37	7	8	1
A38	6	8	2
A39	10	10	0

## **Data Analysis**

A Convergent Parallel Design was utilized for this project. This design involved the simultaneous collection of data, from the same pool of participants, which was then analyzed separately using both quantitative and qualitative methods. The convergent parallel mixed methods research was useful in offering a more in-depth understanding of the impact of the module through explanation of quantitative data with qualitative methods (Creswell, 2014). The use of the perspectives and responses of the participants provided an understanding of and explanation for the quantitative results. Once analyzed, both types of data were compared to determine convergence, divergence, or other phenomena to compare the data in relation to the group from which it was collected to inform the project and provide additional information.

As discussed earlier, the pre/post essay tasks were scored with a rubric developed by the researcher. Initially, within the levels of proficiency of the rubric, there was a range of point values that could be assigned. During the scoring process, it was determined that the point ranges could lead to error when scoring the responses. Therefore, the rubric was restructured by changing the point ranges to a single number associated with each level of proficiency. This made the scoring process clear and more transparent. The rating criteria and rating of each essay was unchanged, only the point value associated with each rating.

Additionally, changes were made to the intervention selection task. During the scoring process, it was determined that one scenario consisting of group mental health interventions was confusing to students at this level in their educational progression. Nine students performed

worse on this task at the conclusion of the module than on the pretest. After analysis, the fifth case scenario was removed from the task, leaving four scenarios with a total of 12 points possible for the intervention selection activity. This will be discussed more in the limitations section of the paper.

**Analysis of quantitative data.** In regard to determining if project objectives were met and the research question was answered, tests were run for comparison to determine if the scores between the pre and post testing on each task showed a statistically significant difference in student cohort performance on the tasks. This was accomplished through the use of paired samples, two-tailed t-test. According to Kielhofner (2006), this parametric test is utilized when comparing pre and post testing of the same sample in order to determine if there is a significant change in the differences of the scores. Additionally, statistical testing was conducted to verify the interrater reliability of raters 1 and 2 on the pre and post essay scoring through the use of the Intraclass Correlation Coefficient. This statistic is utilized to estimate reliability between raters (Kielhofner, 2006). Statistical testing of the raw data was completed using SPSS software. Raw scores on the pre essay task indicated a mean score of 4.026/16 for rater 1 and 4.308/16 for rater 2 for the cohort of participants. For the intervention selection task, the cohort mean was 6.974/12. Initial raw scoring of the post essay task revealed a mean score of 10.487/16 for rater 1 and 10.333/16 for rater 2 for the cohort of participants. On the post intervention selection task, the group mean was 8.923/12. Results of the statistical testing are included in Table 3 below.

Table 3

*Results of statistical testing*

Task	t value	Mean Difference	95% Confidence Interval of Mean Difference	Significance
Pre/post Essay	t=-28.471	-6.24359	Lower: -6.68336 Upper: -5.80382	p<0.05
Intervention Selection Task	t=-5.593	-1.94872	Lower: -2.65403 Upper: -1.24340	p<0.05

Results of statistical testing demonstrated that the increase in mean scores on pre and post testing for both the short essay and intervention selection tasks were statistically significant. The results indicated that the cohort performance increased as a result of participation in the educational OBP module. The educational module did create a change in the perceptions of OBP and occupation among study participants.

In terms of measuring interrater reliability between the two raters who scored the pre and post short essay response task, the Intraclass Correlation Coefficient (ICC) was used. The results of statistical analysis indicated an ICC of .946, which demonstrated a high level of agreement between the two raters, to the significance level of  $p<.05$ . This means that the degree to which the two raters demonstrated agreement in rating the pre/post essay tasks was most likely not due to chance, more specifically there is an almost zero percent chance that the agreement is due to chance.

**Analysis of qualitative data.** In addition to the statistical data, responses to the pre and post essay assignments were analyzed. Responses were reviewed by the researcher at the conclusion of the module and examined for themes and relationships among the themes to

provide a deeper understanding of the potential impact of the educational module on the participants. Some of the questions that were explored included:

- 1) Did students demonstrate an increase in knowledge of occupation and OBP as a result of participation in the OBP module?
- 2) Did participation in the module address misconceptions regarding concepts of occupation and OBP?

Student responses were analyzed systematically, first by pretest response for a particular question. Once all pretest responses were analyzed, the researcher moved to the posttest response for that same question. This procedure was followed until the responses for all questions had been analyzed and potential categories had been identified.

A spreadsheet was used to organize raw data for each question. Once organized, similar responses were color-coded. Each color-coded category was copied and pasted into word processing software, to increase ease of viewing by the researcher. Codes were listed, and similar ones were combined until three or four categories emerged for each question that accurately captured the content of student responses for that question. Categories were then analyzed for themes that demonstrated the change in students' perceptions and/or knowledge gained as a result of participation in the occupation and OBP module. Preliminary categories identified from the analysis of participant responses are reported below in Table 4.

Table 4

*Identified Categories from Pre and Post Essay Task by Question*

<b>Question</b>	<b>Categories from pretest</b>	<b>Categories from posttest</b>
Define occupation	<ul style="list-style-type: none"> <li>• Normal activities that a person engages in</li> <li>• Things a person needs or wants to do</li> <li>• Tasks done for independence or for functional outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Activities that are meaningful, purposeful, or provide identity to a person</li> <li>• The things you need or want to do everyday</li> </ul>

	<ul style="list-style-type: none"> <li>• What a person does to fill their time</li> </ul>	<ul style="list-style-type: none"> <li>• Activities that increase mental and physical health and well-being</li> </ul>
Articulate the value of occupation	<ul style="list-style-type: none"> <li>• Increases independence and function</li> <li>• Increases client participation</li> <li>• Has an impact on mental and physical health and well-being</li> </ul>	<ul style="list-style-type: none"> <li>• Increases engagement, motivation, and participation</li> <li>• Valuable to the client and provides meaning and purpose</li> <li>• Increases quality of life</li> <li>• Functional and goal-oriented</li> </ul>
Define occupational therapy	<ul style="list-style-type: none"> <li>• Returns patients to independent lives</li> <li>• Performance of normal activities</li> <li>• Therapy that increases quality of life</li> <li>• Therapy that treats deficits people have</li> </ul>	<ul style="list-style-type: none"> <li>• Use of occupations as therapy</li> <li>• Use of meaningful and purposeful activities to meet goals or as therapy</li> <li>• Client-centered therapy</li> <li>• Therapy that increases quality of life through engagement in occupations</li> </ul>
Define OBP	<ul style="list-style-type: none"> <li>• Practice based on occupations</li> <li>• Therapy that works on everyday activities</li> <li>• Focus on function, independence, and/or goals</li> <li>• Works on what is meaningful, purposeful, or important to the patient</li> </ul>	<ul style="list-style-type: none"> <li>• Use of occupations as therapy</li> <li>• Use of interventions that are client-centered and bring meaning and purpose to the client</li> <li>• Therapy that is motivating and/or goal directed</li> </ul>

The analysis of qualitative data preliminarily confirmed the hypotheses of the researcher outlined earlier in this section of the report. A detailed analysis of the raw data and categories revealed evidence of students' growth in the area of knowledge of OBP as evidenced by the increased quality of responses. Many educators measure knowledge change in terms of students' abilities to demonstrate learning through levels of knowledge. One classification system widely recognized in the field of education is Bloom's Taxonomy (Anderson, 2016). According to Adams (2015), Bloom's taxonomy contains six categories of cognitive skills, ranging from those requiring lower levels of cognitive processing (knowledge) to higher-order skills that involve deeper learning (evaluation). Table 5, below, illustrates those themes utilizing a selection of student responses.

Table 5

*Sample Themes from Pre and Post Essay*

Theme	Participant quotes from pretest	Participant quotes from posttest
Demonstration of higher-level learning (evidenced by Bloom's Taxonomy levels)	<u>Bloom's level: Knowledge/Comprehension</u> A11: "Occupational therapy helps people continue to be independent. This can be done by modification, changing how it is done, and assistive devices. Occupational therapy can help people with cognition, strength, and memory."	<u>Bloom's level: Application</u> A11: "Occupational therapy is where you help someone reach a goal that pertains to their occupation, such as brushing their teeth or showering independently. During therapy, several methods may be used; the therapist may choose to use the occupation as an end goal or as the means to get to the goal. When using occupation as a means the therapist chooses to use the occupation to reach the goal, such as if the client wanted to put their own groceries up, the therapist would work on putting up groceries."
	<u>Bloom's level: Knowledge</u> A37: "An occupation by definition is a job or activity, or anything that requires a person to do an activity."	<u>Bloom's level: Comprehension</u> A37: "Occupation is the activities that a person takes part in to bring meaning, enjoyment, and purpose into their lives. Occupation can be their work, their hobbies, or their everyday routines."
	A38: "An activity used in a person's daily life."	A38: "Occupation is an activity that a person may need/want to get through their everyday life. Occupational activities have a meaning and purpose for the person performing the activity."
Changed perspectives/addressed misconceptions of occupation	A1: "Occupation is what a person does for a living. A job someone works at."	A1: "Occupations are activities that enable people to have self-worth, that are interesting to them. It also has meaning and makes them feel like they contribute to society."
	A8: "Normal activities that an individual does every day such as working."	A8: "Occupation is what is meaningful to you and gives you purpose. Occupation can be known as your identity. It is also known as a task you do every day. Your occupation could be writing, cooking, exercising, playing, etc."
	A22: "Occupation is where a person dwells or spends most of their time. It is considered to be a place concerning health and well-being."	A22: "The daily activities one engages in that is meaningful to them. These give individuals a sense of purpose and identity. Occupation contributes to physical and mental health, as well as overall well-being."

Themes identified from the qualitative analysis included: 1) demonstration of higher-level learning (measured by Bloom's Taxonomy levels), 2) changed perspectives regarding OBP and occupation, and 3) student preferences of learning strategies.

## **Discussion of Findings**

Data analysis supported the hypothesis that an educational module would increase participants' knowledge of occupation, OBP, and students' ability to select occupation-based interventions from client scenarios. A comparison of pre- and posttest data indicated a statistically significant positive difference in the performance of the cohort on the essay and the intervention selection tasks after completion of the module. Qualitative analysis illustrated the significant increase in OTA student knowledge in terms of comprehension, application and changed perspectives of occupation, occupational therapy, and OBP.

**Define occupation and articulate its value.** A precursor to understanding occupation-based practice would be a thorough understanding of the term occupation and its therapeutic value. As shown in Table 4, a few of the categories were similar, although an increase in complexity was demonstrated in the actual responses provided by the participants. This increase in complexity of responses illustrates movement from lower-order Bloom's levels to higher-level ones. For example, participant A1 defined occupation on the pretest as a job or something a person does for a living. On the posttest, A1 demonstrated learning with the following response: "activities that enable people to have self-worth, that is interesting to them. It also has meaning, and it makes them feel like they contribute to society." According to the Occupational Therapy Practice Framework (OTPF) III (AOTA, 2014), occupation can be identified as activities that are meaningful and purposeful to individuals. This response showed movement from the typical definition of occupation as a job that most people think of, to thinking in terms of meaningful



and purposeful activity that is important to a person. This can be classified as improvement from the knowledge level to the application level of Bloom's taxonomy.

On the pretest, participant A5 defined occupation as something one does for a living, whether work-related or recreational, without having to use any thought. As evidence of increased learning, A5 responded to the same question on the posttest with a definition more in line with terminology utilized in professional documents. A5 stated, "occupation can be defined as activities one does to bring purpose or meaningfulness to their life to help create their identity. Performing anything that makes them feel happy and satisfied." This response demonstrated evidence of a misconception of occupation becoming clearer through the OBP module activities. Although concise, participant A29 demonstrated learning from pre- to posttest by his/her definition evolving from "activities of daily living" to "occupation is an everyday activity that a person engages in that gives meaning and purpose to their lives." These examples, along with various others from the 39 participants showed higher-level learning regarding the concept of occupation and its value.

**Define OBP and articulate its value.** Of interest to the researcher was the ability of students to have an understanding of OBP and its value. Therefore, the ability of students to identify and explain the value of occupation-based practice could be considered paramount. Otherwise, when novice practitioners, participants may struggle with the disconnect between education and practice as they lose the security of the support system provided by their institution of academic learning (Amini, 2010).

Both pre- and post-test short essay tasks contained responses that could be grouped into similar categories (see Table 4). However, the quality and depth of the responses changed for the participants from the pretest to the posttest. For example, participant A15's pretest essay

response stated, “occupation-based practice is where you focus on their occupations.” This could be classified as the Knowledge level of Bloom’s taxonomy, defined as the retention of basic facts, such as definitions (Adams, 2015). However, the posttest response for participant A15 was more complex “OBP is important because you are using a patient’s occupation for their treatment. This will help them function in everyday life and in society.” This student’s posttest response indicated comprehension, defined by Bloom’s as demonstrating when a learner can paraphrase or explain something to others (Adams, 2015). Participant A28 had a similar increase in level of complexity from pretest to posttest. The pretest response stated, “occupation-based practice is important in a patient meeting his/her goals of increasing independence.” However, the posttest response was as follows: “occupation-based practice allows for client input on goal setting. The act of meaningful doing engages clients to be active participants in their own recovery. In doing so, a person is empowered.” The difference in these responses also indicated an increase in complexity from Bloom’s Taxonomy (Armstrong, 2016) level of recall (knowledge) to the level of understanding (comprehension). Other student participants, such as A32, A36, and A39 provided examples in their posttest essay responses to demonstrate command of the subject matter. This moved their responses from Bloom’s Taxonomy levels of application to analysis. In this case, the qualitative data enriched the quantitative data by demonstrating evidence through the participants’ own responses.

**Identify occupation-based interventions for client scenarios.** The final objective of this Capstone project was for students to select or identify occupation-based interventions based on information provided in client scenarios. Attainment of this objective was assessed through a pre-and post-intervention selection task.

As discussed earlier in the report, the mean score for the cohort for this task increased from 6.974/12 (58.12%) on the pretest to 8.923/12 (74.36%) on the posttest. Statistical testing indicated that this was a significant change in cohort performance. Initially, this task included an additional mental health scenario. Upon tallying the responses, it was noted that eight students performed worse on the task. After a comprehensive item analysis conducted, it was determined that the group treatment scenarios in the mental health case was inappropriate for the level of development of the students due to this being the first semester in the program. The mental health practice course is not taught until their final semester, and students had not been exposed to group intervention techniques. The item analysis confirmed inconsistency in the responses of all 39 students on the mental health scenario, so it was omitted from the data analysis. When considering the task with the four remaining scenarios, when the scores were considered on an individual basis, it was noted that only 35 of the 39 participants improved. Upon reexamination of the scores on the pre and posttests, no discernable patterns were discovered that explained the reasons for the lack of improvement. The hypothesis of the researcher is that these participants guessed on both the pre and posttests on certain scenarios or on the identification of certain interventions. No patterns or consistencies of incorrect answers were discovered. Another possibility is that the four participants who did not improve were students in the cohort who have documented disabilities and receive classroom accommodations, including additional time for testing, a peer note taker, and audio copies of lectures. Due to de-identification of the data, this possibility was unable to be explored further.

According to the literature, the ability to implement OBP is crucial to the practice of occupational therapy. Fleming-Castaldy and Gillen (2013) advocated for the use of evidenced-based practices in occupational therapy, specifically mentioning OBP, echoing the earlier work

of Trombly (1995). Fortune and Kennedy-Jones (2014) have implored faculty members to emphasize occupation and OBP in occupational therapy education in order to provide a strong foundation for future generations of occupational therapy practitioners. It would be irresponsible to exclude occupational therapy assistant students from consideration here, despite the lack of published research regarding their educational experiences. OTAs are primarily responsible for the delivery of intervention in many occupational therapy practice settings and as such, they make many decisions regarding how to best meet the needs and goals of their clients. For these reasons, this objective was of critical importance to the project. As the data suggested, the cohort as a whole did meet this objective, as evidenced by their performance on the task.

**Instructional strategy preferences.** In addition to the two themes discussed in the context of the learning objectives above, one additional theme was identified. During the posttesting, an additional question was added to the essay task that asked students to rate the instructional activities that best helped them learn the material (Appendix A). Participants were instructed to rank the strategies from most (1) to least (5) helpful.

The 39 participants overwhelmingly selected small group discussions and case applications as the most effective learning strategies. Average ratings of each instructional method are provided in Table 6 below. Approximately half (53.8%) of the participants rated the instructor presentations in the top three of the most helpful strategies utilized in the module. The role-play activities were viewed as slightly less helpful. Student identified the course readings as the least helpful in helping them learn the material. This demonstrates a student preference for instructional strategies that promote active learning. This is consistent with Adult Learning Theory (Finlay, 2010) and other educational literature on teaching and learning (Bradshaw, 2014; Marin, 2014).

Table 6

*Average Student Ratings of Instructional Strategies*

<b>Instructional Strategy</b>	<b>Average Rating</b>
Small Group Discussions and Case Application	2.10
Reflection Exercises and Activities	2.61
Instructor Presentations	2.67
Role Play Activities and Games	3.18
Course Readings	4.43

**Summary of findings.** The purpose of this Capstone project was to provide an educational module for the OTA student that would increase their knowledge of occupation, OBP, and the ability to select occupation-based interventions when provided with client scenarios. Using a parallel convergent mixed-methods design, the data was analyzed via quantitative statistics, then enriched through qualitative data, which explained and expanded upon the numerical data results.

Based on the statistical analysis of the numerical data, the project objectives were met. The cohort of participants demonstrated an increase in scores on the short essay and intervention selection tasks that were designed to measure the objectives of the Capstone project. Raw mean scores on the pre essay task of 4.026/16 for rater 1 and 4.308/16 for rater 2 for the cohort of participants improved to 10.487/16 for rater 1 and 10.333/16 for rater 2. For the intervention selection task, the cohort mean was 6.974/12 and improved to 8.923/12 on the posttest. Additionally, the qualitative analysis of the raw data highlighted specific examples to show evidence of attainment of the project objectives and the increase in complexity and higher order thinking of student responses. This increase in complexity was identified using professional

documents such as the OTPF-III, Centennial Vision, and AOTA's Blueprint for Entry-level Education (2010) and was measured in terms of Bloom's learning taxonomy.

Considered together, both the quantitative and qualitative data have shown that the cohort of participants met the objectives of the project.

### **Strengths and Limitations of Project**

**Strengths.** Although this Capstone project was successful based on the attainment of the objectives, there are some strengths and limitations that merit discussion. The main strength of the project was its relevance to the population for which it was designed. As discussed earlier, there is little in the professional literature in terms of education of the OTA, a disconnect in the education and practice in the occupational therapy profession, and a lack of research specifically related to OBP for the OTA.

Another strength of this project was its strategic placement in the introductory foundations course at the beginning of the curriculum. This allowed the students to learn this vital knowledge early in their educational preparation. The use of occupational therapy professional documents contributed to the strength of the module and class activities. Now as students encounter those professional documents in future courses in the program, learning from the module will be reinforced. Students will then be well-versed in their knowledge of the professional documents, which should positively shape their practice decisions.

Finally, the Capstone committee members have been an area of strength for this project. The faculty mentor possessed a deep knowledge of the unique perspective of OTA students, the community college setting and its challenges, and a mind for statistical thinking. That has served to broaden this project into something beyond what was anticipated. The content expert for the project was helpful in the selection of resources for module, class activity, and rubric

construction, adding depth to the module and providing the researcher with an increased understanding of occupation.

**Limitations.** The project did have several limitations. Due to unforeseen circumstances, the ability to obtain IRB approval was slightly delayed. This pushed the implementation of the module from the second week of classes in the program to the fifth week of classes. Although measures to limit student exposure to occupation and OBP were taken by program faculty until the module could be executed, it cannot be definitively shown that students had not been exposed to some of the concepts prior to the module. In the future, this will be the first module to be taught in the course to prevent the likelihood of this occurring.

A second limitation of the project was with rubric construction. Initially, the rubric was constructed with four levels of proficiency. Within each level, there was a range of scores that could be given. During the scoring of the pre and post essay tasks, it was determined that this could create confusion and error in the scoring of the responses. Therefore, the rubric was restructured only in terms of the point values associated with each level of proficiency. The rating of each essay was unchanged, only the point values associated with the rating were reduced from a range to one specific number. This brought more clarity, rigor, and transparency to the scoring process. In the future, point value ranges associated with rubrics to be utilized for research purposes will be avoided in order to limit rater error or inconsistency.

A third limitation of the project was associated with the OBP intervention selection task. Initially, the designed task consisted of five scenarios, with a possible three correct OBP interventions each, for a total of possible 15 points. After scoring of the pre and posttests, it was discovered that nine participants performed worse on the posttest than on the pretest. Upon analysis of the scoring for each participant, it was noted that the cause of the discrepancy was the

fifth case scenario. That particular situation was the case of a client in a mental health setting where many of the interventions related to groups. Student responses on both the pre and the posttest appeared to be random, with no real pattern noted. The hypothesis of the researcher was that the students were confused by the group interventions. The unique challenges and interventions posed by psychiatric settings at this point in their educational experiences was confusing as their mental health coursework does not occur until later in the program. It was decided that this scenario would be omitted from the task, leaving four scenarios and a total of 12 points possible.

A final limitation was identified in regard to the scheduling of the module and module design. After reflection on the module and the activities that took place, it was determined that including coverage of the OTPF either in the module or the class session or two prior to the module could aid in the understanding of the material covered. This would allow for greater student understanding and application of the module content. In the future, the module will be expanded to three class sessions to allow for more student discussion, educational gaming, debate, and role playing. According to data collected in the posttest phase of the project, a majority of students identified these methods as most beneficial in helping learn the material. These types of educational approaches are considered by many in the field of education to be vital for student learning and application of knowledge, and have shown to be effective in student retention of knowledge (Bradshaw, 2014).

### **Implications for Practice**

As discussed previously, the ability to understand and apply the concepts of occupation and OBP to practice are important skills for occupational therapy practitioners. These skills are especially important for the OTA, whose primary role in OT is the delivery of intervention. The



importance of utilizing effective and evidence-based interventions is vital to the survival of any profession.

The purpose of this project was to provide students with a foundation for understanding and selecting occupation-based interventions. According to a needs assessment conducted by the researcher prior to the design of this project, a sample of experienced OTA practitioners from a variety of practice areas were unable to clearly give examples of ways they utilized occupation-based interventions in their daily practices. In fact, only two were able to provide clear examples of occupation-based methods. These findings illustrated the importance of:

- 1) providing knowledge of occupation, OT, and OBP in early, foundational OTA courses,
- 2) reiterating concepts of occupation, OT, and OBP early and often in OTA program courses,
- 3) demonstrating use of occupation and OBP in daily practice, and
- 4) practicing in a manner that demonstrates the value of OT and its professional identity.

Amini (2010) described the identity struggle faced by novice OTAs once they leave the security of the academic or university support system. In her writing, she advocated that faculty equip students with strong foundations in practice skills. She also recommended teaching OTA students methods to cope when faced with challenges and the pressure of conforming to what they see others doing around them. This project serves to meet both of those needs by: 1) providing a strong foundation early in the educational experience of OTA students and 2) providing a basis for future intervention planning and learning as students progress through the remainder of their educational program. A future component to be added later in the program will be strategies for utilizing OBP in any setting in an attempt to confront and limit barriers.

## **Future Research**

Although the results of this Capstone project did show a change in the perceptions of OTA students in regard to occupation and OBP, more research is needed to determine the duration of their learning. A possible follow-up activity in which the students were tasked with applying OBP concepts to intervention planning for a client case could provide such additional data. As mentioned in the previous paragraph, an additional module on confronting the barriers to OBP faced by students in a variety of settings would also be a valuable tool to add to the toolkit of these OTA students as they embark on their first level II fieldwork experiences.

Replication of the results of this study with future cohorts would strengthen the data collected during this project by increasing the sample size and assessing outcome over different groups of students with different backgrounds and experiences. More research of this nature and specifically regarding OTA students and OTA education is certainly warranted. With the profession continuing to grow, faculty need to be sure that evidence-based methods are being utilized in educational programs.

Another area of interest that warrants consideration is related to practitioners. One area would be determining if the results of this study transfer into the practice skills and habits of the students in the cohort once they begin employment. A final area of future research would be to study existing OTA practitioners to expand upon preliminary studies that related to barriers to OBP. A study to determine if additional education on the topic or education in ways to overcome the barriers of specific practice settings would be beneficial in changing the practice patterns of existing OTA practitioners.

## Summary

The purpose of this Capstone project was to determine if an educational module would create a change in the perceptions of OTA students in the areas of occupation, occupational therapy and OBP. Pretest data was collected via a demographic questionnaire, a short essay task, and an intervention selection task. Next, students were engaged in an educational module spanning two in-class sessions. The educational module consisted of short lectures, discussion, role play, and other learning activities on the topics of occupation, occupational therapy, and OBP. Following conclusion of the module, posttest data was conducted in the same format, with the same assessment tools as in the pretest.

Quantitative and qualitative data demonstrated an increase in student learning in their knowledge of occupation, OBP, and their ability to select occupation-based interventions based on client scenarios. The results of this project hold many implications for practice, specifically in regard to OTA education and the use of OBP by OTAs in practice. It also holds promise for affecting change in the way interventions are designed and delivered through providing a foundation on which students can begin to build their thinking and clinical reasoning in regard to intervention planning, selection, and. Implementation.

Future plans for research include replication of this study with new cohorts of students to conclusively determine the effectiveness of the educational module in creating a positive change in their knowledge regarding occupation and OBP. Additional directions of research could involve looking at barriers to the use of OBP and the design and implementation of programs to target existing practitioners.

The scope of this project was to assess the effectiveness of this educational module with a cohort of OTA students to determine a change in their perspectives on OBP and occupation. The

purpose was attempting to close the gap between education and practice. Another focus area was the generation of preliminary research in the area of OTA education. The results of this project indicated the objectives of this project were met and a door opened for replication opportunities and the generation of more research to fill the professional literature gap in the area of OTA education.

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## Appendix A

### Pre/Post Essay Prompts Used for Data Collection

OTA 210 – Occupational Therapy Fundamentals OBP Module Pre/post Essay

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_ Choose One: Pre/post

Directions: Respond to the following prompts.

1. Define occupation. **(2-4 sentences)**
  
2. Discuss its value in supporting client participation and the promotion of mental and physical health and wellness. **(3-5 sentences)**
  
3. Define and describe occupational therapy. **(3-5 sentences)**
  
4. Define occupation-based practice and explain its importance. **(3-5 sentences)**

**For Posttest only. Please omit this question if you are completing this form as a pretest at the beginning of the module.**

5. What instructional strategy best helped you learn the material? **Rank from most (1) to least (5) helpful.**

\_\_\_ Instructor presentations (class lecture)

\_\_\_ Small group discussions/case application

\_\_\_ Course readings

\_\_\_ Role play activities

\_\_\_ Reflection exercises/activities



## Appendix B

### OBP Module Intervention Selection Activity

OTA 210 - Occupational Therapy Fundamentals

Occupation and OBP Module

Intervention Activity Selection Task

Date: \_\_\_\_\_

Participant Number: \_\_\_\_\_

Scenario 1: Marjorie is a 58 year old woman who has severe osteoarthritis in her right hip. Over time, she has become less able to engage in exercise, and now the pain is limiting her ability to perform vital aspects of her job as a college professor. Marjorie agreed to have a total hip arthroplasty and the surgery was completed with no complications. She and her husband reside in a two-story home with stairs, but the master bedroom and bath are located on the main floor, where she has access to a walk-in shower and a deep tub. Taking baths is a major form of relaxation for her after a long day. Her spouse primarily takes care of the cooking and household chores. She is also active in her local church, where she enjoys playing in the bell choir, which requires her to stand at least five minutes at a time. Most of her friends and social relationships are associated with church activities. Marjorie has two grown children, and three grandchildren, ages 5-9, who live in a bordering state. She is a very active grandmother, and enjoys spending time with the grandchildren.

During Marjorie's occupational therapy sessions the certified occupational therapy assistant (COTA) worked with her on the following interventions.

**Underline and place an X in front of the 3 interventions from the list that best reflect occupation-based practice.**

1. The COTA has Marjorie state her hip precautions to check to see if she still remembers them.
2. Marjorie uses the rolling walker to complete five transfers from her chair to standing in order to improve her functional mobility as needed for safety in her home environment.
3. Marjorie places pegs in an elevated pegboard to work on her standing tolerance needed for participation in the church bell choir.
4. The COTA educates Marjorie on adaptive equipment that is available for self-care tasks and has her practice using a long-handled shoe horn to put on her shoes.
5. Marjorie makes the bed in her room while maintaining hip precautions and to her standing tolerance level.
6. Marjorie completes a series of upper extremity exercises designed to increase the strength needed for transferring into and out of the bathtub and shower.

Scenario 2: You are working as a COTA in a skilled nursing facility (SNF). A new client, John, has been placed on your caseload by the occupational therapist. John is an 81 year old retired engineer who has a diagnosis of dementia. His condition has progressively worsened, and he has become increasingly confused. He has been a long-term resident of the SNF for two months now, and nursing staff have reported a decline in orientation and awareness of surroundings, a decline in self-care skills, social withdrawal, and increased agitation. His referral to therapy is the result of this, as well as two falls in the past week. Although John is a poor historian, you are able to speak to his children who tell you that he enjoyed building and tinkering with things, working with his hands, and took great pride in cooking and gardening.

During John's occupational therapy sessions, you work with him on the following interventions.

**Underline and place an X in front of the 3 interventions from the list that best reflect occupation-based practice.**

1. Labeling drawers and closets in John's room with items located in them, then work with John on morning self-care using this system.
2. Teach and practice deep breathing and relaxation exercises to decrease John's agitation so that he can participate in everyday activities.
3. Educate the facility activities director on activities that John enjoys so that he can be engaged in social activities.
4. Work with John on sanding wood pieces and constructing a simple birdhouse to hang outside his room for birdwatching.
5. Engage John in the facility gardening group where he can take care of the plants and flowers, harvest produce, and engage in social participation with other residents.
6. Provide John with a series of nuts and bolts and have him match the pieces to provide him the opportunity to work with his hands.

Scenario 3: A school system COTA is working with a student, Torrie, who has ADHD. Torrie is 9 years old, and has difficulty with organization, completing classroom assignments, and she frequently forgets to turn in her homework. According to the evaluation data obtain from the occupational therapist and Torrie's family and classroom teachers, she also has decreased fine and gross motor skills that are below her age level. Torrie tells you that she does not like to write because it makes her hands hurt, and you know from the evaluation data that this is likely due to decreased strength and/or poor positioning. She does not have many friends and other children bully her because of her poor social skills. Based on observations and parent reports, she seems to have difficulty spontaneously initiating play. Her difficulties are causing her to fall behind in school and have emotional difficulties.

During Torrie's occupational therapy sessions, you work with her on the following interventions.

**Underline and place an X in front of the 3 interventions from the list that best reflect occupation-based practice.**

1. Collaborate with Torrie and her teacher to set up an organization system to keep up with homework and classwork.
2. Squeeze resistive putty to strengthen Torrie's hands so they do not hurt during handwriting.
3. Engage Torrie in spontaneous play activities during class recess time with her peers.
4. Work with Torrie on handwriting during class time when she is completing written assignments needed for class.
5. Practice forming letters on lined paper to increase speed and accuracy of handwriting.
6. Have Torrie trace mazes of increasing complexity to increase her fine motor skills and practice holding a pencil correctly.

Scenario 4: You are working in the inpatient rehabilitation unit of a local hospital and have been assigned a client who suffered a severe stroke (CVA) that has affected the right side of her body. Your client, Dorothy, is 64 years old, retired, and lives with her spouse in a single level garden home in a gated community. She is right hand dominant. All of her children and grandchildren live in the same town as Dorothy and her husband. Dorothy loves family gatherings, working in her flower garden, watching reality TV shows, and morning walks around the neighborhood with her husband. She also enjoys hosting the entire family for lunch every Sunday. Dorothy is famous for her cooking, but especially her “made from scratch” brownies. Due to the stroke, she cannot move her right arm, except for wiggling her fingers slightly. Her balance and endurance have declined, and she is learning to walk with a walker during her physical therapy sessions, but progress is slow. Dorothy requires maximum assistance with all self-care activities and transfers from one surface to another. Her cognitive status is normal, and she is very motivated to recover. Her family is extremely supportive, visit her daily, and attend her therapy sessions.

During Dorothy’s occupational therapy sessions, you work with her on the following interventions.

**Underline and place an X in front of the 3 interventions from the list that best reflect occupation-based practice.**

1. Complete passive range of motion exercises with Dorothy to prevent joint contractures and loss of motion in the right arm.
2. Neuromuscular electrical stimulation to regain muscle movement in the right arm to allow for increased use during everyday activities.
3. Weight bearing with the right arm on the counter while preparing brownies in the kitchen.
4. Using the walker, practice transitioning from the seated position to standing up in order to increase strength, endurance, and standing balance needed for everyday activities.
5. Complete morning self-care and ADLs using adaptive techniques and equipment to increase Dorothy’s independence in this area.
6. Teach energy conservation techniques to Dorothy and have her practice them during a cooking activity in the kitchen.

Scenario 5: A COTA is working in an adult mental health unit in a rural hospital. One of the clients, Matthew, has a diagnosis of bipolar disorder with manic and depressive episodes, a history of self-injury behaviors and substance abuse. He was admitted to the facility after a manic episode where he depleted his bank account during a shopping spree, which resulted in his inability to pay rent and eviction from his apartment. After receiving the eviction notice, Matthew swallowed a bottle of pills because he could not cope with his situation. This is his third admission to the facility with similar circumstances. He has refused to take showers, wash his hair, or change clothes since his admission. He keeps to himself and does not interact with the other patients on the unit. According to the psychiatry notes, his condition has stabilized due to adjustments with medication, but occupational therapy services were ordered to teach self-management skills, identify appropriate leisure activities, improve coping skills, increase completion of ADLs, and successfully utilize appropriate coping strategies during episodes of mania and depression.

During Matthew's occupational therapy sessions, the COTA works with him on the following interventions.

**Underline and place an X in front of the 3 interventions from the list that best reflect occupation-based practice.**

1. Engage Matthew in a group session on identifying healthy coping skills and how/when to utilize them.
2. Complete a leisure activity interest inventory with Matthew to identify activities of interest to him.
3. Have Matthew complete a paper collage to increase relaxation.
4. Educate Matthew on the importance of good hygiene and encourage him to take showers and change clothes daily.
5. Engage Matthew in an activity where he identifies events that trigger his mania or depression. Then, work with him on coming up with ways to cope with the triggers.
6. Engage Matthew in a leisure group that plays competitive video games during the afternoons.

## Appendix C

### Consent Form for OBP Module

**Principal Investigator:**

Allen S. Keener, M.S., OTR/L  
Occupational Therapy Doctoral Candidate  
Eastern Kentucky University  
256-352-8333 (office)

**Research Site:**

Occupational Therapy Assistant Program - Wallace State Community College  
TBH 515  
801 Main Street NW  
Hanceville, AL 35077  
256-352-8333

**IRB Protocol Title:** Impact of an occupation-based practice (OBP) learning module on perceptions of OBP and selection of occupation-based interventions by Occupational Therapy Assistant students.

**Research Purpose:**

This applied research project seeks to examine if a module on occupation-based practice (OBP) increases students' knowledge and changes perceptions of occupation and OBP, and their ability to select occupation-based interventions.

**Information on Research:**

You agree to participate in a research study at Wallace State Community College. The title of this research is *Impact of an occupation-based practice (OBP) module on perceptions of OBP and selection of occupation-based interventions by Occupational Therapy Assistant students*. The purpose of this research is to determine if a module on occupation-based practice is beneficial in helping occupational therapy assistant (OTA) students understand OBP and increase their ability to select occupation-based interventions. Occupational therapy leaders have recently called for a return to the roots of our profession and the use of occupation in practice. Research has shown that OBP is superior to other intervention methods, yet it is not widely utilized by many occupational therapy assistants.

Signing the consent form indicates your consent to participate in all aspects of the two week study. The study includes taking a pretest/posttest, consisting of a written response and a multiple choice selection task. The study also involves participation in two in-person class sessions and course activities during the two week period. Students who choose to participate in the study will be assigned a number (such as A14), not in alphabetical order. Students will not be identified by name. Student work and assessment task submissions will be labeled with the assigned number of the student.

**Student's Initials** \_\_\_\_\_

**Risks:**

All first-semester OTA students who are enrolled in the OTA 210 course will be asked to voluntarily participate in the study during the fall semester of 2016. Students who participate in the study will participate in the same classroom setting, activities, and course assignments as those who are not participating in the study. The risk of participating in the study will be no greater than the risk of not participating in the study.

All study data will be secured on the principal investigator's computer in TBH 515 at Wallace State Community College. The office is locked when the instructor is not present. A panel of one OTA instructor, a faculty member from Eastern Kentucky University, and I will have access to the deidentified data and study assessment documents, but will not know your name, only the number (ex. A14) of the student whose assignment they are viewing. Assessment data will be destroyed at the appropriate time period as allowed by institutional record keeping policies, but will remain secured in the instructor's locked office until that time.

**Benefits:**

You will learn and be able to apply knowledge of occupation and OBP in order to select appropriate interventions for client situations. This is a vital skills for OT practitioners at this time in the history of the profession you are entering.

**Compensation:**

You will not be paid to participate in any part of this study.

**Voluntary Participation:**

Participation in this study is voluntary. If you decline to participate, there is not a penalty. You may discontinue participation in this study at any time.

**Student's Initials** \_\_\_\_\_

**Statement of Consent:**

I consent to participate in the study voluntarily. I have read this consent form and understand the nature and the purpose of the study. Mr. Keener has answered my questions satisfactorily. I understand that I can refuse to participate or withdraw at any time. My decision to withdraw or not participate will not affect my grade in this course. I understand that I will receive a copy of the consent form signed by the researcher and me. By signing this form, I agree to participate in the project entitled Impact of an occupation-based practice (OBP) module on perceptions of OBP and selection of occupation-based interventions of Occupational Therapy Assistant students.

This research has been approved by the Institutional Review Board (IRB) at Eastern Kentucky University. The protocol number associated with this study is 000290. Any questions may be addressed to the IRB Compliance Coordinator, Lisa Royalty, at (859) 622-3636.

**Signature of Participant** \_\_\_\_\_ **Date** \_\_\_\_\_

I have explained to the above individual the nature and purpose, potential benefits and possible risks associated with participation in this research study, have answered any questions that have been raised, and have witnessed the above signature. I have provided the participant a copy of this signed consent document.

**Signature of Researcher**\_\_\_\_\_ **Date**\_\_\_\_\_



## Appendix D

### Participant Demographic Information

OTA 210 – Occupational Therapy Fundamentals  
Occupation and OBP Module  
Demographic Information

Participant Number: \_\_\_\_\_

Directions: Please answer each question.

1. Have you ever observed OT practice in a clinical setting? (yes or no)
2. How much time have you spent in observation of OT practice?  
(less than 1 week, 1 week to 1 month, 1 month to 1 year, or more than 1 year)
3. Describe what you saw the OT/OTA doing with his/her client(s). (2-4 sentences)
4. Have you worked as a rehab tech, OT tech, PT tech, CNA, activity director, home health aide, teacher where OT services were provided, or any other type of healthcare setting? (yes or no)
5. If you answered yes to question #4, please indicate your role and the environment/setting in which you worked? (1-2 sentences)
6. If you answered yes to question #4, for how long did you work in the setting where OT services were provided?
7. Have you had a family member, friend, or neighbor receive OT services? If so, describe the services that were provided. (1-3 sentences)
8. How or why did you decide to apply to the OTA program? (2-4 sentences)

## Appendix E

### OTA 210 Occupation and OBP Module Pre/post Essay Scoring Rubric

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

Items	Limited (1)	Emerging (2)	Satisfactory (3)	Excellent (4)
Defines occupation	Definition of occupation includes 2 or fewer of the following aspects: value to the client, meaning, purpose, everyday activity, something a person does to occupy time, give meaning, or achieve a purpose. Does not mention context, environment, or role of social/cultural expectations. No understanding of/attempt at explaining link between occupation and physical and mental health and wellness.	Definition of occupation includes some of the following aspects: value to client, meaning, everyday activity, purpose, something a person does to occupy time, give meaning, and/or achieve a purpose. Mentions 1 of the following: context, environment, or social/cultural expectations. Limited attempt at/knowledge of how occupation can support mental and physical health and wellness. May only address one of the areas.	Definition of occupation includes the majority of aspects: value to client, meaning, everyday activity, purpose, something a person does to occupy time, give meaning, and/or achieve a purpose. Mentions 2 of the following: context, environment, or social/cultural expectations. Includes how participation in occupation can support mental and physical health and wellness in broad terms.	Definition of occupation includes all aspects of: value to client, meaning, everyday activity, purpose, something a person does to occupy time, give meaning, and/or achieve a purpose. Mentions the majority of the following: the role of context, the environment, or social/cultural expectations. Includes how participation in occupation can support mental and physical health and wellness with specific examples.
Defines and describes occupational therapy	Definition is vague and may not mention occupation, instead using a few of the following: daily activities, independence, function, or helping people do things they need to do.	General definition of therapy that may mention the word occupation or activity, such as using occupation in therapy, etc. Definition does not deviate from textbook definitions and shows very basic and limited understanding of occupational therapy.	Mentions use of activity or occupation as therapy or as methods to achieve outcomes. Mentions 1-2 of the following: everyday activities, activities of daily living, purpose and/or meaning, helps a person regain or maintain independence in	The use of occupation or activity as a means to achieve a goal or as the end result of therapy. Mentions 3 or more of the following: activities of daily living, everyday activities, purpose and/or meaning, helping a person regain or maintain independence in

		No mention of purpose or meaning or the use of occupation as a means or an end.	roles/activities/occupations that are meaningful to that person, promotes function and independence.	roles/activities/occupations that are important to them, promotes function and independence.
Defines occupation-based practice (OBP)	Limited/no attempt is made to define OBP. May mention practice based on occupation, but offer no real definition. Understanding not evident in definition.	Very generally mentions the use of occupation in therapy or provides rigid, textbook-like explanation.	Mentions the use of occupation or meaningful/purposeful activity in therapy.	Clearly defines OBP as the use of occupation and/or purposeful and meaningful activity as a means and an end to achieve client or family goals in the therapy process.
Explains importance of OBP	Limited/no attempt is made to explain the importance of OBP. May very generally mention occupation, increasing independence or participation. Understanding not evident in explanation.	Attempts to explain the importance of OBP by discussing occupation. Does not equate OBP with the following: physical health, mental health, well-being, participation, satisfaction, valued roles.	Generally describes OBP as important due to improving a client's ability to perform occupations of choice. Mentions 1-2 of the following: physical health, mental health, well-being, participation, satisfaction, valued roles.	Clearly explains why OBP is important to occupational therapy and/or our clients, including ability to perform occupations. Includes more than 2 of the following: physical health, mental health, well-being, participation, satisfaction, valued roles.

**Total Score:** \_\_\_\_\_

## **Appendix F**

### **Outline of OBP Module Activities**

- I. Pretesting and collection of demographic information
- II. Module – Class session 1
  - a. What is occupation? (professional documents)
    - i. Drawing and sharing morning routines
    - ii. Meaning, identity, and well-being
  - b. Consequences of engagement in occupation
  - c. Dimensions of occupation (from OTPF)
    - i. Skills, habits, roles, routines
    - ii. Contexts
    - iii. Activity demands
    - iv. Client factors
  - d. World Federation of OT
  - e. Personal reflections on occupation and sharing
- III. Module – Class session 2 - OBP
  - a. Occupation as a tool for therapy – class activity
    - i. Occupation as means
    - ii. Occupation as ends
  - b. Application scenarios
  - c. Intervention selection game
  - d. Wrap up – why use occupation with clients?
- IV. Posttesting