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Assesement of an Occupation-based Practice Module for an Occupational Therapy Assistant Curriculum

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ASSESEMENT OF AN OCCUPATION-BASED PRACTICE MODULE FOR AN OCCUPATIONAL THERAPY ASSISTANT CURRICULUM

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

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

This project, written by Mary Kim Qualls under direction of Dr. Colleen Schneck, Dr. Camille Skubik-Peplaski, 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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Certification

We hereby certify that this Capstone project, submitted by Mary Kim Qualls 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: Occupational therapy practitioners who also serve as fieldwork educators are not utilizing the profession's historically distinctive qualities and purpose of occupation-based practice, and that the occupational therapy assistant student needs to be prepared with these skills upon beginning fieldwork.

Purpose: The primary purpose of this capstone is to improve the understanding of occupation-based practice by occupational therapy assistant students through an additional educational module focused on occupation-based principles by their ability to implement an occupation-based practice intervention.

Theoretical Framework: The occupation-based practice module has a knowledge component (look), an activity component (think), and evaluation/simulation component (act) (Skinner, 2014)

Methods: This mixed method design combined qualitative and quantitative data in a research project focused on the use of an occupation-based practice (OBP) module within an occupational therapy assistant program through selection and implementation of occupation-based practice interventions. The qualitative component was a self-rating rubric by subject students on a scale of 1-3 on five occupation-based principles; 3-Mastered principle and applied with this intervention, 2- understand principle did not apply, 1-needs improvement with understanding. The quantitative component was self-reported feedback by subject students in the form of justification, for self-rating. The OBP module was implemented in the first semester of occupational therapy assistant course work. Supplement (S) Group (N=8) subject students completed the four lessons in the occupation-based practice module as well as the existing OTA curriculum and the simulation experience. Non-Supplement (NS) Group (N=8) subject students participated in the existing OTA curriculum and participated in the simulation experience.

Results: Both the Supplement Group and the Non-supplement Group (NS Group) (N=8) completed a self-evaluation of the selection and implementation of the new knowledge regarding occupation-based practice in a scripted actor acute care simulation to provide the research with outcomes. The overall findings were that both groups gave themselves more ratings in the highest category (3-mastery) than any other category with the exception of the Supplement Group on two occupation-based principles. The Non-Supplement Group demonstrated a decreased ability to justify how they used the occupation-based principles during the simulation.

Conclusions: The impact of the occupation-based practice module was improved understanding by the Supplement Group regarding occupation-based principles. The research project supports the implementation of the occupation-based module as a foundational element in the education of occupational therapy practitioners and will be added to the curriculum of the community college's occupational therapy assistant program.

Keywords: occupation-based practice, occupational therapy assistant, geriatric, simulation, teaching module

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EASTERN KENTUCKY UNIVERSITY

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DEPARTMENT OF OCCUPATIONAL SCIENCE AND OCCUPATIONAL THERAPY

CERTIFICATION OF AUTHORSHIP

Submitted to (Faculty Mentor's Name): Dr. Colleen Schneck
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Title of Submission: Assessment of an Occupation-Based Practice Module in an Occupational Therapy Assistant Curriculum

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.

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Date of Submission: 12/15/16

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SECTION ONE: NATURE OF PROJECT AND PROBLEM IDENTIFICATION

Introduction

Occupation is identified as denoting life engagements that are constructed of multiple activities that occur over time, have purpose, meaning and perceived utility to the client and can be observed by others or more simply daily life activities in which people engage, as cited in the Occupational Therapy Practice Framework: Domain and Practice (American Occupational Therapy Association (AOTA), 2014, p. S6). Occupational therapy practice emphasizes the occupational nature of humans and the importance of occupation to healthful, productive, and satisfying living (AOTA, 2014, p. S3). The occupational therapy process includes evaluation and intervention to achieve targeted outcomes, and is facilitated by the distinct perspective of occupational therapy practitioners when engaging in clinical reasoning, analyzing activities and occupation and collaborating with clients (AOTA, 2014, p. S10). The occupational therapy practitioner can be both an occupational therapist or an occupational therapy assistant (AOTA, 2013). The occupational therapy assistant level education and implementation of occupation-based intervention is the focus of this research as it relates to older adults.

A look at the role of occupation therapy in preventing readmission to acute care found clients had unmet needs with regard to instrumental activities of daily living (IADL) (Roberts & Robinson, 2014). Those with unmet functional needs reported that they had difficulty with an activities of daily living (ADL) or IADL and they lacked assistance or supervision with any ADL disability (difficulty walking, eating, bathing, dressing, transferring from a bed to a chair, or using the toilet) or IADL disability (difficulty using the telephone, preparing meals, performing housework, shopping, or managing finances) (Arbaie, Wolf, Yu, Rowe, Anderson, & Boult, 2008). Occupational therapy practitioners are able to identify barriers in discharge planning,

including evaluating components such as a visual and cognitive deficits that impact occupational performance (Roberts & Robinson, 2014). In an evidence-based review of 39 studies, 21 of which addressed ADL performance and 12 addressed IADL performance, examined the published evidence supporting the use of occupation-based intervention to improve areas of occupation and social participation post stroke (Wolf, Chuh, Floyd, McInnis, & Williams, 2015, p. 2). Occupation-based intervention can identify many of the deficits related to a person's inability to return home or provide opportunity for safety education and modification for successful independent living by observing the person doing their everyday activities.

Occupation-based intervention is "doing with" the client as an active partner rather than "doing to" the client (Berro & Deshaires, 2014). Occupation-based intervention must be client-centered to be effective as the client must see meaning in the occupation, activity, or task. Occupations are central in a client's identity and sense of competence (AOTA, 2014, p.S5). To be client-centered includes listening to what the client feels is important. One must ask open-ended questions to find the interest of the client and the effect of problems (disorder or disease) for the client. The client and the occupational therapy practitioner are problem solving together, the therapist does not prescribe the treatment. This process sounds like partners in a conversation sharing the accomplishments and the disappointments. The occupational therapy practitioner is responsible for this relationship.

Occupational therapy practitioners have the opportunity to identify barriers for clients to return to their highest level of independence where ever their setting might be. The goal of this capstone project was to evaluate the use of a teaching module focused on occupation-based practice (OBP) through occupational therapy assistant student's application and self-assessment of understanding during a simulation with a scripted actor.

Problem Statement

The problem this capstone project will address is that occupational therapy practitioners who also serve as fieldwork educators are not utilizing the profession's historically distinctive qualities and purpose of occupation-based practice, and that the occupational therapy assistant student needs to be prepared with these skills upon beginning fieldwork.

Purpose of the Project

Therefore the primary purpose of this capstone is to improve the understanding of occupation-based practice by occupational therapy assistant students through an additional educational module focused on occupation-based principles by their ability to implement an occupation-based practice intervention.

There is evidence of the lack of patients receiving occupational therapy interventions that are primarily focused on occupation-based intervention such as activities of daily living and instrumental activities of daily living (Richards et al, 2005; Latham et al, 2006; Smallfield & Karges, 2009) in stroke rehabilitation. This problem is also based on feedback from verbal discussion from occupational therapy assistant students from a community college.

A review of the 2011 Accreditation Council for Occupation Therapy Education (ACOTE) Standards and Interpretive Guide revealed added standards for occupational therapy assistant education which includes occupational science, but the words occupation-based intervention is used only once as an example of standard B.5.3. (ACOTE, 2011, p. 23). The ACOTE standard states: The OTA program must facilitate development of the performance criteria listed below. The student will be able to provide therapeutic use of occupation, exercises, and activity (e.g., occupation-based intervention, purposeful activity, preparatory methods) (ACOTE, 2011, p. 23). There is not a focus in the ACOTE standards for occupational therapist or occupational therapy

assistants on teaching the use or benefits of occupation-based practice nor is there a standard specifically regarding occupation-based practice.

The literature review findings supports the use of occupation-based interventions to improve occupational performance and the majority of the evidence supports interventions targeting ADLs performance (Wolf et al. 2015 p. 8). Gillen's (2013) Eleanor Clarke Slagle Lecture at the American Occupational Therapy Association Conference called for a returned focus on occupation and performance-based assessments and a return to the model of "clients doing" and away from "therapist doing to" the client. A better way to determine a client's ability to safely and successfully engage in occupation is to have the client do the task.

In preparation for development of the teaching module, teaching methods used by other occupational therapy assistant programs for teaching occupation-based principles were reviewed. These findings guided the selection of a best practice visit for an occupational therapy or an occupational therapy assistant program to observe and review the use of simulation as a way to assess knowledge. After analyzing and reviewing these findings with the capstone mentor and committee, the occupation-based practice module was created for occupational therapy assistant students at a community college. The occupation-based practice module was implemented within the geriatric course and the students' perception of how occupation-based principles may be utilized with the geriatric population was applied during a scripted actor simulation.

Project Objectives

The objectives of the capstone are: (a) to provide occupational therapy assistant students with knowledge regarding the use and benefits of occupation-based practice; (b) to engage occupational therapy assistant students in activities to implement and practice occupation-based interventions in a non-home environment; (c) to provide outcomes of occupational therapy

assistant students evaluating themselves on implementation of their new knowledge regarding occupation-based practice in a scripted actor scenario; and (d) to determine whether there is a need for an occupation-based practice module in the occupational therapy assistant curriculum of community college occupational therapy assistant program.

Theoretical Framework

The occupation-based practice module is focused on occupation-based principles and their distinctive value, qualities, and purpose to the profession and as it relates to the clients receiving occupational therapy services. The following hallmarks of occupation-based practice were developed through research of the literature to define occupation-based practice. These hallmarks provide a guide for the occupation-based practice module:

- Occupation-based principles must be meaningful to the client for success or occupation as ends (Trombly, 1995). The meaningfulness of occupation as an end is so profound that people at least partially define life satisfaction in terms of competent role performance. Meaning is individual and it must be verified that the person sees a value in engaging in the role, activity, or task (Trombly, 1995). Therefore OBP must also be client-centered.
- Occupation-based principles must include purposeful activities that support the goals of the individuals they serve. Occupation, activity, or "doing" have traditionally been identified as the hallmark and essential uniqueness of occupational therapy (Cook & Moll, 1997). Purposeful activities engage one in "doing".
- Occupation-based principles must include the concept that occupational therapy is changing or dynamic. Occupation-based principles must be dynamic in nature,

because occupational therapy should be dynamic in that it changes based on evidence (Baum & Law, 1997).

- Occupation-based principles must include occupation- as- means. Occupation-as-means refers to occupation acting as the therapeutic change agent to remediate impaired abilities or capacities (Trombly, 1995). This is based on the assumption that the activity holds within itself healing property that will change organic or behavioral impairments (Trombly, 1995).
- Occupation-based principles must meet the intrinsic needs for self-maintenance, expression, and fulfillment within the context of personal roles and environment (AOTA, 2008). Therefore occupation-based principles are holistic. The overarching goal of occupational therapy is to support the client's "health and participation in life through engagement in occupation" (Baum & Law, 1997).

The occupation-based practice module was created for adult learners with sections focused on the use of problem-based learning. There is a focus on medical and allied health education for more problem-based learning (PBL) to improve clinical reasoning skills (Scaffa & Wooster, 2004). Scaffa and Wooster (2004) completed a quasi-experimental pre-and posttest utilizing the Self-Assessment of Clinical Reflection and Reasoning (SACRR) to compare personal insight after PBL course with undergraduate occupational therapy students in their final semester before level II fieldwork. In the problem-based approach, complex, real-world problems are used to motivate students to identify and research the concepts and principles they need to know and to work through those problems (Duch, Grosh, & Allen, 2001).

Scaffa and Wooster (2004) cited the use of group based case studies in which the students worked cooperatively to identify problems inherent in each case, to research information, and to

report findings back to the group for discussion and analysis. The use of group work is already utilized in this community college's occupational therapy assistant program. The case studies utilizing the group concepts did enhance the module with increased discussion by the students. The educational module incorporated the use of case studies with deficits in function related to a prescribed diagnosis. Duch, et al. (2001) offered recommendations for the instruction of PBL as presenting the students with a problem such as a case study, video or research article. The students work in groups to research the problem. Based on previous and new knowledge students rank the issues by importance and summarize their knowledge and connect new concepts to old ones (Duch, et al. 2001).

The goals for occupational therapy educational programs are focused on creating future leaders in the profession and development of occupational therapy practitioners to be self-directed learners in preparation for being a life-long learners (AOTA, 2007). Royleen (1995) described four dimensions of learning objectives as: 1) knowledge and understanding; 2) interpersonal attributes and skills; 3) clinical skills; and 4) clinical reasoning. The description of the curriculum and process of program goals and outcomes gave insight as to how to approach the building of the occupation-based practice module. The competencies of the present occupation-based module must relate to the existing course competencies, program competencies, and ACOTE standards. These were considered first in creating the occupation-based practice module. The module was built on the following learning objectives:

1. Students will identify the principles of occupation-based practice as the foundation of the occupational therapy profession.
2. Students will examine the *Occupational Therapy Practice Framework: Domain and Process* (*Framework*) 3rd edition for its use in creation of an occupational profile.

3. Students will define the dynamic term of occupation-based practice (OBP) from a review of professional articles.

4. Students will justify when occupation is used as –end versus occupation used as a means in intervention.

5. Students will examine the evidence supporting occupation-based interventions for the client or the population.

The four lesson plans are included in this document for review (see Appendix C for full module).

Significance of Study

After a review of journals for evidence of research related to education of occupational therapy assistants, it is evident this level of education is under represented. The research regarding occupational therapy assistant education should come from the faculty and students of occupational therapy assistant programs. The discussion for the need to increase the knowledge base of occupational therapy assistant education must be evidence-based.

Summary

Occupational therapy has a distinct value in the use of occupation-based practice and interventions that are meaningful to their clients. The knowledge and understanding of the hallmarks of occupation-based practice begins in occupational therapy education. What is learned in the classroom must be supported during fieldwork. Occupational therapy assistant students that have the background knowledge, hands on experience, and case study opportunities in creating occupation-based interventions, may feel empowered to initiate interventions that are client centered and occupation-based.

The limited literature available regarding occupational therapy education supports the need for more research regarding the benefits and needs of occupational therapy assistants and

the educational programs. The findings of this study could contribute to the discussion on the entry level of occupational therapy assistant education. Questions that need to be reviewed and documented are: Whether there is a lack of occupation-based practice in the occupational therapy assistant curriculum or why occupation-based practice or occupation-based principles were not included in the Occupational Therapy Assistant Model Curriculum (Ashworth, Martin, Miller, Orr, & Whitehouse, 2008).

SECTION TWO: REVIEW OF THE LITERATURE

The objective of the occupation-based practice module was to increase selection and implementation of occupation-based practice interventions by occupational therapy assistant students with a scripted actor in a simulation hospital. The end goal was that this knowledge of occupation-based practice would be demonstrated by the occupational therapy assistant students while on fieldwork level II and into their practice. To create the module and evaluate students' selection of occupation-based interventions, a literature review was completed with themes being population (older adults), the use of occupation-based practice by occupational therapy practitioners, and occupation-based assessment tools.

In a study by Clark et al. (1997), evaluating the effectiveness of preventive occupational therapy services specifically tailored for multiethnic, independent-living older adult participants were provided group intervention. Participants were randomly assigned to 1 of 3 treatment groups: an occupational therapy group, a generalized group activity ("social") control group, or a non-treatment control group. The results cited significant benefits for the occupational therapy treatment group in function and quality-of-life domains (Clark, et al. 1997). The study suggests that preventive health programs based on occupational therapy may reduce the health risks of older adulthood.

Client-centered practice is having the client actively involved in the discussion of the goal-setting and treatment-planning process with specifically related meaningful occupations for the client. Maitra and Erway's (2006) study revealed a perceptional gap between occupational therapists and their clients in an understanding of and use of client-centered practice. This study is relevant to the occupation-based practice module and capstone in that it provides an awareness of the need to understand what client-centered practice means to the occupation therapy

practitioner and that it may differ from their client's. There is a need for increased communication of the intervention process using occupation-based practice. This was a criteria used in the evaluation debriefing portion of capstone project with a focus on using occupations selected by the client to understand the benefits and outcomes of a client-centered practice for the students.

A review of the literature documenting the use of occupation-based intervention found conflicting outcomes. A retrospective record review of occupational therapy services provided at one Midwest United States hospital during inpatient stroke rehabilitation, reported finding 65.77% of the occupational therapy sessions consisted of prefunctional activities. Prefunctional activities are for those interventions that did not consist of an engagement in occupation were: sitting balance, trunk and upper-extremity control, upper-extremity therapeutic exercise, and wheelchair management (Smallfield & Karges, 2009). Only 48.26% occupational therapy services addressed ADLs (Smallfield & Karges, 2009). Several studies study utilized the Post-Stroke Rehabilitation Outcomes Project (PSROP) form which breaks down interventions by categories and relates them to functional activities (occupations) (Richard et al., 2005; Latham et al., 2006; Smallfield & Karges, 2009).

Richard et al. (2005), Smallfield and Karges (2009) used the Functional Independence Measurement (FIM) tool to measure improvement in activities of daily living. Richard's et al. (2005) study focused upper body dressing FIM scores and time spent in occupational therapy intervention (2005). The results were that time spent in dressing activities did not signify those who were successful in upper body dressing recovery, but the study points out that patients that did not achieve a FIM level of supervision at discharge spent larger amounts of time in several lower level activities or prefuctional than patients who were successful (Richard et al., 2005).

This study is important in that how researchers select and use an assessment tool can affect the outcomes.

Occupation-based interventions can and should be done with stroke patients, but the level of assistance may not indicate measurable improvements. A study by Skubik-Peplaski, Howell, and Harrison (2014) utilizing the Canadian Occupational Performance Measure (COPM) as a pre and post assessment of client's satisfaction with performance was used in a descriptive case study methodology for one client, their partner and the occupational therapist's description of their experiences participating in occupation-based interventions in simulated home environment. This case study challenged the occupational therapist to provide occupation-based tasks when the client did not have the hand function to be able to participate in the meaningful roles he chose and to change their traditional approach to intervention by predominantly using occupations. Noted was the significant amount of energy and time to adapt their therapeutic approach that with in the world of high productivity standards may not be as possible. The study suggests that occupational therapy practitioners new to the profession may be trained exclusively in providing occupation-based tasks but the context and the client's ability may not be practical until the client is able to participate in occupations. No studies were found specific to occupational therapy assistants to compare their experience with the occupational therapist. As the demands are the same for both levels of occupational therapy practitioners, one would assume the factors that were challenging for the occupational therapist would also be challenging for the occupational therapy assistant.

The literature review supports the use of occupation-based practice with the older adult population as being beneficial for quality of life, social engagement, and prolonged engagement in occupations of daily life for continued independent living.

SECTION THREE: METHODS

Project Design

The occupation-based practice module has a knowledge component an activity component, and evaluation/simulation component. Using a mixed methods design with a sample of convenience both qualitative and quantitative data were gathered. The occupation-based practice module was developed and the evaluation of its effectiveness was the use of a student self-assessment rubric. Subjects were first semester occupational therapy assistant students that volunteered for the study. The Supplement (S) Group (N=8) completed the existing OTA curriculum, four lessons in the occupation-based practice module and the simulation experience. The Non-Supplement (NS) Group (N=8) participated in the existing OTA curriculum and participated in the simulation experience. There were no grades received for participation in the simulation or the module.

In the knowledge phase, occupational therapy assistant students, were provided with the occupation-based practice module created by the researcher. The group was provided information regarding the use and benefits of occupation-based practice. This knowledge phase used evidence-based teaching techniques based on research and literature review (Appendix A).

During the activity phase, both groups engaged in a simulation with a scripted actor to implement an occupation-based intervention in an acute hosptial setting. The subjects in Group S and Group NS were provided an occupational therapy evaluation with goals from which to create an occupational therapy intervention one day before the simulation event. The simulation hospital room had a functioning bathroom and hospital bed. The researcher spoke with both groups about how to prepare for the simulation. They were reminded to listen to the patient's

needs, ensure the patient's safety, and address the set goals. The subjects were instructed to check in at the desk with the nurse, a nursing instructor, to ask if the patient had any new issues before entering the room. The nurse's scripted statement was, "I am glad you are here. The patient just asked to go to the bathroom." This was a cue for the subjects to know what the patient needed and toileting was listed as a goal in the occupational therapy evaluation.

The evaluation phase was a rubric created by the researcher for subjects to self-assess their implementation of occupation-based interventions, including justification of how they used the occupation-based practice principles. During the following debriefing by the researcher, a discussion of professionalism, missed opportunities regarding the patient's goals, and safety were reviewed. No videos were used and subjects were identified by numbers with no personal identifiers.

Setting

The settings were a community college and the interdisciplinary simulation hospital which was an acute hospital simulation lab with video and sound recording capability, and two-way mirrors for observation.

Identification of Participants

The subjects (N=16) were first semester OTA students (N=16) volunteered to participate in the simulation component of the research. There were two males and fourteen females. The age range was nineteen to forty. Supplement (S) Group (N=8) subject students completed the four lessons in the occupation-based practice module as well as the existing OTA curriculum and the simulation experience.

Non-Supplement (NS) Group (N=8) subject students participated in the existing OTA curriculum and participated in the simulation experience.

Ethical Considerations

The education module met required Accreditation Council for Occupational Therapy Education (ACOTE) Standards for the occupation-based practice module to adhere to the ACOTE Standards and the AOTA Code of Ethics.

The participants were enrolled as occupational therapy assistant (OTA) students in a community college OTA program during the first semester of core curruiculum (OTA256). The subjects were emailed a letter requesting volunteers and were required to sign a concent form created by the researcher and approved by Eastern Kentukcy University 's Interal Review Board (IRB) and the community college's IRB. No points were given or deducted for particpation or non-participation in this research project. No grades were influenced by this research project. No identifiers were used for any of the participants except to identify with which group they were participating, Supplement or Non Supplement. All participants volunteered to complete the self-assessment rubrics.

Outcome Measures

The researcher developed a rubric listing five occupation-based principles from the hallmarks of occupation-based practice which were developed through research of the literature to define occupation-based practice. These hallmarks provided a guide for the occupation-based practice module and for the rubric used by the subjects for self-reported performance during a simulated intervention with a scripted actor (patient). The rubric was reviewed by the assigned capstone mentors. The rubric allowed the collection of data that were both quantitative and qualitative for this study. Themes of the rubric were focused on the subject's ability to self-assess themselves on a 1-2-3 rating with 3 being mastery of selected five occupation-based

principles and to justify that principle with a written response for the simulated intervention (see Appendix D).

SECTION FOUR: RESULTS AND DISCUSSION

Results

Quantitative.

The findings in the Supplement (S) and Non-supplement (NS) Groups were analyzed using averages and standard deviations (see Table 1.).

Table 1

Totals of all Self-Ratings Per Group

Group	Non-Supplement Group	Supplement Group
Mean	2.60	2.40
Standard Deviation	0.59	0.67
N (total subject scores for OB Principles)	40	40

Note. The Supplement Group had more answers in the lowest category (1) than the Non-Supplement Group and had fewer answers in the highest category (3) than the Non-Supplement Group. This is also noted in the mean self-rating of the two groups with the Non-Supplement Group's mean of 2.6 and the Supplement Group's mean of 2.40 for the total self-ratings on the rubric.

Both groups gave themselves more ratings in the highest category (3- Mastered principle and applied with this intervention) than any other category, with the exception of the S Group on rubric principles (3-Occupation-centered principles must include the concept that occupational therapy is changing or dynamic) and (5- Occupation-centered principles must meet the intrinsic needs for self-maintenance, expression, and fulfillment within the context of personal roles and environment) (see Figure 1).

Figure 1. Non-Supplement Group Self-Assessment

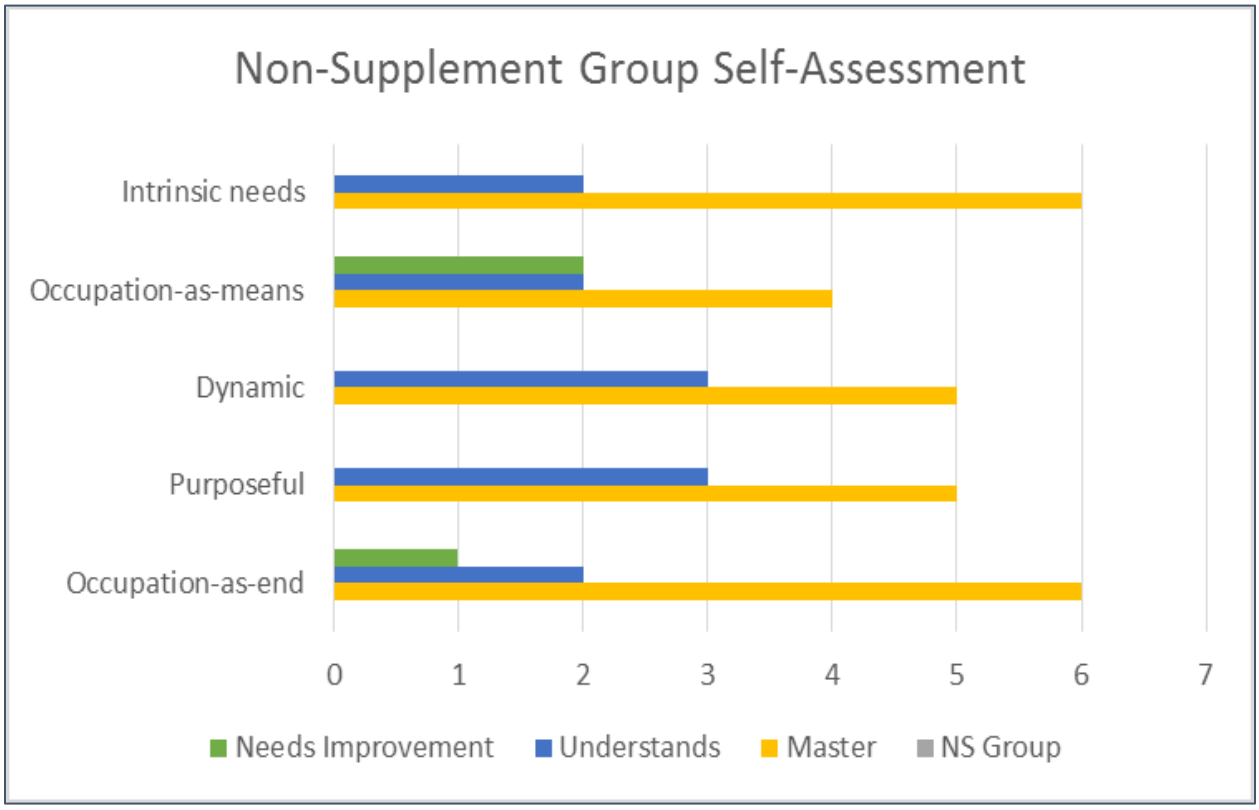

Figure 1. This bar graph shows the self-rating of the non-supplement group as self-rated more often at mastered and applied in the intervention (simulation) of the five OB principles. These are total self-rating of each of the 1-3 possible ratings. For an example, on the OBP use of occupation-as-end, six students in the NS group self-rated at 3-mastered and applied, two students self-rated at 2-understands, but did not apply and one student in the NS group self-rated at 1-need improvement with understanding.

The mean for OB principle three for the S Group was 1.87 with a standard deviation of 0.834 and the NS Group was 2.625 with a standard deviation of 0.517 (see Table 2.).

Table 2

Total Self-Ratings for Occupation-Based Principle 3

Self-assessment: Ranking of meeting this OB principle	Non-Supplement Group Number of Subjects Per Self-Rating	Supplement Group Number of Subjects Per Self-Rating
3-mastered principle and applied with this intervention,	5	2
2-understands principle did not apply,	3	3
1-needs improvement with understanding	0	3
Mean	2.625	1.875
Standard Deviation	0.5175	0.834

Note. These are to raw data, means, and standard deviations of OB Principle 3: Occupation-centered principles must include the concept that occupational therapy is changing or dynamic. The Supplement Group self-rated lowest in this principle.

The mean for OB principle five for the S Group was 2.37 with a standard deviation of 0.517 and the NS Group was 2.75 with a standard deviation of 0.462 (see Table 3.)

Table 3

Total Self-Ratings for Occupation-Based Principle 5

Self-assessment: Ranking of meeting this OB principle	Non-Supplement Group Number of Subjects Per Self-Rating	Supplement Group Number of Subjects Per Self-Rating
3-mastered principle and applied with this intervention,	6	3
2-understands principle did not apply,	2	5
1-needs improvement with understanding	0	0
Mean	2.75	2.37
Standard Deviation	0.462	0.517

Note. Principle 5: Occupation-based principles must meet the intrinsic needs for self-maintenance, expression, and fulfillment within the context of personal roles and environment. The Non-Supplement Group self-rated highest in this principle. The Supplement Group self-rated over half as did not apply principle for the simulation intervention.

The S Group had more answers in the lowest category (1-Needs improvement with understanding) than either group had on any rubric item and had fewer highest category (3-Mastered principle and applied with this intervention) than either group had on any rubric item. Comparing the two groups on each rubric item, S Group had fewer highest category (3) ratings than NS Group and had more lowest category (1) ratings than either group had on any rubric item. The average on the five OB principles for the Supplement Group was 2.40 with a standard deviation of .67. The average on the five OBP for the Non-Supplement Group was 2.60 with a

standard deviation of .59 (see Figure 2). Noted trends overall were that both groups assessed themselves as in the highest category of meeting the occupation-based principles in the simulation intervention.

Figure 2. Supplement Group Self-Assessment

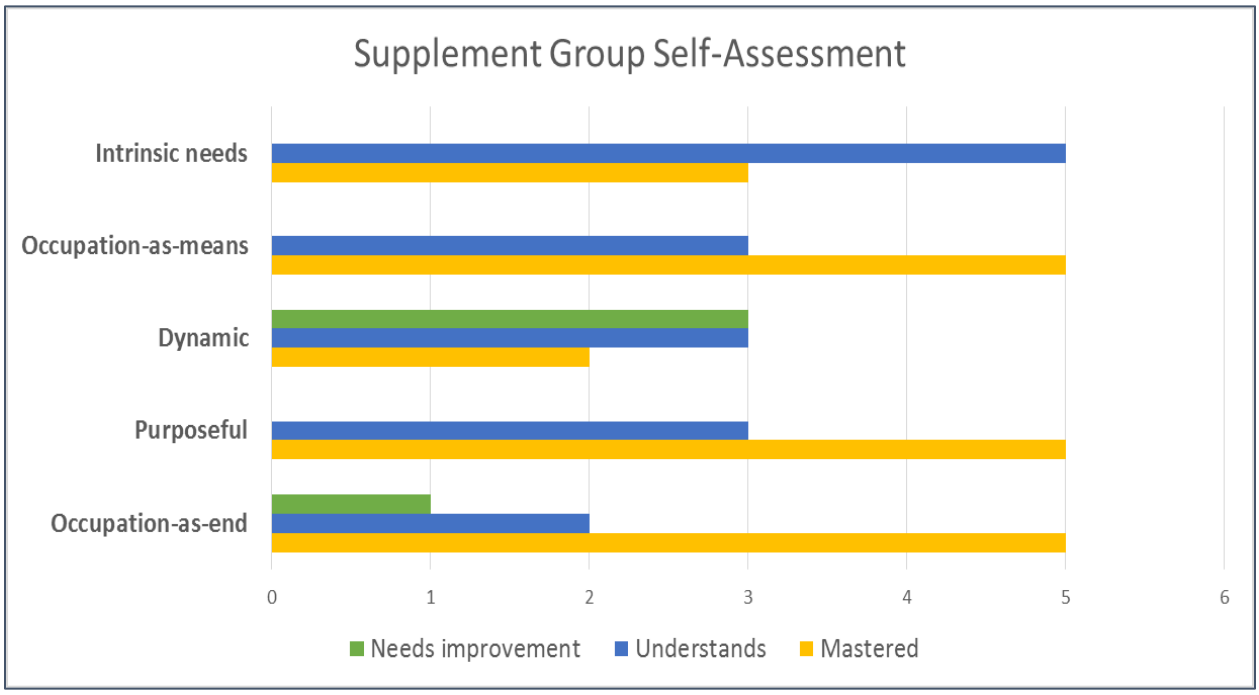

Figure 2. This bar graph demonstrates the self-rating with fewer ratings of mastered principle and more of needed improvement of understanding by the Supplement group. These are total self-rating of each of the 1-3 possible ratings. For an example, on the OBP use of occupation-as-end, five students in the S group self-rated at 3-mastered and applied, two students self-rated at 2-understands, but did not apply and one student in the S group self-rated at 1-need improvement with understanding. Note that on OB principle, OBP must meet the intrinsic needs, three students in the S group self-rated at 3-mastered and applied, five students self-rated at 2-understands, but did not apply, and no student self-rated at 1-need improvement with understanding.

Qualitative.

There were qualitative differences between the groups. The S Group's self-assessment rating showed an awareness of needing improvement of understanding of the OB principles. This awareness can be related to an increased understanding of the meaning of the principles. An

example of this awareness is found in the self-reporting of principle 4, which states: occupation-based principle must include occupation-as-means. The patient's occupational therapy goals included improvement with toileting and all students did a toileting task. The subjects in Supplement Group gave specific responds in their justification:

> Subject one stated, "Patient wanted to complete ADLs by toileting". Subject two stated, "Toileting and hygiene ADL to improve balance and strength". Subject three stated,. "Mobility to function independently to go home independent". Subject four stated, "Because I had helped the patient perform an ADLS that was meaningful for her". Subject five stated, "We combed her hair. This task seems meaningful to her. She valued her appearance". Subject six stated, "Applied occupation-as-means in that we actually did a toilet transfer". Subject seven stated, "Had her sit independently on edge of bed for a couple of minutes to prepare her to sit on toilet with stand by assist". Subject eight stated, "We used combing hair task to work on standing independently with grooming".

The responses are listed in order by the self-ratings with subjects one through five self- rating at 3 (mastered and applied) and subjects six through eight self-rating at 2 (understands-did not apply). These justifications demonstrate a deeper understanding and an increased awareness by S Group as they identified the use of toileting and grooming as a way to also improve balance and strength for occupation-as-means.

The subjects in NS Group rated themselves overall lower in this principle, occupation-as-means, than any other principle. The justifications by the Non-Supplement Group were mostly stated in general terms:

> Subject one stated, "I used occupation as a means to allow client to be independent while toileting". Subject two stated, "Took what the patient wanted to do and help her

accomplish that". Subject three stated, "This was to help the client to return to home as desired practicing ADLs". Subject four stated, "Toileting was addressed as well as hand hygiene". Subject five stated, "I could have tried to do more with ADLS with her to help her endurance'. Subject six stated, "Explained how occupational therapy helps get her home and able to do occupations safely".

Two subjects gave no justification statement and rated themselves in the lowest category (1-needs improvement with understanding). The responses are listed in order by the self-ratings with subjects one through five self- rating at 3 (mastered and applied) and subjects six through eight self-rating at 2 (understands-did not apply). The justifications by the NS Group demonstrated less of an understanding that, "Occupation-as-means refers to occupation acting as the therapeutic change agent to remediate impaired abilities or capacities" (Trombly, 1995).

The Supplement Group self-rated lowest in OB Principle 3: Occupation-centered principles must include the concept that occupational therapy is changing or dynamic. Their justifications demonstrate an awareness of the meaning of the principle. The subjects in S Group gave specific responds in their justification:

Subject one stated, "The goals was to get the patient up and walking nothing was changed or modified". Subject two stated, "Did not work on range of motion with upper extremities, just helped gain mobility ambulating to bathroom". Subject three stated, "I don't feel as if I changed anything during intervention". Subject four stated, "We worked on grooming skills when she mentioned she wanted to comb hair". Subject five stated, "I didn't change anything". Subject six stated, "Nothing seemed to be changed or modified, except use of walker to bathroom". Subject seven stated, "The bed height and

used walker for patient assist. Safety is priority, I neglected to lower bed". Subject eight stated, "I modified her walking by adding a walker for assistance".

The responses are listed in order by the self-ratings with subjects one and two self- rating at 3 (mastered and applied), subjects three through five self-rating at 2 (understands-did not apply), and subjects six through eight self-rating at 1 (needs improvement with understanding). The short intervention with the scripted actor gave little to no opportunity to utilize this principle. The S Group's responses show an awareness of the lack using of OB Principle 3 for this intervention.

The subjects in NS Group rated themselves overall high in OB Principle 3, with five of eight self-rating at 3 and three self-rating at 2. The justifications by the Non-Supplement Group were mostly stated in relation to how they changed as aspect of the intervention:

Subject one stated, "What I had in mind for treatment wasn't what the patient wanted to do, so I had to modify the treatment of what she felt like doing". Subject two stated, "I moved her table closed and helped her with her walker". Subject three stated, "Nothing". Subject four stated, "Instead of putting the client's shoes on, she asked if she could wear her socks, which had rubber grippers". Subject five stated, "When the client went to stand, I corrected her hand placement". Subject six stated, "For this particular setting modification wasn't needed". Subject seven stated, "I made sure she was being safe and using proper mechanics before sitting down for her safety". Subject eight stated, "When she felt tired, I put her back to bed because she is still recovering".

As before, the subject's justifications are listed in order of their self-rating numbers. This occupation-based principle states occupation-centered principles must include the concept that occupational therapy is changing or dynamic. Occupation-based principles must be dynamic in

nature, because occupational therapy should be dynamic in that it changes based on evidence (Baum & Law, 1997). Subject students did identify that they changed their approach with the intervention, but is no justification that shows clear understanding of this principle. One subject self-rated 3 (mastered and applied) and their justification statement was, “Nothing”.

Discussion

There were minimal quantitative difference between the self-ratings of the NS Group and the S Group. Both subject students self-rated as 3 for mastered and applied an OB Principle with an inability to justify how they applied the principle in their intervention. Overall the S Group gave justifications with more depth of knowledge and awareness that they did not apply all OB Principles during the simulation experience. The lack of understanding the OB Principle did not hinder subject students from self-rating at the highest ranking.

The following quote came to mind when reviewing the findings of the self-assessment rubric. Donald Rumsfeld (2002), “There are known knowns. These are things we know that we know. There are known unknowns. That is to say, there are things that we know we don't know. But there are also unknown unknowns. There are things we don't know we don't know.” In the early educational process of occupational therapy education, the things we don’t know we don’t know are vast.

Missed opportunities for occupation-based intervention related to the patient’s goals were discussed with both groups during the debriefing by the researcher. The patient (scripted actor) wore a hospital gown and a second gown was placed within sight to cue the subject student to offer it to the patient for modesty and to assess the goal of upper body dressing. No subject student used or offered the gown to the patient. When the patient was sitting on the edge of the bed, all the subject students used the gait belt correctly. Only a very few subject students needed

reminding to prove the patient with the walker before walking to the toilet. About half the subject students asked the patient if she would like to wash her hands after toileting. However a black comb was place on a white towel on the sink and the patient gave a cue after washing her hands of, “My hair is a mess.” Fewer subject students recognized this opportunity to have the patient stand at the sink and comb her hair. All subject students did ask the patient’s pain level, and recorded vital signs before and after the treatment.

Strengths and Limitations of the Project

The strength and limitation was the rubric of student self-reporting of understanding of the OB Principles. Students had to reflect on what they did as it related to occupation-based practice and documentation with a justification statement. This allowed the student to think with more depth about how interventions related to being occupation-based in practice. The students had an opportunity to work with a live person, scripted actor, and their comments were very positive about the experience. To a separate question, fifteen out of sixteen thought the experience felt “real”. A limitation of the rubric was the limited spread of 1-3. A broader value or number spread may have showed more specific ability to self-assess by the subjects students. Also the requirement of applying all five OB principles to one very short intervention was difficult.

The need for an objective assessor, who would know which group the subjects were in, should have graded the students with the same rubric. This objective assessor would need to be an occupational therapy practitioner who practices using occupation-based principles. This would give the students specific feedback as they could compare their rubrics and discuss the occupation-based principles in detail. This missing data limited the data collected for this project.

The impact of the occupation-based practice module was improved understanding by the Supplement Group regarding occupation-based principles. The next step will be to present the occupation-based practice module to the whole group as the first lessons during the second semester for the present cohort. As the next cohort of occupational therapy assistant students begins, the occupation-based practice module will be a foundational tool for understanding the use of occupation-based principles during a geriatric course. There will be a follow-up survey by the students, reporting observation and use of occupation-based practice in their fieldwork experiences. This will require future research over time to assess if the OBP module will have a longer impact on practice.

Summary

Cognitive learning results in the development of perceptions and insight brought about by a change in thought patterns (Bradshaw, & Lowenstein, 2014). In the cognitive approach the teacher is the facilitator for meaningful learning through which learners strive to understand the structure of knowledge (Torre, et al., 2006). Even though the research findings were that both groups gave themselves more ratings in the highest category on the self-assessment rubric, there was evidence that the S Group was more aware of a need for improved understanding of the principles overall by fewer highest responses than the NS Group. Understanding might have occurred with the S Group as they reflected on how to justify the occupation-based principles. Reflective thinking as a cognitivist learning strategy can be reflection on action or reflection in action. Reflection on action allows the student to think through a situation after it has happened. Reflection in action requires the student to think about the actions as they are performed. Both may have occurred during the simulation and completion of the self-assessment rubric.

The research project supports the implementation of the occupation-based module as a foundational element in the education of occupational therapy practitioners and will be added to the curriculum of the community college's occupational therapy assistant program.

Occupational therapy involves "doing" by or with the client in their desired occupations. The research also supports the use of scripted actors that can do the needed activities of daily living to engage students in opportunities to interact within a simulation using occupation-based practice versus the use of high fidelity mannequins.

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Appendix A

Institutional Review Board

Institutional Review Board
Application for Exemption Certification

IRB Protocol Number:

1. **Title of Project:**
   Occupation-Based Practice Module for Occupational Therapy Assistant Education
2. **Principal Investigator/Faculty Advisor:**
   Principal Investigator Name: Mary Kim Qualls
   Department: Doctorate of Occupational Therapy
   Email Address: mary_qualls3@mymail.eku.edu kim.qualls@kctcs.edu
   Mailing Address: MCC Health Sciences Campus, 750 Laffoon Street, Madisonville, KY 42431
   Campus Phone #: 270-824-1742 Off Campus Phone #: 270-871-4720

   Faculty Advisor (required if PI is an EKU student): Colleen M. Schneck, ScD, OTR/L, FAOTA
3. **Other Investigators:** Identify all other investigators assisting in the study. Add lines if needed.
   Name: Camille Skubik-Peplaski PhD OTR/L BCP FAOTA Authorized to obtain consent? ☐YES ☒NO
   Responsibility in Project: Faculty Advisor

   Name: Dana M. Howell, PhD, OTD, OTR/L Authorized to obtain consent? ☐YES ☒NO
   Responsibility in Project: Department Chair/Faculty Advisor

   Name: _____ Authorized to obtain consent? ☐YES ☐NO
   Responsibility in Project: _____

   Name: _____ Authorized to obtain consent? ☐YES ☐NO
   Responsibility in Project: _____
4. **Estimated Duration of Research Project:** upon IRB approval through 8/1/2017
   Note that research may not begin until IRB approval has been granted.
5. **Funding Support:** Is the research study funded by an external or internal grant or contract? ☒NO ☐YES
   Funding Agency: _____
   Copy of funding application narrative attached? ☐YES (required if study is funded)
6. **Interaction with Research Participants:** Will data be collected from individuals through intervention or interaction with the participants (any form of communication: electronic, paper, or in person)? ☒YES ☐NO
7. **Identifiable Private Information:** Will identifiable private information be collected from existing records (i.e., medical records, assessment data)? ☐YES ☒NO
8. **Research Activities:** Does the study involve any of the following*? Check all that apply.
   a) ☐ prisoners, fetuses, pregnant women (other than coincidental), or human in vitro fertilization;
   b) ☐ the review of medical or other records if the information is recorded in such a way that participants can be identified directly or through identifiers linked to the participants;
   c) ☐ survey or interview techniques which include minors as participants;
   d) ☐ the observation of minors if the researcher participates in the activities being observed;
   e) ☐ techniques which expose participants to discomfort or harassment beyond levels encountered in daily life; or
   f) ☐ the deception of research participants.

   *Note: If the study involves any of the above, the study is not eligible for exemption.
9. **Exemption Categories:** Research activities may classified as exempt when the ONLY involvement of human subjects falls within one or more of the categories below. If any activities do not fit in the categories below, the project is not eligible for exemption. Check one or more of the categories below that apply to the research project:

   1) ☒ Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as (i) research on regular and special educational instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

   2) ☐ Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably

place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.
Subpart D amends this exemption, in part: If the subjects are children, research involving interview or survey procedures and research involving observations of public behavior in which the researcher(s) participate in the activities being observed are not exempt. However, research involving the use of educational tests and research involving observations of public behavior in which the researcher(s) do not participate in the activities being observed are exempt. [34 CFR 97.401(b)].

3) ☐ Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under category (b) of this section, if: the human subjects are elected or appointed public officials or candidates for public office; or (ii) federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.

4) ☐ Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects. **Note that, according to the Office for Human Research Protections (OHRP), "to qualify for this exemption the data, documents, records, or specimens must be in existence before the project begins. The principle behind this policy is that the rights of individuals should be respected; subjects must consent to participation in research."**

5) ☐ Research and demonstration projects which are conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine: (i) public benefit or service programs; (ii) procedures for obtaining benefits or services under those programs; (iii) possible changes in or alternatives to those programs or procedures; or (iv) possible changes in methods or levels of payment for benefits or services under those programs.

6) ☐ Taste and food quality evaluation and consumer acceptance studies, (i) if wholesome foods without additives are consumed or (ii) if a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

10. Background:

a. Provide an introduction and background information for the study, including a brief discussion of past research findings leading to this study. Cite literature that forms the scientific basis for the research.

Occupation is identified as denoting life engagements that are constructed of multiple activities that occur over time, have purpose, meaning and perceived utility to the client and can be observed by others or more simply, daily life activities in which people engage, as cited by the Occupational Therapy Practice Framework: Domain and Practice (AOTA, 2014, p. S6). Occupational therapy practice emphasizes the occupational nature of humans and the importance of occupation to healthful, productive, and satisfying living (AOTA, 2014, p. S3). A literature review found evidence of the lack of occupational therapy interventions that are primarily focused on occupation-based intervention such as activities of daily living and instrumental activities of daily living (Richards et al, 2005; Latham et al, 2006; Smallfield & Karges, 2009) for patients during stroke rehabilitation. It is unclear whether this lack of occupation-based practice is related to a gap in the educational process or the ability to implement occupation-based practice in the clinical setting.
A review of the 2011 Accreditation Council for Occupation Therapy Education (ACOTE) Standards and Interpretive Guide revealed there is not a focus in the ACOTE standards for occupational therapist or occupational therapy assistants on teaching the use or benefits of occupation-based practice (ACOTE, 2011, p. 23).

The occupational therapy assistant student's ability to learn how to implement occupation-based intervention as it relates to older adults is the focus of this research. The goal of this educational research project is to create and evaluate the use of a teaching module for occupation-based practice (OBP) with geriatric populations in an occupational therapy assistant (OTA) educational program using an action research design. OTA students have a short time span in which to effectively learn how to incorporate occupation in their interventions, and the best

method to teach this is currently unknown as there is little research available about associate level occupational therapy assistant education.

The occupation-based practice module will be created for adult learners with sections focused on the use of problem-based learning. There is a focus on medical and allied health education for more problem-based learning (PBL) to improve clinical reasoning skills (Scaffa & Wooster, 2004). In the problem-based approach, complex, real-world problems are used to motivate students to identify and research the concepts and principles they need to know and to work through those problems (Duch, et al. 2001). Scaffa and Wooster (2004) cited the use of group based case studies in which the students worked cooperatively to identify problems inherent in each case, to research information, and to report findings back to the group for discussion and analysis. The occupation-based practice module will incorporate the use of case studies with deficits in function related to a prescribed diagnosis.
The study will engage students in the opportunity to practice occupation-based interventions in a simulated hospital environment with scripted actors and participate in self-refection of learning. This research will assess the benefits, to the student, of teaching an occupation-based practice module to increase student's application of occupation-based interventions in a non-home environment compared to students without the additional OBP module.

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Smallfield, Sl., & Karges, J. (2009). Classification of occupational therapy intervention for inpatient stroke rehabilitation. American Journal of Occupational Therapy, 63,408-413.

11. Research Objectives:

a. List the research objectives/hypotheses.

The objectives are: (a) to provide occupational therapy assistant students knowledge regarding the use and benefits of occupation-based practice; (b) occupational therapy assistant students will engage in activities to implement in practice occupation-based interventions in a non-home environment; (c) occupational therapy assistant students will be evaluated on the selection and implementation of the new knowledge regarding occupation-based practice in a simulation to provide the research with outcomes; and (d) the occupation-based practice module will be assessed by the occupational therapy assistant students by their pre and post self-assessment of comfort and knowledge in selection of occupation-based interventions comparted to student without the additional occupation-based practice module.
The hypotheses is that the addition occupation-based practice module will increase student's understanding and comfort in the selection of occupation based interventions in a non-home setting.

12. Project Location:

a. Where will the study take place?

Madisonville Community College, Baptist Health Allied Health Building and Interprofessional Simulation Hospital within Baptist Health Hospital, Madisonville, Kentucky

b. If the study will take place at a location other than EKU, attach a letter from an authorized representative of the organization granting permission to use facility for research purposes.
☐ EKU only ☒ Letter(s) attached

c. Will any data be collected through organizations other than Eastern Kentucky University?
☐ No ☒ Yes, complete the following:
- Will personnel of the organization be involved in the data collection process or have access to data after collection? ☒ No ☐ Yes - If yes, list personnel on page 1, include copies of CITI completion reports, and define role here: _____

13. Subject Population:

a. What criteria will be used to determine the *inclusion* of participants in the study?
Occupational therapy assistant (OTA) students in the Madisonville Community College OTA program

b. What criteria will be used to determine the *exclusion* of participants in the study?
Only current occupational therapy asssistant students of Madisonville Community College or those students that decline to participate.

c. Anticipated Number of Participants *(maximum):* 17
d. Age Range of Participants: 19 years of age or older
e. Gender of Participants: ☐ Male ☐ Female or ☒Gender not relevant to study
f. Ethnicity of Participants: _____ or ☒Ethnicity not relevant to study
g. Health Status of Participants: _____ or ☒Health status not relevant to study

14. Recruitment of Participants:

a. How will prospective participants be identified for recruitment into the study?
The prospective participants will be enrolled as occupational therapy assistant (OTA) students in the Madisonville Community College OTA program during the first semester of core curriculum

b. Describe the recruitment procedures to be used with potential participants.
First semster students of the Occupational therapy assistant (OTA) students in the Madisonville Community College OTA program will be ask to volunteer to participate by email.

c. Recruitment materials to be used: Check all that will be used and attach copies: ☐None, ☐Advertisement, ☐Flyer, ☐Telephone Script, ☐Verbal Recruitment Script, ☐Cover Letter, ☐ Text to be posted in electronic participation management software (i.e., Sona), ☒Other: Emails to all 16 student with informed consent form

15. Ensuring Voluntary Participation: While studies that are appropriate for exemption are not required to formally document the informed consent process, investigators are expected to provide information to potential participants and ensure their voluntary agreement to participate.

a. What procedures will be followed to ensure that potential participants are informed about the study and made aware that their decision to participate is voluntary?
No points will be given or deducted by participation or non-participation of this research project. No grade will be influenced by this research project.

b. Consent materials to be used: Formal consent forms are not generally required for exempt research; the following are examples of items typically used in exempt research to ensure voluntary participation. Check all that will be used and attach copies: ☐ None, ☐Cover Letter, ☐Introductory paragraph on data collection instrument, ☒Consent Form, ☒Other: consent to photograph

16. Research Procedures

a. Describe in detail the research procedures to be followed that pertain to human participants. Be specific about what you will do and how you will do it. This study will examine the benefits of an educational module focused on occupation-based practice in an occupational therapy assistant program. The occupation-based practice (OBP) module will be offered to the new cohort of occupational therapy assistant students on a volunteer bases before coursework begins. The study will accept the first nine students that who reply to the invitational email of the sixteen students in the cohort. Students will be required to attend a one day seminar for the OBP module with the expectation of having read the required readings for the module in preparation. This will occur before the fall semester classes

begin. The seminar will last approximately seven hours. Students will have breaks for lunch and breaks between each of the four lessons in the OBP module. There are four lessons in which students must interact with each other with discussion and role play. In the fall semester, all students will participate in a simulation in which scripted actors will play the role of the patient. Students will be given a case study and occupational therapy evaluation with set goals. Students will be allowed 10 minutes to read the case study and goals before entering the simulation room and implement the treatment with their mock patient. As an interprofessional component, students will be required to ask the nurse if there are any issues or concerns regarding the patient before entering the room. After the treatment, students will be required to report any concerns to the nurse including pain level. The treatment session will be recorded for debriefing and data collection with access by the researcher and research team only. The video will be destroyed after data is collected. Upon exiting the simulation room, students will go to a quiet room to complete a guided self-reflection of the simulation.

b. The researcher will collect this data from both the students that were part of the OBP module seminar and those students with the standard curriculum. All sixteen students will complete two self-reflection rubrics. One rubric, "How did you use occupation in your intervention?", focuses on the use of occupation-based principals with a 1-4 scale. The second rubric "Student Self-Reflection of Simulation" focuses on communication, personal emotions, and safety. No names will be collected and no grade will be given for this study. All students will be provided the OBP module seminar after the simulation has been completed.

17. Potential Risks

a. Describe any potential risks—physical, psychological, social, legal, or other.
No risk is associated with any activities ask of the participants

b. What procedures will be followed to protect against or minimize any potential risks?
All Madisonvile Community College Occupational Thearpy Assistant students/subjects will be provided the additional education offered to the research subjects.

18. Research Materials, Records, and Confidentiality

a. What materials will be used for the research process? Include a description of both data collected through the study as well as other data accessed for the study.
Subjects will complete a written self-assessment of their experience

b. Describe procedures for maintaining the confidentiality of human participants data.
Subjects will be identifed by numbers and not by name.

c. Who will have access to the data? If anyone outside the research team will have access to the data, provide a justification and include a disclaimer in consent documents.
Only the research team will have access to the data for this project

d. Describe how and where research records will be stored. Note that all research-related records must be maintained for a period of three years from the study's completion and are subject to audit. Student research records must be maintained by the faculty advisor who signs the application.
The data and video will be stored in the researchers locked office.

e. How will data be destroyed at the end of the records retention period (i.e., shredding paper documents, deleting electronic files, physically destroying audio/video recordings)? Deleting electronic files and shred paper documents. Video is not saved past the day of the simulation.

19. Application Components:

A completed application package must include the following:

- ☐ Exemption Certification Form (application)
- ☒ CITI Training Completion Reports for all investigators, key personnel, and faculty advisors
- ☐ If applicable: recruitment materials (i.e., advertisements, flyers, telephone scripts, verbal recruitment scripts, cover letters, etc.)
- ☒ If applicable: consent form, consent script, or introductory cover letter
- ☒ If applicable: Instrument(s) to be used for data collection (i.e., questionnaire, interview questions, or assessment scales)
- ☐ If applicable: grant/contract proposal narrative (required if study is funded)
- ☒ If applicable: letter(s) granting permission to use off-campus facility for research

20. Principal Investigator Statement:

I certify that this application fully discloses the involvement of human subjects in this research study and that participants will not be involved in any other way. I agree to follow the approved protocol in the conduct of this study and to abide by EKU Policy 4.4.12: Protecting Human Subjects in Research (http://www.policies.eku.edu/academic/human_subjects/4.4.12_protecting_human_subjects_in_research_bor_1.11.pdf). I understand that I am responsible for maintaining records related to this study for a period of three years from the study's completion.

Mary Kim Qualls, MS, OTR/L _____ 7/24/14

Name Signature Date

21. Department Chairperson's Approval: (If the PI is also the Department Chair, the Dean or equivalent must sign.)

I have reviewed this application and attest to the scientific merit of this study and the competency of the investigator(s) to conduct the project.

Dana M. Howell, PhD, OTD, OTR/ _____

Name Signature Date

22. Faculty Advisor's Approval: (required if PI is an EKU student)

I have reviewed this application and attest to the scientific merit of this study and the competency of the investigator(s) to conduct the project. I understand that, as faculty advisor, I am responsible for guiding work on this project to ensure that the approved research protocol and EKU Policy 4.4.12: Protecting Human Subjects in Research (http://www.policies.eku.edu/academic/human_subjects/4.4.12_protecting_human_subjects_in_research_bor_1.11.pdf) are followed. I understand that I am responsible for maintaining records related to this study for a period of three years from the study's completion.

Colleen M. Schneck, ScD, OTR/L, FAOTA _____

Name Signature Date

Appendix B

Consent to Participate in a Research Study

Occupation-Based Practice Module for Occupational Therapy Assistant Students

Why am I being asked to participate in this research?

You are being invited to take part in a research study about the benefits of occupation-based practice module as an addition to current curriculum in an occupational therapy assistant program. You are invited to participate in this study because you are in your first semester of an occupational therapy assistant program. If you take part in this study, you will be one of nine people to do so from your class.

Who is doing the study?

The person in charge of this study is Kim Qualls, MS, OTR/L (Principal Investigator) at Madisonville Community College/Eastern Kentucky University (Affiliation). Qualls is being guided in this research by Colleen M. Schneck, ScD, OTR/L, FAOTA Professor and Department Chair Department of Occupational Science and Occupational Therapy.

There may be other people on the research team assisting at different times during the study.

What is the purpose of the study?

The reason for this research is to assess the benefits, to the student, of teaching an occupation-based practice module to increase student's application of occupation-based interventions in a non-home environment compared to students without the additional OBP module.

Where is the study going to take place and how long will it last?

The research procedures will be conducted at Madisonville Community College. You will need to come to Madisonville Community College two times during the study. Each of those visits will take about seven hours. The total amount of time you will be asked to volunteer for this study is two time over the next four months.

What will I be asked to do?

Subjects (students) will be asked to participate in two sessions. The first session is before the semester begins. Subjects will be asked to actively participate in an occupation-based practice module with required readings before the day of the module. There are four lessons in which students must interact with each other with discussion and role play. Only nine of the sixteen students in your class will be allowed to participate. The students will be selected based on the first nine to volunteer for the project. Students that participate should not provide the other classmates with the additional content of the occupation-based practice module. All students will be provided this content after the study is completed.

In the fall semester, all students will participate in a simulation in which scripted actors will play the role of the patient. Students will be given a case study and occupational therapy evaluation with set goals. Students will be allowed 10 minutes to read the case study and goals before entering the simulation room and implement the treatment with their mock patient. As an inter-professional component, students will be required to ask the nurse if there are any issues or concerns regarding the patient, before entering the room. After the treatment, students will be required to report any concerns to the nurse including pain level. The treatment session will be recorded for debriefing and data collection with access by the researcher and research team only. The video will be destroyed after

data is collected. Upon exiting the simulation room, students will go to a quiet room to complete a guided self-reflection of the simulation.

Are there reasons why I should not take part in this study?

This study has no known reasons for you to not participate.

What are the possible risks and discomforts?

To the best of our knowledge, the things you will be doing have no more risk of harm than you would experience in everyday life. You may, however, experience a previously unknown risk or side effect.

Will I benefit from taking part in this study?

There is no guarantee that you will get any benefit from taking part in this study. However, some people have experienced increased knowledge comprehension when repeated learning is offered. We cannot and do not guarantee that you will receive any benefits from this study.

Do I have to take part in this study?

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can stop at any time during the study and still keep the benefits and rights you had before volunteering.

If I don't take part in this study, are there other choices?

If you do not want to be in the study, there are no other choices except to not take part in the study.

What will it cost me to participate?

There are no costs associated with taking part in this study.

Will I receive any payment or rewards for taking part in the study?

You will not receive any payment or reward for taking part in this study.

Who will see the information I give?

Your information will be combined with information from other people taking part in the study. When we write up the study to share it with other researchers, we will write about this combined information. You will not be identified in these written materials.

We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information, or what that information is. For example, your name will be kept separate from the information you give, and these two things will be stored in different places under lock and key.

However, there are some circumstances in which we may have to show your information to other people. For example, the law may require us to show your information to a court. Also, we may be required to show information that identifies you to people who need to be sure we have done the research correctly; these would be people from such organizations as Eastern Kentucky University

Can my taking part in the study end early?

If you decide to take part in the study, you still have the right to decide at any time that you no longer want to participate. You will not be treated differently if you decide to stop taking part in the study.

The individuals conducting the study may need to end your participation in the study. They may do this if you are not able to follow the directions they give you, if they find that your being in the study is more risk than benefit to you, or if the agency funding the study decides to stop the study early for a variety of scientific reasons.

What happens if I get hurt or sick during the study?

If you believe you are hurt or if you get sick because of something that is done during the study, you should call Kim Qualls at 270-824-1742 immediately. It is important for you to understand that Eastern Kentucky University will not pay for the cost of any care or treatment that might be necessary because you get hurt or sick while taking part in this study. That cost will be your responsibility. Also, Eastern Kentucky University will not pay for any wages you may lose if you are harmed by this study.

Usually, medical costs that result from research-related harm cannot be included as regular medical costs. Therefore, the costs related to your child's care and treatment because of something that is done during the study will be your responsibility. You should ask your insurer if you have any questions about your insurer's willingness to pay under these circumstances.

What if I have questions?

Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions about the study, you can contact the investigator, Kim Qualls at (270) 824-1742. If you have any questions about your rights as a research

volunteer, contact the staff in the Division of Sponsored Programs at Eastern Kentucky University at 859-622-3636. We will give you a copy of this consent form to take with you.

What else do I need to know?

You will be told if any new information is learned which may affect your condition or influence your willingness to continue taking part in this study.

I have thoroughly read this document, understand its contents, have been given an opportunity to have my questions answered, and agree to participate in this research study.

_____ _____

Signature of person agreeing to take part in the study Date

_____

Printed name of person taking part in the study

_____

Name of person providing information to subject

Appendix C

Occupation-Based Practice Module

The focus population of this occupation-based practice module is occupational therapy assistant students in their first semester of occupational therapy education. This is a four session module built on the following learning objectives:

1. Students will identify the principles of occupation-based practice as the foundation of the occupational therapy profession.

2. Students will examine the *Occupational Therapy Practice Framework: Domain and Process* (*Framework*) 3rd edition for its use in creation of an occupational profile.

3. Students will define the dynamic term of occupation-based practice (OBP) from a review of professional articles.

4. Students will justify when occupation is used as –end versus occupation used as a means in intervention.

5. Students will examine the evidence supporting occupation-based interventions for the client or the population.

Lesson Plan 1: Foundation of Occupational Therapy

Lesson objective: Students will identify the principles of occupation-based practice as the foundation of the occupational therapy profession through the *Occupational Therapy Practice Framework: Domain and Process (Framework)* 3rd edition.

Total estimated time: 60 minutes Students will have a 10 minute break after step 2.

Work completed before class: The instructor will provide students with a copy of the following required reading before class:

American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domain and process (3rd ed.). *American Journal of Occupational Therapy, 68*(Suppl. 1), S1–S48. doi:10.5014/ajot.2014.682006

Classroom activities:

Step 1: The instructor will begin with a word question in Top Hat. Based on your reading, what word or phrase defines occupation-based practice? This will create a display of all the words entered. The instructor will next give a 15 minute interactive lecture on the use of the *Framework*. The instructor will present in a Power Point presentation (PPT) with questions inserted into the PPT using Top Hat that allows students to answer questions using a smart phone. This will allow the instructor to assess learning/understanding of the *Framework* during the presentation. 20 minutes

Step 2: Instructor will give each student a case study to examine using the OTPF III.

Students will break down the case study into the primary domains of the client. Student will identify areas of deficits as the affect engagement in occupation. Students will also identify client's assets that support engagement. A worksheet will be provided to guide students. 15 minutes

Step 3: Students will be placed in small groups to review each other's finding and come up with one group worksheet in which they agree. Using this worksheet students with identify three possible interventions that will support the patient's engagement in desired occupations. 10 minutes

Step 4: The students will write their interventions on post-it note and place them on the board in the classroom. The instructor will close with identifying which interventions were truly occupation based or not using Framework terms to support understanding of the lecture. 5 minutes.

Step 5: Post quiz over *Framework*. Matching activities one would engage in on a daily basis with the occupation term based on the *Framework* reading. 10 minutes

Lesson Plan 2: Defining Occupation-Based Practice

Lesson objective: Students will define the dynamic term of occupation-based practice (OBP) from a review of professional articles as evidence based practice.

Total estimated time: 70 minutes Students will have a 10 minute break after step 2.

Work completed before class: The instructor selects professional occupational therapy articles to be distributed selectively to students. Each group of 2-3 students will have different articles defining occupation-based practice to read. Each student will create a list of words from the readings defining OBP.

Trombly, C. A. (1995). Occupation: Purposefulness and meaningfulness as therapeutic mechanisms (Eleanor Clarke Slagle lecture). *American Journal of Occupational Therapy, 49*, 960-972.

Clark, F., Azen, S. P., Zemke, R., Jackson, J., Carlson, M., Mandel, D., Jay, J., Josephson, K., Cherry, B., Hessel, C., Palmer, J., & Lispon, L., (1997) Occupational therapy for independent-living older adults. *Journal of American Medical Association, 278(16),* 1321-1326.

Roberts, P. S., & Robinson, M. R. (2014). Health Policy Perspectives—Occupational therapy's role in preventing acute readmissions. *American Journal of Occupational Therapy*, 68, 254–259. http://dx.doi.org/10.5014/ajot.2014.683001

Classroom activities:

Step 1: Post-it note warm up. Each student is given 3 post-it notes to put the words they believe to represent OBP from the required readings. 5-10 minutes

Step 2: Instructor will place students in groups so that each group has a variety of the

selected readings represented. Students will be told to use and explain their article and how it depicts OBP. Student will then create a visual representative of OBP on a poster to present to the class. 20-30 minutes

Step 3: Instructor will classify the post-it note OBP words as how they can be used in treatment with examples. After half way through the words the instructor will ask the students to classify the words. 15 minutes

Step 4: End with students writing their own definition of occupation-based practice. 5 minutes

Lesson Plan 3: Occupation as an End or Occupation as a Means

Lesson objective: Students will justify when occupation is used as –end versus occupation used as a means in intervention.

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Total estimated time: 60 minutes Students will have a 10 minute break after step 2.

Work completed before class: The instructor will provide students with a copy of the following for required readings before class:

American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domain and process. *American Journal of Occupational Therapy, 68*(Suppl. 1), S1–S48. doi:10.5014/ajot.2014.682006

Gray, J. M. (1998). Putting occupation into practice: Occupation as ends, occupation as means. (Eleanor Clarke Slagle lecture). *American Journal of Occupational Therapy, 52*(5), 354-364.

Classroom activities:

Step 1: The instructor will begin with the post-it notes from the last class. "Based on the readings for today, we will classify the interventions identified in last session." The instructor will write on the board the two classification identify as occupation as end or occupation as means. To improve classroom engagement, the instructor will ask the class for input and explanation during the activity. 5 minutes

Step 2: The instructor will give a 15 minute interactive lecture on the readings to bring out the important meaning of the content. The instructor will present in a Power Point presentation (PPT) with questions inserted into the PPT using Top Hat that allows students to answer questions using a smart phone. This will allow the instructor to assess learning/understanding during the presentation. 15 minutes

Step 2: Students will use the last session's case student and worksheet to reexamine their interventions. How can the interventions be more occupation based? How are you using occupation, as means or as ends? Justify your findings by referencing Gray's article. 15 minutes

Step 3: Students will be placed in small groups to review each other's finding and come

up with one group worksheet in which they agree. Using this worksheet students with identify three possible interventions that will support the patient's engagement in desired occupations using occupation-based interventions. 10 minutes

Step 4: The students will write their interventions on post-it note and place them on the board in the classroom. The instructor will close with identifying which interventions were using occupation as end or occupation as means while discussing how to make short terms goals to obtain the patient's long term goal of engagement in occupation. 10 minutes.

Step 5: Post-it note board: What was the muddiest point? What was hard to understand and comprehend? The instructor will respond to questions before the next class with an email and begin the next class with discussion.

Lesson Plan 4: Benefits and Struggles of Occupation-Based Interventions

Lesson objective: Students will examine the evidence supporting occupation-based interventions.

Total estimated time: 120 minutes Students will have a 10 minute break after step 1 & step 3.

Work completed before class: The instructor will provide students with a copy of the following for required readings before class. Some of the articles are a review:

Roberts, P. S., & Robinson, M. R. (2014). Health Policy Perspectives—Occupational therapy's role in preventing acute readmissions. *American Journal of Occupational Therapy*, 68, 254–259. http://dx.doi.org/10.5014/ajot.2014.683001

Skubik-Peplaski, C., Howell, D., & Harrison, A. (2014). Becoming occupation-based: A case study. *Occupational therapy in health care, 28*(4): 431-443.

Clark, F., Azen, S. P., Zemke, R., Jackson, J., Carlson, M., Mandel, D., Jay, J., Josephson, K., Cherry, B., Hessel, C., Palmer, J., & Lispon, L., (1997) Occupational therapy for independent-living older adults. *Journal of American Medical Association, 278(16),* 1321-1326.

Lamb, A. J., & Metzler, C. A. (2014). Health Policy Perspectives—Defining the value of occupational therapy: A health policy lens on research and practice. American Journal of Occupational Therapy, 68, 9–14. http://dx.doi.org/ 10.5014/ajot.2014.681001

Classroom activities:

Step 1: This instructor will review based on the questions by students from the last session. Students will begin by dividing into three groups. Two groups will be given the assignment to debate the benefits of occupation-based practice versus purposeful activities. The third group will assess the debate and create points of importance from each. This allows students the opportunity to review the content of the module to find the benefits and difficulties of creating and implementing occupation-based interventions. 30 minutes

Step 2: Students will read a new case study and must create three intervention sessions that are occupation-based. Students must justify why the interventions are occupation-based from the readings. 15 minutes

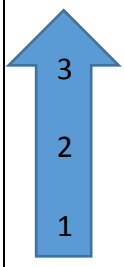
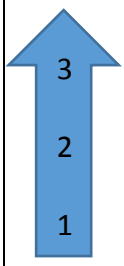
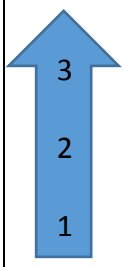
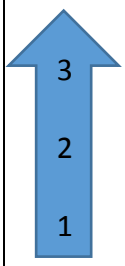
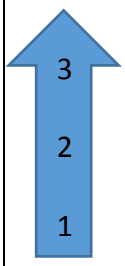
Step 3: Students will role play one occupation-based intervention session with another student. Students will record this session for self-reflection. Students will take on the role of the

client based on the case study and the other student will be the occupational therapy practitioner guiding the intervention. 30 minutes.

Step 4: Students will write up their self-reflection with thinking about their role as the OT practitioner and as the client. Guided questions will be provided to allow for data collection of application of learning.

Appendix D

How did you use occupation in your intervention?

Occupation-Based (OB) Principles	**Self-assessment:** Rate yourself on meeting this OB principle by **circling the number** that best reflects your present level.	**Justification**
Occupation-based principles must be meaningful to the client for success or occupation as ends.	 3-mastered principle and applied with this intervention, 2-understands principle did not apply, 1-needs improvement with understanding	How was the **intervention** meaningful?
Occupation-based principles must include purposeful activities that support the goals of the individuals they serve.	 3-mastered principle and applied with this intervention, 2-understands principle did not apply, 1-needs improvement with understanding	How was your **intervention** related to the goals?
Occupation-centered principles must include the concept that occupational therapy is changing or dynamic	 3-mastered principle and applied with this intervention, 2-understands principle did not apply, 1-needs improvement with understanding	What did you **change or modify** during your intervention?
Occupation-based principles must include occupation-as- means.	 3-mastered principle and applied with this intervention, 2-understands principle did not apply, 1-needs improvement with understanding	How did you use **occupation - as – means**?
Occupation-based principles must meet the intrinsic needs for self-maintenance, expression, and fulfillment within the context of personal	 3-mastered principle and applied with this intervention, 2-understands principle did not apply, 1-needs improvement with understanding	How did you address the client's **context** of personal role and present or future environment?

roles and environment.		