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Health and Wellness Competencies for an Entry-Level Doctorate Occupational Therapy Course

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HEALTH AND WELLNESS COMPETENCIES FOR AN ENTRY-LEVEL DOCTORATE

OCCUPATIONAL THERAPY COURSE

By

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of the requirements for the

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Course

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Abstract

The Accreditation Council for Occupational Therapy Education (2018) standards state that the entry-level occupational therapy curriculum must prepare students to practice in a broad range of practice settings, including new and emerging areas of occupational therapy. Health and wellness remain an emerging and not widely populated area of occupational therapy despite the growing research on its importance. Stancanelli (2020) stated that “with the expected growth of health care in the community and the expected increase in the older adult population, occupational therapy students need to be prepared to practice in the community and address health promotion and wellness needs of community-based older adults” (p. 11). According to Morris (2018), research shows that entry-level educational programs inadequately prepare physical therapy students and occupational therapy students to be health promotion and wellness practitioners as physical therapists and occupational therapists are falling short in providing health and wellness services in practice.

This doctoral project explores the use of competency-based education strategies in the implementation of components of an entry-level doctorate occupational therapy course entitled *OCT 735: Health and Wellness Interventions with Adults and Older Adults*. Health and wellness competencies within occupational therapy education are examined and implemented utilizing current research. The use of student feedback and surveys were explored to prepare students to enter the field of occupational therapy as competent health and wellness practitioners. The implementation of this project aimed to address the gap in occupational therapy health and wellness education through the use of health and wellness competencies with entry-level doctoral students.

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Chapter I: Introduction

According to the Centers for Disease Control and Prevention (CDC), chronic diseases are the leading cause of death and disability in the United States (CDC, 2021). These chronic diseases include heart disease, diabetes, and cancer and are the primary cause of the United States \$3.8 trillion annual health care costs, accounting for 90% of this spending (CDC, 2021). Risk factors to chronic disease are identified as tobacco use and exposure to secondhand smoke, poor nutrition, lack of physical activity, and excessive alcohol use (CDC, 2021). Preventing and effectively managing chronic diseases can not only reduce health care costs but also reduce the effects of disability developed from chronic diseases. According to the Centers for Medicare and Medicaid Services (CMS), health care spending is projected to grow an average rate of 5.4% per year, reaching \$6.2 trillion by 2028 (2020). Due to this consistent increase in health care spending and prevalence of chronic disease annually, there is an increased focus on preventative measures to manage the costs and effects of disability from chronic disease.

The U.S. Department of Health and Human Services has emphasized health promotion and disease prevention to improve the life expectancy, health, and quality of life of all Americans (Office of Disease Prevention and Health Promotion, 2020.). The U.S. Department of Health and Human Services creates health objectives and goals every ten years to improve the overall health and well-being over the next decade (Office of Disease Prevention and Health Promotion, 2020). The most recent is Healthy People 2030 which was launched in 2020. There are currently 355 measurable objectives for Healthy People 2030 (Office of Disease Prevention and Health Promotion, 2020). These goals provided by the U.S. Department of Health and Human Services demonstrates a focus on improving the overall health of the population through

health promotion and disease prevention measures. A few of the goals that are most applicable to occupational therapy in the area of health and wellness are to:

1. Improve health, fitness, and quality of life through regular physical activity
2. Improve health, productivity, well-being, quality of life, and safety by helping people get enough sleep
3. Reduce overweight and obesity by helping people eat healthy and get physical activity
4. Reduce chronic pain and misuse of prescription pain relievers
5. Improve health by promoting healthy eating and making nutritious foods available

(Office of Disease Prevention and Health Promotion, 2020)

Another important national effort to improve population health and wellness can be found in the National Prevention Strategy. The National Prevention Council (2011) released the report the *National Prevention Strategy: America's Plan for Better Health and Wellness* as a guide to improve the overall health of American's. The National Prevention Strategy's vision is working together to improve the health and quality of life for individuals, families, and communities by moving the nation from a focus on sickness and disease to one based on prevention and wellness (National Prevention Council, 2011). The overarching goal is to increase the number of Americans who are healthy at every stage of life (National Prevention Council, 2011). Health care providers are identified as an integral partner in this vision through delivering clinical preventive services and enhancing the link between clinical and community prevention efforts (National Prevention Council, 2011). The national prevention strategy identifies seven priority areas that demonstrate a further focus on improving the overall health of the population through health promotion and disease prevention strategies. The seven priority areas identified are as follows:

1. Tobacco free living
2. Preventing drug abuse and excessive alcohol use
3. Healthy eating
4. Active living
5. Mental and emotional well-being
6. Reproductive and sexual health
7. Injury and violence free living (National Prevention Council, 2011)

Unfortunately, the United States medical system is currently focused and configured to fix diseases and not well set up to provide care from a preventative lens (Marvasti & Stafford, 2012). Healthy People 2030 (Office of Disease Prevention and Health Promotion, 2020) and the National Prevention Strategy (National Prevention Council, 2011) demonstrate the awareness and increasing need for more preventative services. There is awareness for the need to shift the focus of healthcare to more preventative care; however, this shift is still needed in the current healthcare environment. Based on the trends, identified needs, and health care goals for the population, occupational therapists have an opportunity to greatly contribute to these goals and future needs of the population.

To fully understand areas in which occupational therapy could contribute to health and wellness goals of the population, it is important to understand occupational therapy's scope of practice as stated in the Occupational Therapy Practice Framework (OTPF). Health and well-being as achieved through a means of occupation is the overarching goal of occupational therapists, regardless of setting. The Occupational Therapy Practice Framework (OTPF, 2020) states that "achieving health, well-being, and participation in life through engagement in occupations is the overarching statement that describes the domain and process of occupational

therapy in its fullest sense”. Health and wellness are at the core of what occupational therapists strive to do in their service to clients. The newest addition of the Occupational Therapy Practice Framework (2020), 4th edition, has added health management as an occupation. In previous editions this was combined into the category Instrumental Activities of Daily Living; however, the 4th edition separates health management into its own area of occupation. There is a list of topics considered health management as it pertains to occupational therapy in the Occupational Therapy Practice Framework 4th edition (2020), including the following:

1. Seeking occupations and social engagement to support health and wellness
2. Planning time and establishing behavioral patterns for restorative activities
3. Completing cardiovascular exercise, strength training, and balance training to improve or maintain health
4. Implementing and adhering to nutrition and hydration recommendations from the medical team
5. Participation in health-promoting diet routines

The occupation categories in the Occupational Therapy Practice Framework (2020) of health management, rest, sleep, activities of daily living, instrumental activities of daily living, and leisure, all contribute to the strategies and goals identified in Healthy People 2030 and the National Prevention Strategy. Occupational therapists have a unique perspective in evaluating habits and routines as they pertain to health and wellness. Occupational therapists have a specialized understanding in how to impact lasting habit change which is an integral component of creating health promoting lifestyles to prevent disease.

An important area of research and evidence to support the work of occupational therapy in health and wellness are the USC Well Elderly Clinical Trials (Clark et al., 2012; Clark et al., 2015; Jackson et al., 1998;). These studies researched an innovative preventive occupational therapy intervention for well older adults through the use of a randomized controlled trial (Clark et al., 2012; Clark et al., 2015; Jackson et al., 1998;). These clinical trials investigated a program called “Lifestyle Redesign” that focused on improving health promoting habits through lifestyle management, like sleep hygiene, social participation, transportation, diet, and physical activity, through the unique lens of occupational therapy intervention. This study demonstrated that occupational therapists can importantly contribute to preventive health care through their focus on the benefits of occupation (Clark et al., 2015). Occupational therapy programs such as this may in the long term reduce morbidity and the effects of disability (Jackson et al., 1998). The study argued against the idea that “keeping busy keeps you healthy”, as results demonstrated the necessary component of professional direction from an occupational therapist in producing the effects that can result from engagement in activity (Clark et al., 2015, p. 10). The study concluded that “as society’s chief custodians of the use of occupation to promote health, occupational therapists are currently positioned to play a major role in improving the health of older adults” (Jackson et al., 1998, p. 334)

Although health and wellness are clearly stated in occupational therapy’s scope of practice and shown to be effective and supported by research, the majority of occupational therapists are currently employed in traditional settings like hospitals, school-based, outpatient clinics, or skilled nursing facilities. Table 1 demonstrates the current percentage of occupational therapists working in each setting (U.S. Bureau of Labor Statistics, 2019). There is not currently a health and wellness category, as these are not traditional job postings found in the occupational

therapy field. In addition, it is possible that health and wellness focused occupational therapists may not currently be working in a role identified as an occupational therapist and may not be represented on the labor statistics. It is difficult to know the current percent of occupational therapists employed in a health and wellness-based role; however, the labor statistics suggest that this number is most likely low.

Table 1

U.S. Bureau of Labor Statistics (2019): Occupational therapists, work environment

Employment Setting	Percent
Hospitals; state, local, and private	26
Offices of physical, occupational and speech therapists, and audiologists	26
Elementary and secondary schools; state, local, and private	12
Home healthcare services	9
Nursing care facilities (skilled nursing facilities)	8

The core principles of the occupational therapy profession are rooted in health and wellness as can be seen through components of the Occupational Therapy Practice Framework (OTPF, 2020). Occupational therapy’s role in health and wellness has been a component of the field since the founding members began to establish the profession over one hundred years ago. Despite this, health and wellness is currently considered an emerging area of occupational therapy. With an increase in focus on the need for health and wellness-based services and supporting research on the effective role of occupational therapists in improving health and well-being, it could be assumed that there should be more occupational therapists working in this area of practice. There is a lack of research establishing reasons for the small percentage of

occupational therapists working in health and wellness and this is an area that would benefit from formal research. Based on my experiences working in the field of occupational therapy, I have hypothesized possible barriers as to why this gap exists.

Insurance reimbursement and funding are often barriers in providing certain services for health care professionals. Occupational therapy services for health and wellness are reimbursable, although it can be a complicated and misunderstood process within the field. Practitioners, facilities, and companies may have a desire to work in health and wellness; however, may not understand how to get these services reimbursed. It may be assumed from other health care professionals that occupational therapy services in a preventative setting are not reimbursable due to the lack of knowledge of occupational therapy's full scope of practice.

Expected job demands in traditional settings may limit and create barriers from occupational therapists providing further health and wellness services. Job expectations by employers may expect specific tasks from occupational therapists that limit the full scope of practice being used in some traditional settings. High productivity standards and time constraints create barriers to allowing occupational therapy practitioners to discuss further health and wellness concepts in traditional settings.

The majority of job listings under the category "occupational therapist" are for traditional settings like hospitals, skilled nursing facilities, outpatient clinics, or school-based therapy. Jobs specifically within health and wellness are generally not listed under the title occupational therapists. Working in health and wellness will often require a practitioner to create their own opportunity or to seek out other job titles outside of the specific job title as occupational therapist. Newly graduated occupational therapy students that need immediate employment will be less likely to take these chances and will typically look for traditional job postings. Seasoned

practitioners that would like to work in health and wellness will often need to take a risk and create new opportunities through starting new companies and partnerships with community organizations, which can be a barrier for practitioners that cannot take a financial risk of not having the stable income of a traditional setting.

The current prevalent medical model focused on fixing ailments instead of preventing ailments has largely influenced the way occupational therapist work in traditional positions. Hospital based occupational therapists assist client's recovery from situations like amputations due to diabetes complications, traumatic brain injury or hip fractures due to falls, or deficits due to a stroke. A prevention model would have occupational therapists working with clients before any of these ailments occur through lifestyle management and health promoting habit formation to avoid amputations from diabetes, prevent strokes, and prevent falls through environment modification and safety awareness. Traditional occupational therapy roles focus on working within the current medical model of care and do not leave practitioners room to incorporate health and wellness related interventions.

Occupational therapy students may not be entering the field confident or prepared to work in an emerging area of practice like health and wellness. In addition to there being a lack of jobs in this area of practice, newly graduated practitioners may not feel prepared to advocate for services in this area or have the confidence and ability to take the risk and start a new program or partnership with an organization to create their own job. The focus of this doctoral capstone project was in this gap of education in preparing occupational therapy students to enter the field ready to be health and wellness practitioners.

The Accreditation Council for Occupational Therapy Education (2018) standards state that the entry-level occupational therapy curriculum must prepare students to practice in a broad

range of practice settings, including new and emerging areas of occupational therapy. According to the American Occupational Therapy Association (2015), “occupational therapy practitioners understand the complex and dynamic interactions between people, their environments, and the activities they need to accomplish in their daily lives, and how these interactions affect health and wellness” (p. 1). However, according to Morris and Jenkins (2018), research shows that entry-level educational programs inadequately prepare physical therapy students and occupational therapy students to be health promotion and wellness practitioners as physical therapists and occupational therapists are falling short in providing health and wellness services in practice. The American Occupational Therapy Association (2020) has stated that health and wellness will be a key practice area in the 21st century “based on an accumulating body scientific evidence that an individual’s health is directly related to physical as well as emotional well-being” (p. 1).

Health and wellness remain an emerging and not widely populated area of occupational therapy despite the growing research on its importance. Stancanelli (2020) stated that “with the expected growth of health care in the community and the expected increase in the older adult population, occupational therapy students need to be prepared to practice in the community and address health promotion and wellness needs of community-based older adults” (p. 11). Access to a health and wellness-focused course in an entry-level occupational therapy doctorate program is necessary to expose students to emerging areas of occupational therapy while also preparing them to practice in a rapidly changing healthcare environment that is increasing its focus on prevention. The available literature on specific skills and competencies needed for students to enter the field prepared to work as health and wellness practitioners is limited, leaving entry-level programs without a uniform approach to prepare students for this area of practice.

Chapter II: Literature Review and Problem Statement

Problem Statement

Occupational therapy students are not receiving adequate education to confidently become health and wellness practitioners after graduating from entry-level occupational therapy programs.

PICO Question

What are the available teaching approaches and competencies to health and wellness courses for entry-level occupational therapy students?

Literature Review

A literature review was completed on evidence-based education strategies for occupational therapy students and available health and wellness competencies. Since this was a narrow population with limited research, the literature review was expanded to include health professional programs outside of occupational therapy, which included physical therapy, nursing, physician assistants, and medical doctors. Evidence-based education techniques that were found during the literature review included competency-based education, case-based learning, problem-based learning, interprofessional learning, team-based learning, and the use of simulation. In addition to evidence-based education, a second literature review was completed that investigated current research on health and wellness competencies for occupational therapy education.

Evidence-Based Education Literature

Competency-based education is used in occupational therapy education programs and focuses on assessing student learning through actively completing specific activities and the necessary skills needed in practice. Jung et al. (2015) surveyed the use of competency-based education in occupational therapy programs approved by the World Federation of Occupational

Therapy. Jung et al. (2015) discovered that competency-based education is beneficial for students and “provides increased awareness of their progress and context to the integration of theoretical and practical skills in relation to practice” (p. 57). Although competency-based education can be effective in occupational therapy education, there are limitations to implementation. Jung et al. (2015) found that the three primary barriers to implementation were “(1) resource intensiveness and cost (time, financial stability, knowledge and skills); (2) some competencies such as communication and professionalism may be specific to the individual and the relevant culture; and (3) lack of understanding by students and faculty regarding competency-based education” (p. 57). Jung et al. (2015) concluded that “competency-based education aligns with evidence-based practice and can be considered a guiding framework for creating a learner-centered paradigm to achieving competencies in occupational therapy practice” (p. 58).

Team-based learning was found in the literature in two studies that focused on occupational therapy education. Lexén et al. (2018) investigated learning outcomes and student experiences from team-based learning and problem-based learning in occupational therapy students taking a mental health course. Lexén et al. (2018) concluded that “combining elements of problem-based learning and team-based learning might have a range of benefits in promoting learning and professional development in the university education of occupational therapy students, such as enhanced student study motivation, development of teamwork skills and clinical reasoning, and the ability to think critically and solve problems” (p. 76). Zachry et al. (2017) implemented team-based learning into two entry-level occupational therapy programs and investigated students’ perceptions compared to lecture-based learning. The study concluded that team-based learning improved students perceived problems solving skills; however, team-based

learning required more advanced preparation for staff and students often preferred lecture-based learning over team-based learning (Zachry et al., 2017). Zachry et al. (2017) discussed the students' preference for lecture-based learning could be a result of team-based learning requiring more

Interprofessional learning includes more barriers to implementation compared to other evidence-based education strategies due to resource and scheduling constraints between disciplines; however, it is a beneficial addition to health professional education training when part of the curriculum. Darlow et al. (2015) completed a controlled trial that evaluated an 11-hour interprofessional education program focused on the management of chronic conditions. This study included physical therapy, dietetics, and radiation therapy students that were assigned to either the intervention group that completed the program or a control group that continued with their usual coursework (Darlow et al., 2015). Darlow et al. (2015) concluded that “a relatively short educational intervention implemented prior to graduation can positively change attitudes toward learning and collaboration” (p. 33). Interprofessional education can increase students' ability to work in interdisciplinary teams by increasing knowledge and appreciation of other disciplines, developing collaboration and communication skills, and improving attitudes and awareness towards interprofessional practice (Bondoc et al., 2015; Buff et al., 2014; Darlow et al., 2015; Hadley et al., 2017; Shoemaker et al., 2014).

Simulation learning is a common method used within the health professions education curriculum and is frequently used specifically in occupational therapy education. Bradley et al. (2013) explored student and staff experiences with simulation learning in occupational therapy education. Bradley et al. (2013) concluded that a structured simulation activity in an entry-level occupational therapy program had positive staff and student feedback. Bradley et al. (2013)

mentioned that although simulation learning is used in occupational therapy education, literature specifically on simulation within occupational therapy education is limited.

Case-based learning, which was often combined with elements of simulation activities, was one of the more apparent methods found in the literature on evidence-based education. Gholami et al. (2017) explored the experiences of undergraduate nursing students with case-based learning during a nursing course that occurred weekly for a semester. The four themes that emerged from the interviews were “continuum of knowledge from production to transfer competence, a positive atmosphere of interaction, the process of stress-relieving and the sense of role-playing in professional life” (Gholami et al., 2017, p. 243). Continuum of knowledge referred to the participants feeling an increased ability to apply critical thinking skills to practice without the assistance of a teacher (Gholami et al., 2017). A positive atmosphere of interaction meant that students experienced the learning environment to be supportive and engaging (Gholami et al., 2017). Students reported the feeling of stress and anxiety during case studies and reported that the frequent practice of case-based learning assisted in developing stress management strategies (Gholami et al., 2017). The fourth theme of role-playing in professional life meant that students experienced a greater sense of their professional identity as a nurse and not strictly as a student after the case-based learning (Gholami et al., 2017). The study concluded that case-based learning is “a stressful albeit pleasant and empowering experience for Iranian students that can help them develop their critical thinking skills, enhance their diagnostic abilities, manage their levels of stress, and acquire professional competencies for future practice” (Gholami et al., 2017, p. 248).

McLean (2016) investigated case-based learning in health professions worldwide. Seventy articles were chosen to review that represented fields of medicine, occupational therapy,

nursing, child development, and dentistry (McLean, 2016). The top three methods of case-based education delivery were live presentation, web-based, and mixed modalities (McLean, 2016). This review found that case-based learning fostered more-in-depth learning and critical thinking skills (McLean, 2016). The study also found that case-based learning can be used to increase patient care and it can “impart medical knowledge and the use of patient outcomes to assess the learned knowledge” (McLean, 2016, p. 47). The systematic review concludes that case-based learning “has been shown to enhance clinical knowledge, improve teamwork, improve clinical skills, improve practice behavior, and improve patient outcomes” (McLean, 2016, p. 47).

Spalding et al. (2010) explored students’ views on problem-based learning in an occupational therapy program. Students reported that problem-based learning was useful for starting to consider complex cases with no obvious answers and assisted them in transitioning from novice to competent practitioner. Spalding et al. (2010) concluded that “problem-based learning was seen to be a useful approach to support the students in the important process of transition from student to a qualified occupational therapist and provides current, relevant and complex learning scenarios that help students to move from a theoretical understanding to application of theory, in the complexity of actual service situations” (p. 72).

Seymour (2013) investigated how the experience of a problem-based learning program impacted the development of team-working skills from the perspective and experience of a group of occupational therapy students. Problem-based learning was important for the learning of team-work skills through the process of experience, and although it was reported to be a frustrating and uncomfortable process, it was seen as necessary for students to learn how to live with uncertainty while developing skills (Seymour, 2013). Students reported high confidence levels after participating in problem-based learning (Seymour, 2013). Seymour (2013) concluded that

problem-based learning curriculum impacts the development of team work skills that are needed in collaborative working healthcare environments.

Health and Wellness Competency Literature

The American Occupational Therapy Association (n.d.) states that the “holistic approach taken by occupational therapy practitioners is particularly useful in the areas of wellness, health promotion, and prevention” (p. 1). The American Occupational Therapy Association provides an extensive list of opportunities for practicing health and wellness like obesity prevention, CarFit programs, workplace injury prevention, and aging-in-place programs for seniors; however, a set of competencies and expected entry-level skills to ensure students are prepared for these settings has not been established in the occupational therapy literature. Two articles were found in the literature that could provide some guidance on necessary health and wellness competencies for allied health professionals.

Morris and Jenkins (2018) suggested eight health and wellness competency categories for physical therapists and occupational therapists. The following list provides an overview of broad categories of knowledge beneficial for working in health and wellness.

1. The Language of Health Promotion
2. Health Behavior Change Theory
3. Health Data Management
4. Health Communications
5. Lifestyle Medicine/Health-Focused Care
6. Health Program Planning and Evaluation
7. Community Health Promotion and Advocacy
8. Interdisciplinary Collaboration (Morris & Jenkins, 2018)

Magnusson et al. (2020) completed the first study that established “consensus-based competencies in the areas of prevention, health promotion, and wellness for entry-level physical therapy education in the United States” (p. 1657). Through the use of a 3-round modified Delphi study, Magnusson et al. (2020) established twenty-five competencies to guide physical therapy education in preparing competent practitioners within prevention, health promotion, and wellness.

Although all twenty-five competencies could be related to occupational therapy, some of the most applicable competencies include:

1. Integrate evidence-based prevention and health promotion recommendations with every patient, client, or caregiver as needed
2. Recognize individual, family, community, organizational, and societal barriers that impact achievement of optimal health and function
3. Engage in positive health behaviors in accordance with evidence-based national guidelines
4. Recognize risk factors for diseases and the potential impact of these diseases on activities, participation, and quality of life
5. Communicate nutritional guidelines, set forth by the federal government, to clients as a means of promoting healthy eating
6. Apply evidence-based principles of movement, function, and exercises as a means of promotion physical activity, reducing sedentarism, and improving individual and population health

7. Identify community resources and supports for priority health behaviors (active living, healthy eating, injury prevention, stress management, smoking cessation, healthy sleeping, alcohol moderation, and substance-free living)
8. Communicate prevention and health promotion information in a way that recognizes and respects client' values, priorities, and communication needs
9. Assess your clients' health literacy and readiness to change and their health-related goals, risks, and assets
10. Integrate evidence-based relaxation strategies (e.g., mindfulness, meditation, breathing techniques) to reduce client stress and anxiety as appropriate (Magnusson et al, 2020)

The results of the study by Magnusson et al. (2020) will aid physical therapy programs in ensuring their students enter the field prepared to provide services in health promotion and wellness. Although this literature can be a guide for occupational therapy education, a specific evaluation and establishment of competencies with an occupational therapy focus must be established to ensure occupational therapy students are entering the field with the adequate level of skills compared to their physical therapist counterparts and to meet societal and community needs.

Chapter III: Capstone Plan and Process

The purpose of this capstone project is to collaboratively implement a health and wellness course and establish competencies for health promotion and wellness within an entry-level occupational therapy doctorate program. This capstone aims to provide a course that will prepare entry-level occupational therapy students with the skills needed to work in a health and wellness setting or emerging practice setting. Additionally, this capstone will establish a set of competencies within health promotion and wellness that are necessary to prepare students to enter the field. This capstone will contribute to the author's professional goal of becoming an educator within the occupational therapy field. The skills gained through this capstone will include the application of evidence-based education strategies, identifying competencies, and direct teaching experience with entry-level occupational therapy students. This capstone will contribute to the gap within occupational therapy education of adequately preparing and promoting entry-level students to practice in health and wellness settings through the addition of a health and wellness course in an entry-level occupational therapy doctorate program at the University of Nevada, Las Vegas.

The tasks that will be completed during this capstone are as follows:

1. Create specific requirements for a program development assignment, create a rubric, and participate in grading the assignments
2. Teach the Lifestyle Redesign modules
3. Write one exam in collaboration with Dr. Randall
4. Create ten weekly discussion board questions, manage weekly discussion board, and provide feedback to students within the discussion board

5. Establish and develop competencies for health promotion and wellness through current literature and student surveys
6. Reflect on teaching approaches and student experiences to provide input for changes to future held health and wellness courses

Capstone Goals

1. By the conclusion of this capstone project, components of an entry-level occupational therapy health and wellness course using evidence-based education strategies will be developed and implemented.
2. By the conclusion of this capstone project, a list of student competencies will be created for health promotion and wellness within occupational therapy.

Capstone Process

The following table provides an overview of the tasks and implementation timeline for this capstone experience. Table 2 details the timeframe for the capstone project over the course of two semesters from the initial ideas to a completed project.

Table 2*Capstone Process Timeline*

Time	Task
Aug-Dec 2020	Needs assessment and literature review Finalize capstone project and defend capstone project proposal
Dec2020-Jan 2021	Create 10 online discussion board assignments and rubric Create health promotion project assignment and rubric
Jan-March 2021	Create conference presentation Present at Western Regional Occupational Therapy Spring Symposium conference Create Lifestyle Redesign® lectures and activities Teach Lifestyle Redesign® lectures
Jan-May 2021	Manage online discussion board on Canvas. Grade weekly discussion board assignments Grade health promotion project assignment Compile health and wellness survey results
April 2021	Grade health promotion project assignments Create final exam questions
April-May 2021	Complete final capstone experience paper Defend capstone project

Chapter IV: Project Implementation

The capstone project was implemented over the course of a sixteen-week semester during an entry-level doctorate occupational therapy course called *OCT 735: Health and Wellness Interventions with Adults and Older Adults*. There were thirty-six students enrolled in the course and all were in their first year and third semester of an entry-level doctorate occupational therapy program at the University of Nevada, Las Vegas. Table 3 details the implementation of the components of the capstone project during the entry-level doctorate course *OCT 735: Health and Wellness Interventions with Adults and Older Adults*.

Table 3

Course Assignment Timeline OCT 735: Health and Wellness Interventions with Adults and Older Adults

Week	Activity	Appendix
1	Survey 1: Health and wellness competencies	U
2	Discussion 1	A
3		
4	Discussion 2	B
5	Discussion 3	C
6		
7	Discussion 4	D
8	Lifestyle Redesign® Lecture 1 Lifestyle Redesign® Lecture 2: in class case study activity	N-T
9	Discussion 5	E
10	Discussion 6	F
11	Discussion 7 Health Promotion Program development assignment due Student feedback survey	G L W
12	Discussion 8 Survey 2: Health and wellness competencies	H V
13	Discussion 9	I
14	Discussion 10	J
15		
16	Final Exam	

Health and Wellness Competencies Student Survey

The students completed two surveys where they were asked to list ten competencies they believed to be important to become competent health and wellness practitioners during week one of the course. The students completed this survey prior to reading any assigned articles on health and wellness competencies. The students completed the same survey a second time during week

twelve. The purpose of this was to evaluate if the students' perceptions of important health and wellness competencies changed after completing part of a health and wellness focused course. Another purpose was to evaluate health and wellness competencies that are perceived to be important from a student perspective. The survey results were compiled into an excel spreadsheet with every result listed individually. The results were then compiled into categories with the top fifteen most frequently listed categories provided in this document. The results for survey one can be found in Appendix U and survey two in Appendix V. The results will be further discussed in the evaluation and results section.

Weekly Online Discussion Board

The students completed ten weekly online discussion board assignments to complement the content and assignments completed during the live lectures. The ten discussion board assignments were dispersed over the sixteen-week semester. The goal of each discussion board assignment was to gain a competency or skill in health and wellness practice through self-reflection and the completion of specific activities. Competency-based education was the primary evidence-based educational strategy utilized in developing the online discussion board assignments. Competency-based education was found to be an effective evidence-based education method for occupational therapy programs (Jung et al., 2015). In addition, competency-based education is the framework utilized in the University of Nevada, Las Vegas entry-level doctoral occupational therapy program, and therefore, was an appropriate method to utilize. The students had one week to complete an initial discussion board post and thoughtful response to two classmates' posts. A rubric was created to guide the grading of the discussion board assignments and can be found in Appendix K.

Discussion 1 (Week 2): Health and Wellness Competencies

Competency. Apply knowledge of the occupational therapy practice framework and scope of practice to the area of health and wellness and identify areas of health and wellness applicable to occupational therapy practice.

Appendix A details the specific assignment requirements for Discussion 1. The purpose of this discussion was to gain insight into the students views on important competencies needed to prepare them to work in health and wellness upon graduation. Students will gain knowledge on the necessary skills needed to be a competent health and wellness practitioner and identify the unique contribution of occupational therapy to the competencies listed in the physical therapy literature.

Discussion 2 (Week 4): Changing Health Behaviors

Competency. Understand health behavior change theory and apply theory to assessment, intervention planning, and goal setting.

Appendix B details the specific assignment requirements for Discussion 2. The goal of this discussion was to gain knowledge of the Transtheoretical Model of Behavior Change, apply the stages of change to their life, identify barriers to change, and create graded achievable goals for an identified behavior change. The knowledge of health behavior change theory was identified in the literature as a necessary competency for practitioners (Morris & Gavin, 2018). This discussion allowed for students to reflect on their current health behaviors and identify an area of desired change to increase their health promoting habits.

Discussion 3 (Week 5): Aging in Place, Home Modification

Competency. Identify home modifications to improve safety through the use of evidence-based home evaluation tools.

Appendix C details the specific assignment requirements for Discussion 3. The students learned about home safety evaluations during this module and completed further tasks during lecture session. The students had already completed the Home Safety Self-Assessment Tool (HSSAT) during class and completed the Home Falls and Accidents Screening Tool (HOME FAST) during the online discussion portion (Tomita, 2017; Mackenzie et al., 2000). This discussion and module introduced the students to two home safety evaluation tools that could be utilized in practice. Students were asked to compare home evaluation and utilize home safety assessment results to identify home modifications to increase safety in their current living environment. This discussion also allowed for a reflection on the health behavior change and goals identified in Discussion 2 and adjustments needed to their identified goals to make them achievable. Magnusson et al. (2020) identified “ recognize injuries can be prevented by making homes, communities, schools, and worksites safer through the implementation of evidence-based prevention programs and policies” as an important competency for physical therapy education (p. 1652).

Discussion 4 (Week 7): Sleep Hygiene

Competency. Communicate the unique role of occupational therapy in improving sleep hygiene and the risks of poor sleep and benefits of quality sleep on health. Assess sleep hygiene and identify interventions to improve sleep hygiene.

Appendix D details the specific assignment requirements for Discussion 4. Students assessed their sleep hygiene through personal reflection and identified modifications to improve their sleep hygiene. The discussion allowed for exploration on sleep hygiene resources and assessments available that are applicable to occupational therapy. This discussion complemented

additional material and assessments on sleep that were completed during the lecture portion of the module.

Discussion 5 (Week 9): Primary Care

Competency. Communicate occupational therapy's role and benefits in the primary care environment. Identify health and wellness occupational therapy interventions that can be utilized in primary care.

Appendix E details the specific assignment requirements for Discussion 5. Students gained knowledge on occupational therapy in the primary care environment. Students identified how occupational therapists can utilize health and wellness skills in the emerging practice area of primary care and discussed the benefits of occupational therapists' involvement in primary care. In addition, students practiced communicating the benefits of occupational therapy in this setting in a way that could be utilized to advocate for further implementation or collaboration once in practice. Primary care is an ideal setting for the use of an occupational therapist health and wellness skills; however, the prevalence of occupational therapists in this setting is still limited. Students interested in practicing in primary care will need strong advocacy skills to create opportunities to practice in primary care.

Discussion 6 (Week 10): Lifestyle Balance Activity

Competency. Identify methods of assessing lifestyle balance and strategies to improve lifestyle balance. Understand the link of lifestyle balance to health and life satisfaction.

Appendix F details the specific assignment requirements for Discussion 6. Students evaluated lifestyle balance through self-reflection and identified changes to improve lifestyle balance, overall health, and lifestyle satisfaction. This discussion explored one method of

assessing lifestyle balance that promotes self-reflection through the use of a balance wheel with guided reflection questions to increase awareness of current and desired lifestyle balance.

Discussion 7 (Week 11): Exploring Stress and Anxiety

Competency. Identify and assess symptoms of acute and chronic stress and anxiety.

Identify interventions for managing acute and chronic stress and anxiety.

Appendix G details the specific assignment requirements for Discussion 7. This discussion allowed students to explore and reflect on how stress and anxiety presents in their life. Four worksheets were provided that facilitated reflection and identification of symptoms of stress and anxiety. The students completed a stress and anxiety toolkit and identified techniques to manage acute stress and chronic stress. Magnusson et al. (2020) identified “integrate evidence-based relaxation strategies (e.g. mindfulness, meditation, breathing techniques) to reduce client stress and anxiety” as a health and wellness competency (p. 1652).

Discussion 8 (Week 12): Transitions

Competency. Apply the concepts of occupational therapy to work, career, and life transitions. Identify ways in which participation in occupation can assist various life transitions.

Appendix H details the specific assignment requirements for Discussion 8. This discussion assignment complemented the material covered during the lecture and weekly module focused on transitions. Students completed reflections on their experiences during life transitions and the role occupations played in different life transitions. The goal of this discussion was to provide the student with an opportunity to apply the material to their life during a reflection portion and apply the concepts of occupational therapy to life transitions.

Discussion 9 (Week 13): Ergonomics and Prevention of Work-Related Injuries

Competency. Assess activities and work spaces for injury prevention. Identify activity modification and environmental modification strategies to improve safety and prevent injury.

Appendix I details the specific assignment requirements for Discussion 9. This discussion complemented the weeks module on ergonomics and prevention of work-related injuries. The students completed an ergonomic “makeover” of a situation in their life or a parent/friend. The students identified a situation, like their current study set-up, and assessed the current set-up or activity with an injury prevention lens. They identified methods to improve the ergonomic set up or movement of the activity. Magnusson et al. (2020) listed “design evidence-based injury prevention programs to make homes, communities, schools, and worksites safer” as a health and wellness competency (p. 1652).

Discussion 10 (Week 14): Community Programs for Health and Wellness

Competency. Identify community resources and programs for specific health and wellness topics. Identify gaps in resources that could be filled by occupational therapy health and wellness programs.

Appendix J details the specific assignment requirements for Discussion 10. Students chose a specific health and wellness topic and researched available community programs and resources. Magnusson et al. (2020) listed “ identify community resources and supports for priority health behaviors (active living, healthy eating, injury prevention, stress management, smoking cessation, healthy sleeping, alcohol moderation, and substance-free living)” as a necessary health and wellness competency (p. 1651). The goal of this discussion was to allow the students to explore health and wellness programs currently available in the community and to reflect on areas in which occupational therapy could fill any gaps in services.

Health and Wellness Program Development Assignment

One of the substantial assignments for the course was the health and wellness program development assignment. The assignment was created as part of this capstone experience and the rubric was created in collaboration with the primary professor for the course. The focus for this assignment was for the students to utilize the concepts of health and wellness covered in the course to develop a potential occupational therapy-based health and wellness program and intervention. Students were required to utilize evidence-based interventions for a specific population of their choice. They were required to create a program, identify goals, and discuss evaluation and longevity of the program. Magnusson et al. (2020) identified “design prevention/health promotion programs that reflect the needs, assets, and priorities of clients where they live, work, learn, and play” as a potential competency for practice (p. 1653). Morris and Jenkins (2018) discussed developing and executing health promotion and prevention programs as an important health and wellness skill for occupational therapist and physical therapists to utilize to meet the needs of the population. This assignment aimed to develop these skills to further prepare the students to be competent health and wellness practitioners upon graduation. The assignment instructions can be found in Appendix L. The rubric for the assignment can be found in Appendix M.

Lifestyle Redesign® Lectures

Two fifty-minute virtual live lectures were completed on the topic of Lifestyle Redesign®. This content was covered during week eight of the semester. The first lecture included didactic information on the development, research, occupational therapy and occupational science concepts, and utilization of Lifestyle Redesign®. The students were taught the history of Lifestyle Redesign® and the development of Lifestyle Redesign® to new

populations and programs. The lectures were completed virtually using Zoom and with the use of a PowerPoint presentation. Methods to utilize the concepts of Lifestyle Redesign® while adhering to the copyright owned by the University of Southern California were discussed with an emphasis on the occupational therapy scope of practice category of health management.

The second lecture consisted of a group case study activity and discussion. Students were split into six groups of six with each group given a different case study. The students were allotted twenty minutes to complete the group assignment in Zoom breakout rooms followed by a class presentation and discussion for the remainder of the class time. Case-based learning was the primary evidence-based educational strategy utilized during this lecture. The instructions for the group assignment can be found in Appendix N. The goal of this assignment was to apply the concepts of Lifestyle Redesign® and plan a session through the use of a case study. The case studies and completed group assignments are provided in Appendices M-T.

Chapter V: Project Evaluation and Results

Application of Evidence-Based Education

Competency-based education and case-based learning were the two strategies utilized in the implementation of the project to the course *OCT 735: Health and Wellness with Adults and Older Adults*. The use of competency-based education paired well with the online discussion board assignments. Competency-based education gave a specific focus and relevant assignment to each discussion board. Case-based learning was utilized during the lecture component of this project and appeared to be effective in providing the students with opportunity to apply what they had learned during the previous lecture.

Evidence-based education strategies that were not utilized but could be beneficial for future courses in health and wellness included simulation and interprofessional learning. Interprofessional collaboration was identified in the literature as a necessary competency and was also identified in the student surveys. Unfortunately, interprofessional learning often includes more barriers to implementation than other evidence-based learning styles and does require significant planning that was not possible for this initial delivery of the course. The use of simulation could be integrated into future courses as well. This was not utilized in this capstone project due to the nature of the components which were mainly over an online discussion board. Components of simulation could be utilized in the online discussion board format with students completing simulation activities in pairs or small groups. These two strategies could be areas for improvement for future courses of OCT 735.

Survey Results

The complete results for the health and wellness competencies student survey can be found in Appendix U and Appendix V. Both surveys had similar results with the majority of the

top fifteen categories being found on both surveys results. Upon evaluating the results of the initial survey, I was surprised to see the results included similar competencies to what was found in the literature. I was not expecting this to be the case as the students had not read the available literature at the time of completing the first survey. The top category for both surveys was combined into the category “Lifestyle management”. This included topics like nutrition facts, eating healthy, weight management, medication management, exercises programs, time management, stress management, lifestyle balance, and sleep hygiene. The second ranked category for both surveys was called “Emotional intelligence, attitude, and therapeutic use of self”. The included words like empathy, ability to motivate clients, positive attitude, observant, open-minded, compassion, and collaboration. A further theme developed in the second survey within this category which included self-reflection as an important component of being a competent health and wellness provider. The students had significant opportunity for self-reflection during the online discussion board posts and throughout the other components of the course which could have contributed to this theme emergence. Knowledge of assessments and being proficient in identifying and completing different health and wellness assessments was a theme in both surveys; however, it was more prominent and higher ranked in the second survey. During the course, the students completed many activities in class and one discussion board activity focused on health and wellness assessments. Their exposure to assessments during the course could explain the increase in this category for the second survey. Health literacy for the clinician was a category found in both surveys and frequently mentioned by the students. This topic was focused on the information clinicians would need to know in order to educate their clients and be proficient health and wellness providers. It included topics like knowing basic information about medical conditions and diagnoses, basic nutrition and exercise information,

medical terminology, how to recognize risk factors, and how to utilize public health data. Some other categories that were found on both surveys include community resources, communication skills, interdisciplinary skills, advocacy, cultural awareness, and environment modification and injury prevention. All of these categories were very consistent in the verbiage used did not change significantly between the two surveys.

A few categories that emerged in the second survey included program and intervention planning, critical thinking skills, and frameworks and models. Program and intervention planning were mentioned in the literature as an important competency and the students participated in a program development assignment during the course. These aspects could have enforced the importance of these skills for the students. I feel these three categories that emerged demonstrated some of the growth in the skills the students developed during the health and wellness course and in their other occupational therapy courses. The ability to develop programs, interventions, and utilize frameworks and models are all important aspects of being a competent occupational therapy practitioner. Critical thinking skills like problem solving and clinical reasoning are also important skills to becoming an occupational therapist. These skills may take longer to develop and build upon each other throughout the course of entry-level programs. Their mention in the second survey demonstrates that the students are beginning to think and acknowledge the use of these skills in becoming occupational therapists.

These two surveys can provide a guide for the next *OCT 735: Health and wellness interventions with adults and older adults* course that is offered. The students had important input and awareness of the skills they would need to be confident health and wellness practitioners. Based on the results of these surveys, I was able to adjust the last couple of discussion board assignments to further meet the needs and perceived competencies of the

students. Utilizing this list of skills and competencies for the next course would provide guidance on how to adjust certain assignments and aspects of the course to meet the students' needs in learning about health and wellness and developing these skill sets. In addition, this list could be utilized to develop potential competencies to be included in a more formal study like a Delphi study.

Online Discussion Board Assessment and Student Feedback

Students provided feedback regarding their experience during the discussion board portion of the course. The students were requested to complete open-ended questions that can be found in Appendix W.

Strengths

Students reported overall positive feedback regarding the discussion board component of the course. Students generally reported that the amount of work felt manageable and appropriate to the two-unit course. It was widely reported as an enjoyable process in engaging in some of the course content and provided variety and useful resources. Students reported positive feedback towards the aspects of reflection on personal health goals and habits, implementing habit change, and creating goals for themselves. Students found the personal reflection component to be a welcome change to their other course work and requirements and appreciated applying health and wellness to their own life. Students reported enjoying interacting with classmates, feedback from classmates, and being able to hear from classmates that tend to be quieter in the classroom environment. Students appreciated the variety of content, links, and videos that complemented the discussion board questions and found it to be more interactive than reading from the textbook. The primary care discussion board was noted by multiple students to be the most thought provoking and interesting. The students appreciated the opportunity for growth in the

field and ability to apply health and wellness to this emerging practice setting. The sleep hygiene and stress/anxiety management discussion boards were also noted as some of the more thought provoking and useful.

An interesting component that came up in the feedback was the usefulness of the discussion boards in helping students gain new perspectives and understanding of other cultures and experiences. This was not a component I had initially thought about in the creation of the discussion boards; however, understanding other cultures and perspectives was an identified competency found during the student surveys. This was an unexpected positive attribution to the discussion board assignments that also met another aspect of health and wellness competencies.

Weaknesses

The home modification module was noted as feeling repetitive to the content covered during the lecture portion of the module. Students reported enjoying the feedback and responding to classmates but felt the need to respond to two to three classmates as repetitive and suggested adjusting the rubric to require a peer response to one classmate as sufficient. Multiple students reported difficulty in managing the due dates for the initial discussion post and the peer feedback, as they were also enrolled in another course that had an online discussion component that had slightly different due dates. Many students did not like the different due dates which involved having the initial discussion post due on Thursday and the peer responses due by Sunday. This could be easily adjusted in the future to be more in synch with their other courses and adjusting to have the discussion post and peer responses all due by Sunday of the week.

Improvements

Providing a discussion board focused on the health promotion program assignment was mentioned by multiple students as a suggested improvement as this project was a large

component of the course and the ability to have feedback and discussions with classmates would have assisted in the process. Further content on program development was mentioned by multiple students as an area that would have been beneficial to have spent time during a discussion board post. Nutrition was a health and wellness component that was not covered in much depth within the online discussion content or the lecture and textbook material. This was a topic that was mentioned by students as an area where they would like to know more and would be helpful to have been covered in a discussion board assignment. A few students mentioned having difficulty with the inconsistent interval of the discussion board assignments and it was suggested to have them spaced out on a regular interval like every other week. One student suggested the addition of a separate discussion thread that would allow for course questions and discussion outside of the formal discussion board assignments.

Assessment of Competency

The criteria for grading the online discussion board assignments can be found in Appendix K. The average earned percentage for the combined course and all discussion boards was 99%. Overall, the students demonstrated competency in each identified discussion board competency. The students applied the concepts they had learned for each week's module and combined it with an aspect of reflection to their life that demonstrated understanding of the material. In addition, the students demonstrated the ability to apply the concepts to their classmates reflections and assignments when providing peer feedback and responses.

Lifestyle Redesign® Lectures and Case Study Assignment

The biggest challenge faced during the Lifestyle Redesign® lectures was with the time limit and amount of material that could potentially be covered on this topic. I was able to cover most of the information in a broad overview for the first lecture and finished the remaining

content in the first ten minutes of the second lecture. I wanted to ensure the lectures included an interactive component for the students to apply their knowledge, therefore, the majority of the second lecture was spent working on the case study assignment. With this specific course only having fifty-minute lectures, it was challenging covering all of the information and activities I would have ideally liked to cover. Some of the concepts I would have liked to go into more depth and discussion on but was not possible in the short time allotment. The lectures covered the history of Lifestyle Redesign®, the Well Elderly Clinical trials, and the framework and occupational therapy concepts that were the foundation of Lifestyle Redesign®. In addition, I felt that my strongest contribution to this topic was in my experience working in the Lifestyle Redesign® program and the ways in which the program has grown to meet the needs of more populations, which were things not found in the text book. To modify these lectures for the future, I would make sure that the students had some content to cover before the lectures. The students could have read the Well Elderly Clinical Trials and the content specific chapter in their assigned text book. This would have allowed more time to spend on some of the other content that could not be found in the text book. The specifics on different types of current Lifestyle Redesign® programs and how students can apply these principles of lifestyle management to their work is not easily understood by information available in textbooks.

During the Lifestyle Redesign® lectures, an emphasis was placed on asking questions to elicit feedback from clients and the utilization of motivational interviewing techniques. The case study assignment gave the students the opportunity to apply these techniques to planning a Lifestyle Redesign® session. The completed assignments can be found in Appendix O-T. The completed assignments demonstrated understanding of the necessary components of a Lifestyle Redesign® program which includes a didactic presentation, peer exchange, direct experience

through doing, and personal exploration. The completed group assignments demonstrated understanding of these four components of a Lifestyle Redesign® treatment session. The students demonstrated understanding of the use of motivational interviewing techniques through the development of open-ended questions to utilize a client's strengths in developing a plan for habit change. Based on the limited time to cover this content, I felt the students completed the assignments with a strong understanding of the content and ability to apply the concepts of Lifestyle Redesign® to a specific population or habit change.

Chapter VI: Discussion and Impact

Advanced Skill Development

During my capstone experience, I have developed skills in education through my participation in teaching and developing components of the course *OCT 735: Health and Wellness Interventions with Adults and Older Adults*. My primary personal goal in my capstone experience was to develop skills that would allow me to be an effective educator upon graduation. I chose to complete a post-professional degree in occupational therapy for this sole purpose of becoming an educator. I have developed skills in creating effective learning experiences for students based on desired competencies, creating lectures, grading material, and participating in online discussions with the students.

I have also developed skills in navigating online teaching platforms like Canvas Learning and completing live virtual lectures. I have learned how to use evidence-based education strategies as a guide for creating material, lectures, and assignments. I have a strong understanding of how to develop effective online platform-based activities from my own experiences as an online student completing a post-professional doctorate. The first-hand experience I gained as an online student allowed me to distinguish between courses that felt effective and courses that did not feel effective, allowing me to integrate the concepts that felt effective into the components I developed for this project. Aspects that I felt were important included creating clear guidelines and rubrics, providing easily accessible links and content, and including aspects of personal reflection to allow students to apply the concepts to their own life. Considering the online discussion board was an addition to the course that already included live lectures and content, I wanted the online discussion to provide the students with activities that did not feel like “busywork” or provide additional stress to an already full course load. I wanted

aspects of the discussion board to be activities that were enjoyable for the students to complete in addition to meeting a necessary health and wellness competency. Based on the students' feedback, I feel these goals were met as students noted enjoying the reflection component of the assignments, the variety in content and links provided, and being able to interact with their classmates.

I further developed skills in leadership and advocacy throughout the capstone experience. These skills I largely utilized in the process of creating and delivering a conference presentation based on my capstone project and through the interactions with students in implementing this project. This aspect was very challenging for me as I am not naturally comfortable with public speaking. In addition, the majority of my clinical experience as an occupational therapist has been working in an acute care setting, thus, I was not completely confident in my expertise in presenting on this information of health and wellness competencies within education. It required me to take a large step out of my comfort zone to present at the Western Regional Occupational Therapy Spring Symposium (WROTSS) on the topics of health and wellness within occupational therapy education. I began the process feeling overwhelmed and unqualified. Through my investigation into further research, conversations with practitioners, reflections on my own journey as an occupational therapist, and completing the conference presentation, I gained confidence in my ability to advocate for occupational therapy in health and wellness. Through that process, I was able to carry those skills over into the health and wellness course in teaching the entry-level students to also advocate for our role in health and wellness. I gained awareness that although I may not currently work in the area of health and wellness, it has been an area of interest and investigation in my life since I was an undergraduate student studying health promotion and disease prevention. This long-standing intrigue with the topic has given me a base

of knowledge within this area that is not held by all practitioners that may have a more focused interest in traditional settings. Attendees to the conference presentation reported a desire to have been able to take a similar health and wellness course when they had been students. Conference attendees also reported their road to becoming competent health and wellness practitioners often occurred after school and was largely led by their interest and desire to know more information in this area leading them to seek out further certifications and education. This feedback provided affirmation that this information is still not fully understood and disseminated within the occupational therapy profession and entry-level education framework.

Depth of Understanding

There were a number of circumstances that influenced my decision to not complete an entry-level doctorate degree in occupational therapy when I had the opportunity seven years prior. My initial reaction to the pressures to complete the degree as an entry-level student was skepticism in how I would be able to provide content and fill a gap in the field of occupational therapy when I had never been a practicing occupational therapist. Completing a post-professional doctoral project has confirmed my initial reactions. My understanding of the field of occupational therapy and experiences practicing as an occupational therapist have provided a richer and deeper understanding of the issues, gaps in the field, and desires for further skillsets compared to had I completed this same project as an entry-level student. Although my interest in health and wellness has maintained during this time frame, my motivation and understanding of the importance of this area of practice is greatly strengthened by the past seven years I have spent working in the acute hospital setting, witnessing the impacts on the life of my clients that have not maintained health promoting habits.

I also encountered this deep and rich understanding of the field of occupational therapy through the process of developing the Lifestyle Redesign® lectures. As an entry-level student, I completed a level II fieldwork at the University of Southern California Occupational Therapy Faculty Practice, the home of Lifestyle Redesign®. I gained direct experience providing health and wellness services to clients through the Lifestyle Redesign® program. Despite having had direct experience in this area, this was seven years ago and my memory was sparse in much of this area of content. In preparation to teach this topic to students, I spent time reading the available research studies, textbook content, and speaking with colleagues currently working in Lifestyle Redesign®. Through this process, I realized that the occupational therapy concepts and occupational science principles that are the core of the profession made more sense and had more meaning than they did when I learned about them as a student. These concepts often felt vague and difficult to fully grasp as an entry-level student. The core principles of the profession can be difficult for professionals outside of the profession to understand, as well as, entry-level students may not grasp the full meaning of them until becoming a more seasoned practitioner and going through the process of relearning the material. This was the experience I had going through the process of relearning the material in preparation to teach and it allowed me to develop a richer understanding of the field of occupational therapy.

Preparing Students for Health and Wellness

This project was able to close a small amount of the gap within the occupational therapy field by helping to more thoroughly prepare a group of entry-level doctorate occupational therapy students to enter the field as competent health and wellness practitioners. I was able to witness the application of health and wellness topics and understanding of their importance through reading the ten discussion board assignments completed by the students and

participation of the students during lectures. The students demonstrated the ability to apply principles of health and wellness to their life to develop health promoting habits and routines which will provide them a deeper understanding of the challenges of their clients when assisting them with similar habit changes and assist them in preventing burnout in their own practice as occupational therapists.

Sustainability

The components of this capstone project that were utilized in the course OCT 735 can easily be implemented for future semesters of this course. Each discussion board assignment has been clearly outlined to be inputted into an online discussion board for future courses with a rubric to assist in grading. The program development assignment and rubric can also be easily implemented into future health and wellness courses as well. The Lifestyle Redesign® lectures were completed virtual and live; however, this portion could be easily prerecorded with the completed power point presentation previously utilized. The second lecture that consisted of a case study and group activity has been documented and could be implemented in future courses.

Limitations

This project investigated the current research available and utilized student surveys to guide health and wellness competencies for occupational therapy education. This topic needs further discussion and research within the field of occupational therapy. Although I investigated health and wellness competencies through current research and compiled the results from two student surveys for feedback, this area in the field of occupational therapy would benefit from a more substantial research project that would have required further time than this capstone experience allowed. The information discovered during this capstone experience can assist the entry-level program at the University of Nevada, Las Vegas to prepare their entry level

occupational therapy students to practice in health and wellness upon graduation. However, further research would be beneficial in developing a set of competencies to be established on a larger scale within the occupational therapy profession. A Delphi study, similar to the research completed by Magnusson et al. (2020) for physical therapy education, would be beneficial in developing this information further specific to the occupational therapy field with a formal research structure.

Chapter VII: Conclusion

The overarching goals of an occupational therapy doctoral project are two-fold, to provide advancement to the field of occupational therapy and to provide personal growth and advancement of skills or practice. This capstone project has met both of these goals through the increased discussion and advocacy for the field of occupational therapy to continue advancing in the areas of health and wellness and in my own development in gaining skills as an educator and advocate. Components of this capstone project have assisted the current entry-level doctorate occupational therapy students to become more competent health and wellness practitioners upon graduation and will hopefully continue to assist future entry-level students. It has furthered the discussion and awareness of the need for more research and focus on health and wellness skills within occupational therapy practice and education. I have gained important skills in being an educator and will be able to apply these skills as I further investigate and seek out teaching opportunities. My confidence and ability to advocate for the field of occupational therapy have greatly increased, which I will be able to utilize in my future work and desire to create more opportunities to provide health and wellness occupational therapy services to clients. The completion of this capstone project and post-professional degree in conjunction with working as an acute care occupational therapist during a global pandemic, has reinforced my professional goals to further pursue health and wellness practice and advocacy beyond this doctoral experience.

Appendix A

Discussion 1: Health and Wellness Competencies

Read: Magnusson, D. M., Rethorn, Z. D., Bradford, E. H., Maxwell, J., Ingman, M, S., Davenport, T. E., & Bezner, J. R. (2020). Population health, prevention, health promotion, and wellness competencies in physical therapist professional education: Results of a modified Delphi study. *Physical Therapy, 100*(9), 1645–1658. <https://doi.org/10.1093/ptj/pzaa056>

Respond: Based on the list of competencies provided in the article, which five do you think are most applicable to the field of occupational therapy? Explain why you chose the five competencies.

Appendix B

Discussion 2: Changing Health Behaviors

Review: Merryman, M. B., Shank, K. H., & Reitz, S. M. (2020). Theoretical frameworks for community-based practice. In M. Scaffa & S. M. Reitz (Eds), *Occupational therapy in community and population health practice* (p. 38-58). F. A. Davis Company.

Browse: The 6 Stages of Change: Worksheets for Helping Your Clients. Link:
<https://positivepsychology.com/stages-of-change-worksheets/>

Respond:

1. Identify a behavior you would like to change in your current life. Explain your current behavior and why you would like it to change.
2. What is your desired behavior change? What stage of change are you currently in for this behavior based on the Transtheoretical Model of Change?
3. Have you tried to change this behavior before? Were you successful or not successful? Why do you think you were or were not successful? What barriers did you face? How could you overcome these barriers for long-term success?
4. Identify 3 graded steps to successfully changing this behavior and create a new habit. Write one long-term goal for your behavior change.

Appendix C

Discussion 3: Aging in Place, Home Modification

Complete: Complete the Home Falls and Accidents Screening Tool (HOME FAST) survey for your current living situation as if you are the client. Link:

<https://ses.library.usyd.edu.au/bitstream/handle/2123/14750/HOME%20FALLS%20AND%20ACCIDENTS%20SCREENING%20TOOL.pdf?sequence=2&isAllowed=y>

Respond:

1. Imagine you were to have a family member at risk for falls move into your home. Describe three home modifications you could make to reduce fall risks based on the information you discovered from the Home Falls and Accidents Screening Tool (HOME FAST) or the Home Safety Self-Assessment Tool (HSSAT).
2. Which home assessment did you prefer between the HOME FAST and HSSAT and why?

Habit Change Report: Report on how your first week went with your habit change goal from last week. Were you successful? If not, what could you adjust for the coming weeks? Do you need to adjust your goal to make it achievable?

Appendix D

Discussion 4: Sleep Hygiene

Read: Tester, N. J., & Foss, J. J. (2018). Sleep as an occupational need. *The American Journal of Occupational Therapy*, 72(1), 7201347010p1–7201347010p4.

<https://doi.org/10.5014/ajot.2018.020651>

Browse:

1. <https://sleepot.org/interventions/> (other tabs are useful as well but specifically look at intervention links)
2. <https://www.sleepfoundation.org/sleep-hygiene> (useful tips for improving sleep hygiene)

Respond:

1. Describe your current sleep routine and habits.
2. How do your current sleep routines and habits impact your daily life? Does your current routine have positive or negative impacts? Is there something you would like to change about your sleep routine?
3. Identify one change you could/will implement into your sleep routine to improve your sleep hygiene.
4. What do you anticipate will be a challenge in addressing sleep with clients?
5. What was one thing you found interesting or surprising in the article or web links that you will take with you into practice?

Appendix E

Discussion 5: Primary Care

Read: Halle, A. D., Tracy, M. M., Fogelberg, D. J., & Leland, N. E. (2018). Occupational therapy and primary care: Updates and trends. *American Journal of Occupational Therapy*, 72(3), 7203090010p1–7203090010p6. doi: 10.5014/ajot.2018.723001

Watch: Why your primary care practice needs occupational therapy. Link:
https://www.youtube.com/watch?v=JfmPaZ0h8a8&feature=emb_title

Respond: Imagine that you will be working in a primary care setting when you graduate. What specific skills and knowledge do you think will be important for you to have to work in this setting? What are some topics you may cover with clients in a primary care setting? How would you describe the benefits of occupational therapy in primary care to another health professional in a few sentences?

Appendix F

Discussion 6: Lifestyle Balance Activity

Complete: Complete the Lifestyle Balance Wheel at the link provided. **Link:**

<https://studentwellness.uci.edu/wp-content/uploads/2015/04/Assessing-Your-Life-Balance.pdf>

Respond: Reflect on what your balance wheel looks like. What did you learn about your current and desired lifestyle balance from completing the activity? Was there anything that surprised you about your balance wheel? Is there anything you would like to change about your balance wheel? In which population or setting do you think this activity could be useful?

Appendix G

Discussion 7: Stress and Anxiety

Complete:

1. Stress Management and Managing Triggers of Stress

Handout 4.E. Stress Management- Identifying and Managing Triggers of Stress.pdf

2. Strategies for Coping with Stress Checklist

Handout 4.A. Strategies for Coping with Stress Checklist.pdf

3. Exploring Anxiety

Handout 4.F. Exploring Anxiety

Read: Quick Coping Strategies When Feeling Stressed

Handout 4.C. Quick Coping Strategies When Feeling Stressed.pdf

Respond:

1. What did you learn about yourself from completing the worksheets? Describe your current stress and anxiety levels and coping strategies.
2. Create a stress/anxiety plan for yourself. What is a sign that you are having an acute increase in stress/anxiety (how does your body or mind tell you)? List two things you can do right away when feeling acutely stressed or anxious (take a walk, pet your dog, etc.).
3. What are some signs that you are having longer-term stress and anxiety? List two things you can do long-term on a regular basis to reduce stress and anxiety in your current life.

Habit Change Report: Report on your habit change from Discussion 2. Have you still been implementing your habit change? If so, describe how the process has been and how it has impacted your daily life. If not, what can you do to get yourself back on track? Do you need to set a new goal? What is that goal?

Handouts Citation:

Clark, F. A., Blanchard, J., Sleight, A., Cogan, A., Florindez, L., Gleason, S., Heymann, R., Hill, V., Holden, A., Murphy, M., Proffitt, R., Niemiec, S. S., & Vigen, C. (2015). *Lifestyle redesign: The intervention tested in the USC Well Elderly Studies*. AOTA Press.

Appendix H

Discussion 8: Transitions

Read: Schwartzman, A. J., Atler, K., Borg, B., & Schwartzman, R. C. (2006). Fueling the engines: A role for occupational therapy in promoting healthy life transitions. *Occupational Therapy in Health Care, 20*(1), 39–59. https://doi.org/10.1080/J003v20n01_03

Respond: Describe a life transition that you found challenging. Was it a predictable event or unpredictable event that led to a life transition? What was challenging about the transition? How long did it take you to fully transition and feel content with your new circumstances? With your OT lens, how could the transition have been improved had you known what you know now? What meaningful occupations do you think assist you the most in easing life transitions?

Appendix I

Discussion 9: Ergonomics and Prevention of Work-Related Injuries

Read: AOTA Home Office Ergonomic Tips

<https://www.aota.org/~media/Corporate/Files/Practice/Manage/Home-Office-Ergonomics-Tips.pdf>

Watch: OT-V Episode 15: Body Mechanics

<https://www.youtube.com/watch?v=1P4UNK-bVf0&list=PLmoVC4CCjWiTvOPqMklf0l31ewi2kuT1&index=18>

Activity: Identify a situation in your life (or evaluate a family member/friend) that could benefit from an ergonomic make-over. This could be your current homework/study set up or a daily task that you do at home like laundry, lifting things, etc. Take a photo of how you/they currently complete the task and a photo after you have implemented some ergonomic improvements.

Respond: Describe your assessment of your first photo and explain what changes you made to make the task/environment more ergonomic to prevent injury.

Appendix J

Discussion 10: Community Programs for Health and Wellness

Explore: Pick a health and wellness topic that we have discussed this semester. Research programs in the community that currently exist and provide services around this topic (fall prevention programs, chronic pain programs, etc.).

Respond: Share what you found during your search. Did you find any occupational therapy specific programs within the topic you chose? How could occupational therapy fill a gap in health and wellness services for the specific topic you chose?

Appendix K

Discussion Board Rubric

Category & Criteria	Needs Improvement	Meets Expectation	Exceeds Expectation	Total Points
Discussion Post	0-1	2-3	4-5	5
	Student did not complete all components of the discussion board activity.	Student completed the discussion board post and covered all aspects of the assignment/activity.	Student completed all aspects of the discussion board post. Student provided a thoughtful and thorough discussion post that demonstrated reflection and understanding of concepts.	
Due Date	0	2		2
	Student did not post to the discussion board by Thursday at 11:59pm.	Student completed discussion post by Thursday at 11:59pm.		
Peer Response	0	1-2	3	3
	Student did not complete 1 peer response by Sunday at 11:59pm.	Student completed at least 1 peer response that included an in-depth and thoughtful response with a minimum of 1 paragraph by Sunday at 11:59pm.	Student completed 2-3 peer responses that included in-depth and thoughtful responses in a minimum of 1 paragraph by Sunday at 11:59pm.	
Total Points				10

Appendix L

Health Promotion Program Development Assignment

Assignment Name: Health Promotion Program Development

Purpose: The purpose of this assignment is to apply the concepts of health and wellness within the context of occupational therapy to a specific population and to identify and develop interventions for the target population based on current literature.

Directions: Choose a population and complete the following tasks organized into an APA formatted paper.

1. Overview/description of the population of choice.
2. Complete a literature review specific to the population.
 - a. Explain common issues and concerns for this population in relation to health and wellness.
 - b. What programs currently exist for the population?
 - c. Where are there gaps in programming for the population? What are the needs that are not being met?
3. Create a health and wellness program for the population based on their needs.
 - a. Describe an overview of the program.
 - b. What occupational therapy or health and wellness model will your program be based on?
 - c. Describe specific evidence-based interventions that will be included in the program.
 - d. Frequency of intervention?
 - e. Where will the intervention be completed?

4. Explain how you will measure program success.

Appendix M

Health Promotion Program Development Assignment Rubric

Category & Criteria	Needs Improvement	Acceptable	Outstanding	Total Points Awarded
Overview/ Description of Population	0-5	6-8	9-10	10
	Population description is not well defined; health & wellness components for population not addressed	Population described related to health & wellness meets criteria though depth of details is not present	Population is well described; considerations and purpose for addressing issues/concerns related to health & wellness are stressed	
Program Description	0-13	14-17	18-20	20
	Program described lacks evidence; missing community examples and reasons for the proposed program; theoretical model not described to support program	Evidence-based program is defined with literature supports; minimal discussion related to purpose of program; few community resources provided and/or few examples of missing components in community to meet population needs; theoretical model provided though not fully described	Evidence-based program well defined; literature supports proposed program; purpose of program described in detail; existing community resources provided as well as description of what areas are lacking to meet population needs; details as to how the program is supported by the theoretical model is provided	

Intervention/ Quality of Information	0-18	19-24	25-30	30
	Ideas expressed lack an understanding of the program. Disconnect exists between objectives and goals related to program. Plans do not provide details toward purpose of health and wellness activity(ies). No context provided regarding location of intervention or frequency.	Ideas expressed highlight acceptable understanding of the program. Objectives and goals relate to program. Plans provide basic details of the purpose of the health and wellness activity(ies). Basic provision of intervention location and frequency provided.	Ideas expressed include creative thought, substantial depth, and are relevant to program. Objectives and goals are consistent to program. Plans are well stated and clear toward health and wellness activity(ies). Well defined location and frequency of intervention provided.	
Program Termination	0-13	14-17	18-20	20
	Minimal information provided to the conclusion of program for individual/population; difficult to locate program success measures	Basic information related to termination of health & wellness programming provided for individual/population; listing of measures for overall program success provided without details	Specific measures provided related to conclusion of individual/population engagement in the proposed health & wellness program; Measures of overall program success well described	
Organization				20
	Information is disorganized; more than 3 grammatical and/or APA errors noted; page expectation does not meet 10 pages or exceeds 16 pages (not including	Information is organized; 1-2 grammatical and/or APA errors noted; page expectation 10-15 (not including reference pages or cover page)	Information is well organized; no grammatical errors noted; no APA errors (in text or reference page); page expectation 10 – 15 (not including	

	reference pages or cover page)		reference pages or cover page)	
Total Points				100

Appendix N

Planning a Session Based on Lifestyle Redesign®

Instructions: Complete the following tasks as a group based on the client information given in the case study.

1. Theme/Topic for the Session:
2. Didactic presentation: What information will be provided? What education will be given?
3. List 5 questions for discussion on the topic. (These questions should try to elicit information from the client, promote reflection and occupational self-analysis).
4. What activity will you incorporate?
5. Write a potential goal for your client.

Appendix O

Group 1: Planning a Session Based on Lifestyle Redesign®

Group 1 Case Study: Mary is 21 years old and is currently an undergraduate college student. She is struggling with stress and anxiety in her daily life. She has identified test anxiety as one of her main concerns. She also feels that she has an overall high level of stress in her daily life and does not currently engage in any stress management techniques.

Group 1 Completed Assignment

1. Theme/Topic for the Session:

Managing Stress and Anxiety

2. Didactic presentation:

Education on the impacts of stress and anxiety on daily life and test results. Discussion on acute stress and chronic stress. Discussion on methods to manage stress.

3. List 5 questions for discussion on the topic.

- a. How do you know when you are experiencing stress and anxiety?
- b. What do you currently do to manage your stress and anxiety?
- c. What does your pre-test routine look like?
- d. What have you tried to manage your stress and anxiety?
- e. What do you think would help you during a test if you are feeling anxious?

4. What activity will you incorporate?

Creating a pre-test routine and toolkit. Practicing stress management techniques like mindfulness, body scan, and breathing techniques.

5. Write a potential goal for your client.

Mary will implement her established pre-test routine for two exams.

Appendix P

Group 2: Planning a Session Based on Lifestyle Redesign®

Group 2 Case Study: Becky is 40 years old. She is working toward managing her weight and would like to increase her physical activity. She is not sure what type of physical activity she likes. She is busy working full-time and has two small children.

Group 2 Completed Assignment

1. Theme/Topic for the Session:

Exercise and Weight Management Program

1. Didactic presentation:

Education about different physical activities she can participate in on her own time (at home, with the kids, short workouts, YouTube videos), nontraditional physical activities (like gardening, or walking the dog, etc.). Healthy eating, eating plan: nutrition pamphlet, food pyramid handouts, portion sizes, how to read food labels, components of diet (protein, fiber, etc.), MyPlate method.

2. List 5 questions for discussion on the topic.

- a. What kind of physical activities did you enjoy doing in the past?
- b. What kind of physical activities have you ever been interested in pursuing?
- c. What kind of food do you enjoy eating most? Least?
- d. Who usually prepares the food that you eat during the day?
- e. How many meals do you usually eat per day?
- f. What exercise resources do you have? I.e. - equipment, space, gym membership, time,

3. What activity will you incorporate?

In the first treatment we will focus on planning possible locations to perform the physical activities such as nearby parks. In the second treatment we can identify physical activities her kids may enjoy doing at the nearby parks. In the third activity we will provide education about healthy recipes for picky children that they can participate in preparing.

4. Write a potential goal for your client.

Client will spend 30 minutes in the park with her two kids 2 times a week in order to increase her physical activity and share family time.

Appendix Q

Group 3: Planning a Session Based on Lifestyle Redesign®

Group 3 Case Study: Henry is 86 years old and currently lives alone in a senior apartment complex. He has had a few falls at home recently, most were at night while getting up to go to the bathroom. He is beginning to become more fearful of living alone due to his recent falls.

Group 3 Completed Assignment

1. Theme/Topic for the Session:

Fall Prevention

2. Didactic presentation:

- a. CDC fact sheet, home evaluation HSSAT, HOME FAST- make modifications (lighting, rugs)
- b. Fall prevention education- tips and tricks to modify environment
- c. Safety awareness
- d. BORG perceived rate of exertion
- e. Timed Up and Go TUG- likelihood of falls

3. List 5 questions for discussion on the topic.

- a. Do you have any family that lives nearby?
- b. Do you have an emergency plan in place? (life alert, cell-phone)
- c. Do you currently use any assistive aids for mobility?
- d. Do you have any vision impairments or where glasses?
- e. Do you have any verbal assistive technology?
- f. What medications do you currently take, especially at night?
- g. How do you complete functional mobility during the day?

- h. Are you located on the first or second floor?
 - i. Are there any services provided at night to assist you in the evening?
 - j. Describe your home layout? Is the floor clear?
4. What activity will you incorporate?
- An “Obstacle course”, ambulating in his home, safety awareness, self-pacing, energy conservation.
5. Write a potential goal for your client.
- a. Client will independently identify 2 fall prevention techniques in order to facilitate safe home mobility within 2 weeks.
 - b. Client will report a 2-3 point decrease of fear on a Likert scale from 1-10 to facilitate safe independent living within 3 weeks.

Appendix R

Group 4: Planning a Session Based on Lifestyle Redesign®

Group 4 Case Study: Meredith is 50 years old and currently suffers from chronic pain. She has just begun working with an interprofessional team to manage her pain and was referred to occupational therapy services. She is not currently able to identify her triggers that cause a relapse in symptoms. She is also having a difficult time completing all of her necessary daily tasks at home due to her daily pain levels and fatigue.

Group 4 Completed Assignment

1. Theme/Topic for the Session:

Energy Conservation, Pacing, and Pain Management

2. Didactic presentation:

Body mechanics, pain flare-up planning, breathing techniques, Koru.

3. List 5 questions for discussion on the topic.

- a. What does a typical day look like for you?
- b. What are your current pain management techniques? (medication, rest, pacing, sleep, body positioning, etc.)?
- c. What do you currently do for stress management?
- d. What is your home environment like?
- e. What type of pain do you feel and where?

4. What activity will you incorporate?

Wellness Toolbox, pain diary, breathing techniques, Koru, and passive chair yoga.

5. Write a potential goal for your client.

Client will complete a 3-step meal preparation task in the rehab kitchen with a self-report pain level of 3/10 or less on the Numerical Rating Scale in 2 weeks.

Appendix S

Group 5: Planning a Session Based on Lifestyle Redesign®

Group 5 Case Study: Nola is 75 years old and just moved into an independent senior living facility. Nola really enjoys social outings and spending time with people. However, she is finding it lonely living in her new apartment and has had a decrease in social activity since moving. She would like to find ways to connect with her old friends that now live farther away and would also like to make some new friends. Nola is an avid reader, knitter, and also enjoys walking. Nola no longer drives since moving into her new apartment.

Group 5 Completed Assignment

1. Theme/Topic for the Session:

Social Relationships

2. Didactic presentation:

We would educate Nola's on ways to continue to engage in social engagement while in her new environment.

- a. Educate on virtual technology options for social engagement
 - b. Educate on social groups within the community and in her senior living facility
 - c. Educate on ways to get around in the community
3. List 5 questions for discussion on the topic.
 - a. How confident are you in your social abilities to maintain and create new social engagement activities?
 - b. What are some ways that you enjoy engaging in social activities- virtual, in person, write letters, old friends, new friends, etc.?
 - c. What recreational activities do you enjoy doing?

- d. What are some modes of transportation/mobility that you are able/comfortable with utilizing in order to get around the community in order to engage in social engagement?
4. What activity will you incorporate?
Joining a book club
5. Write a potential goal for your client.
Client will independently attend one book club meeting for one hour once a week in a setting of her choice (virtual/in person) for the next four weeks in order to increase social participation and meaningful leisure activities.

Appendix T

Group 6: Planning a Session Based on Lifestyle Redesign®

Group 6 Case Study: Joe is 40 years old and would like to lose some weight to better manage his diabetes and joint pain. He has a large family that frequently has gatherings around meals. He also enjoys meeting his friends at restaurants regularly to catch up and socialize. Joe expresses difficulty maintaining his nutrition/diet plan in both of these situations but does not want to stop attending because they are important parts of his life.

Group 6 Completed Assignment

1. Theme/Topic of Session

New Dimension for a New Life

2. Didactic presentation:

Nutrition plan with examples of what serving are, what consists of a serving, how to properly read a nutrition label. Exercise plan of 150-175 mod to intense exercise to engage in activity for 30 minutes. Educate on healthy options at restaurants, substitutions, and easy ways to make the meal into 2 meals. MyFitness Pal to help count calories.

3. List 5 questions for discussion on the topic.

- a. What are the types of food you get when you go out to restaurants? Or when you are at home?
- b. Are you drinking any alcohol with your food?
- c. What are the restaurants you normally go to?
- d. How often do you check your blood sugar level?

- e. After reviewing the food pyramid, do you get enough, not enough, or too much of the foods on the pyramid?
4. What activity will you incorporate?
- Complete nutrition worksheet to in accordance with food label to educate in serving size / calorie / total fat / cholesterol / carbs / sugar
5. Write a potential goal for your client.
- a. Client will decrease weight by 11lb each week following a diet plan created in session in order to lose weight and help decrease joint pain and manage diabetes.
 - b. Client will record daily food intake at the end of the day for the next 2 weeks by using a food diary to ensure all food group requirements are met following his diabetic nutrition plan.

Appendix U

Health and Wellness Competencies Student Survey 1

TOPIC	# OF TIMES LISTED
LIFESTYLE MANAGEMENT: Nutrition (nutrition facts, eating healthy, dietary resources), Sleep (sleep interventions, sleep health, understanding role of sleep, sleep assessments), Exercise (exercise programs, exercise information, active lifestyle, exercise as medicine, creating exercise programs), Stress (effects of stress, stress management, breathing techniques, evaluating stress levels, mindfulness), Time management, Lifestyle balance, self-care	59
EMOTIONAL INTELLIGENCE, ATTITUDE, THERAPEUTIC USE OF SELF: Empathy, compassion, observant, open-minded, positive attitude, flexibility, bed side manner, passion, ability to relate to client, patience, develop trust, approachable, understand own beliefs about health	28
COMMUNICATION SKILLS: good listener, verbal communication skills, communicate OT's effectiveness in health and wellness, written communication, client-centered, conflict resolution, motivational interviewing	20
ASSESSMENTS: assessments for health and wellness, patient profile, medical history, occupational profile, general health assessment (vision screening, taking BP, diabetic testing, metabolic equivalent of task, ROM, MMT, FIM scoring)	19
CULTURE & RELIGION AWARENESS: Understanding of different cultures, religions, genders, spirituality, spiritual wellness	18
MENTAL HEALTH: taking care of self, breathing techniques, emotional control, anxiety, depression, self-esteem, coping skills (clients and practitioner)	17
HEALTH LITERACY FOR CLINICIAN: Medical terminology, profession language competency, general health literacy, provide information on healthy routines, cardiovascular knowledge, autoimmune diseases, injuries, disease progression, knowledge of physical and mental disabilities, know current health issues in the country, understanding MD orders	16
COMMUNITY RESOURCES: Health prevention/health promotion programs, smoking cessation programs, know how to navigate the community to carry out health and wellness programs, how to access community resources, involvement in community	13
INTERDISCIPLINARY: Collaboration, working with other professionals, teamwork	13
ENVIRONMENT MODIFICATION & INJURY PREVENTION: body mechanics, injury prevention, understanding body mechanics, assessing poor body mechanics, adaptive equipment knowledge	12
SOCIAL: Social wellness techniques, social engagement, understanding client's social situation, healthy relationships and boundaries	10
EDUCATION: Educating on wellness resources, how to teach clients about health and wellness, family education, teaching skills	10
SCOPE OF PRACTICE: understanding OT scope of practice, when to refer to other health professionals	8
GOAL SETTING: writing goals, creating appropriate goals, graded goals	6
OCCUPATION: finding meaningful activities, seeking passions/hobbies	5

Appendix V

Health and Wellness Competencies Student Survey 2

TOPIC	# OF TIMES LISTED
LIFESTYLE MANAGEMENT: Exercise (programs, exercise as medicine, strengthening exercises), Nutrition, Medication management, Sleep hygiene (sleep habits), Stress management, Lifestyle balance, Time management, Weight management	45
EMOTIONAL INTELLIGENCE, ATTITUDE, THERAPEUTIC USE OF SELF, SELF-REFLECTION: open-minded, flexible, build rapport, patience, empathy, determination, enthusiasm, collaboration, motivating clients, empower clients, resilient, passionate	37
ASSESSMENTS: driving assessments, cognitive assessments, home modification assessments, knowing when to use specific assessments, assess client's readiness to change, identify barriers to success, MOCA, Pizzi Holistic Wellness, Epworth Sleepiness Scale, Berg Balance, SLUMS, MMSE, recognize risk factors for disease, be able to assess accommodations for work transitions, assess the clients' needs	26
COMMUNICATION SKILLS: effective communication, listening skills, utilize simple language for clients to understand, knowing how to ask questions that ensures openness and trust, how to interview a client successfully	24
PROGRAM & INTERVENTION PLANNING: tailoring activities to health and wellness, adapt interventions to clients' needs and priorities, key components of a lifestyle management program, components of program development, integrate health and wellness recommendations with every client, apply the best evidence in the design, implementation, and evaluation of health promotion programs, understand how to create client-centered plans, group and individual program planning	19
HEALTH LITERACY FOR CLINICIAN: medical terminology, basic nutrition and exercise information and recommendations, current research for health and wellness, understanding neuro dysfunction and cardiovascular dysfunction, know evidence-based intervention recommendations, engage in health promoting behaviors, recognize risk factors, how to read and evaluate a peer reviewed journal, know population health goals (Healthy People 2030), utilize sources of population health data	19
CULTURAL AWARENESS & HEALTH DISPARITIES: race, socioeconomic factors, gender, disability, geographic, adjust interventions for cultural needs, integrate knowledge of personal and environmental factors	17
HEALTH LITERACY: assessing health literacy, utilizing teach-back methods, how to teach clients health literacy, translate medical guidelines in a way that is meaningful to clients	16
COMMUNITY RESOURCES: understanding of community resources and available resources, engage clients within their community, understand how community access impacts clients (housing, transportation)	16
ADVOCACY: advocate for clients' health and wellness, teach client advocacy skills, advocacy for client's transition to work, advocate for OT in non-traditional settings (prisons, jails, primary care), advocate for OT services	15
INTERDISCIPLINARY: function as part of an interdisciplinary team, interpersonal skills, collaboration skills	14
CRITICAL THINKING SKILLS: problem-solving skills, clinical reasoning skills, critical thinking	13
MENTAL HEALTH: mindfulness, meditation, emotional control, breathing techniques, creating activities for mental health, spiritual health, coping techniques for anxiety, mental health for clinician and client	12
ENVIRONMENT MODIFICATION & INJURY PREVENTION: ergonomics for work, fall prevention, body mechanics knowledge	11
FRAMEWORKS & MODELS: Occupational therapy models, behavior change theory, Occupational Therapy Practice Framework, application of health behavior change theory	10

Appendix W

Online Discussion Board Student Feedback Form

Please answer the following 5 questions regarding the online discussion board portion of OCT 735 thus far.

1. Which online discussion board did you find the most informative and thought provoking?
2. What did you like or dislike about the online discussion board component of the course OCT 735: Health and Wellness for Adults and Older Adults?
3. What feedback could you offer to improve the online discussion component of the course OCT 735: Health and Wellness for Adults and Older Adults?
4. Was the expected amount of work and time for the discussion board manageable with the expectations for the rest of the course?
5. Were there any topics that were not covered in the course or discussion boards that you would have liked to have been covered?

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EDUCATION

O.T.D., University of Nevada, Las Vegas, 2021 (In Progress)

M.A., Occupational Therapy, University of Southern California, 2013

B.S., Health Promotion and Disease Prevention, University of Southern California, 2006

TEACHING EXPERIENCE

Teaching Assistant, University of Nevada, Las Vegas, 2021

Courses: OCT 735: Health and Wellness Interventions with Adults and Older Adults

CLINICAL EXPERIENCE

Spring Valley Hospital, Las Vegas, NV, 2021-present

St. Rose Dominican Hospital, Las Vegas, NV, 2020-present

Sunrise Hospital and Medical Center, Las Vegas, NV, 2015-2020

Glendale Adventist Medical Center, Glendale, CA, 2013-2015

USC Verdugo Hills Hospital, Glendale, CA, 2013-2015

PROFESSIONAL TRAINING

ICU training, Sunrise Hospital Medical Center, 2014-2020

Level II trauma ICU and Advanced comprehensive stroke center/Neuro ICU

USC Occupational Therapy Faculty Practice, 2013

University of Southern California,

Training in USC's Lifestyle Redesign® program

PUBLICATIONS/WORKS IN PROGRESS

Health and Wellness Competencies for an Entry-Level Doctorate Occupational Therapy Course, University of Nevada, Las Vegas, In Progress May 2021

CONFERENCE PRESENTATIONS

Western Regional Occupational Therapy Spring Symposium (WROTSS), March 2021
Presentation Title: Developing Health and Wellness Competencies for an Entry-Level Doctorate Occupational Therapy Course

PROFESSIONAL AFFILIATIONS

American Occupational Therapy Association, Member, 2011-present

Nevada Occupational Therapy Association, Member, 2016-present

California Occupational Therapy Association, Member, 2011-2015