DRIVING AND COMMUNITY MOBILITY: AN ONLINE EDUCATIONAL PROGRAM

FOR GENERALIST OCCUPATIONAL THERAPY PRACTITIONERS

By

Gerard Blanco

Bachelor of Science – Kinesiological Science
University of Nevada, Las Vegas
2019

A doctoral project submitted in partial fulfillment
of the requirements for the

Occupational Therapy Doctorate

Department of Brain Health
School of Integrated Health Sciences
The Graduate College

University of Nevada, Las Vegas
May 2023

UNLV | GRADUATE COLLEGE

Doctoral Project Approval

The Graduate College
The University of Nevada, Las Vegas

April 28, 2023

This doctoral project prepared by

Gerard Blanco

entitled

Driving and Community Mobility: An Online Educational Program for Generalist
Occupational Therapy Practitioners

is approved in partial fulfillment of the requirements for the degree of

Occupational Therapy Doctorate
Department of Brain Health

Donnamarie Krause, Ph.D.
Graduate Coordinator

Jefferson Kinney, Ph.D.
Graduate Program Chair

Alyssa Crittenden, Ph.D.
Vice Provost for Graduate Education &
Dean of the Graduate College

Abstract

Driving is an important daily activity that often goes unnoticed, yet it enables individuals to engage in crucial tasks such as grocery shopping, going to work, and participating in social activities. Occupational therapy (OT) practitioners must recognize and address the significance of driving in their daily routines to promote clients' independence and fulfillment. However, despite being well-equipped to assist clients with driving-related issues, many practitioners avoid or neglect this area of occupation. A reluctance to addressing driving and community mobility (DCM) can arise from a lack of confidence, available resources, support, or fear of losing a client's trust. These barriers can be traced back to insufficient education on OT's role in DCM. By enhancing awareness and comprehension of the importance of addressing driving in OT, we can ensure that clients receive comprehensive support to lead independent and fulfilling lives.

The goal of this doctoral capstone was to assess the impact of an online education program titled *OT's Role with Driving* on the perceived knowledge and confidence of OT practitioners in addressing their client's DCM concerns. The study aimed to explore the research question: As measured by self-report, can an online education program enhance the generalist occupational therapy practitioners' self-perceived knowledge and confidence in occupational therapy's role in driving and community mobility? The author hypothesized that the OT practitioners who participated in the program would report higher levels of knowledge and confidence in DCM after completing the online education program.

Dedication

This capstone project is dedicated to my family who has been my unwavering source of support and inspiration throughout my academic journey. Without their constant love, encouragement, and guidance, this achievement would not have been possible. To my parents, thank you for instilling in me the value of education and for always pushing me to strive for excellence. Your sacrifices and unwavering belief in me have been the driving force behind my pursuit of knowledge. To my brother, thank you for being my constant companion and for reminding me of the importance of having a balanced life. Your support and understanding during the challenging times have been invaluable.

Table of Contents

List of Tables

List of Definition of Terms

Community Mobility

Navigating the community involves making transportation arrangements, whether it be public or private. Transportation may include driving, walking, cycling, or utilizing various modes of transportation such as buses or taxis. (AOTA, 2014).

Driver Rehabilitation Specialists (DRS)

A DRS is a qualified professional who conducts clinical assessments and interventions for driving and mobility equipment. These comprehensive evaluations are designed to help individuals develop or regain their driving skills and abilities (Transportation Research Board, 2016).

Generalist occupational therapy practitioners

For this study, generalist occupational therapists include licensed and registered occupational therapists, certified occupational therapist assistants, and occupational therapy students

Section One: Introduction

The American Occupational Therapy Association (AOTA) emphasizes the crucial role of OT practitioners in promoting the health and well-being of individuals by addressing community mobility as an instrumental activity of daily living (IADL) (Davis et al., 2016). Driving is recognized as a critical component of community mobility in industrialized societies (Davis et al., 2016). The World Federation of Occupational Therapists (WFOT) further supports this agenda by advocating for occupational therapists to address both DCM in their practice, ensuring that individuals' risk and potential for driving are determined and are presented with alternative mobility options (WFOT, 2019).

Driving has become an essential occupation that enables individuals to perform daily routines and participate in community events. The United States Department of Transportation (USDT) conducted a survey revealing that driving is commonly used for social and recreational activities (27%), work commutes (15.6%), shopping (20.9%), and running personal or family errands (21.6%) (USDT, 2016). These findings highlight the crucial role driving plays in supporting engagement in occupation and community well-being. However, many individuals take the act of driving for granted. In reality, driving is a complex occupation that requires multiple body systems, including the visual, cognitive, and motor systems, to perform even the most basic driving skills, such as braking and steering (Feng et al., 2020; Molnar et al., 2018). Additionally, individuals who are born with or develop conditions or experience a traumatic event that limits their ability to drive often require therapeutic services to address their DCM needs. However, determining who is responsible for providing these services can be challenging. Is it the OT practitioner, the physician, or the driver rehabilitation specialist?

Although DCM is recognized as an important IADL in the OT profession, OTs are reluctant to address this occupation. A survey conducted among generalist OTs demonstrated an almost even split between those who raise driving-related concerns during client evaluations and those who do not (Adler et al., 2012). This study highlights many reasons to encourage OT practitioners to become more involved in addressing DCM. To address this gap, it is crucial to provide OTs with high-quality education about the profession's role in DCM. By providing OTs with the necessary knowledge, skills, and resources to address DCM, this project aims to enhance their competence and confidence in working with clients who require driving-related interventions. Ultimately, the project seeks to improve clients' overall health and well-being by promoting their independence and participation in daily occupations.

Section Two: Problem Identification and Nature of Project

At its core, OT is built upon the domain and process of OT services. The domain encompasses everyday occupations that hold significance and bring a sense of purpose to individuals, while the process refers to the evaluation, intervention, and outcomes of a client performing their occupations (AOTA, 2021; AOTA, 2020b). The OT practitioner facilitates this relationship between the domain and processes to promote occupational engagement. The Occupational Therapy Practice Framework 4th edition (OTPF-4), a summary of interrelated constructs in OT practice, categorizes community mobility under IADLs, thereby supporting DCM within the profession's scope of practice (AOTA, 2020b). However, within the discipline of OT, there remains to be a disconnect between what a generalist OT practitioner can do when addressing DCM and what should be left to a driver rehabilitation specialist (DRS).

For many generalist OT practitioners, the primary approach to dealing with DCM involves making referrals for clients (Dickerson & Bedard, 2014). Following this method, an OT would likely perform an evaluation through an occupational profile and would likely recommend additional services if faced with a driving concern. This method fails to include the assessment of performance skills and client factors that may be recovered through therapeutic intervention. Without fully understanding the client's risks and potential, this may also result in the OT making inappropriate referrals and recommendations. Given the increasing number of clients needing help with driving-related concerns and the limited number of specialists available, this way of addressing driving amongst clients is becoming impractical and unsustainable (Dickerson, 2014).

To ensure the best outcomes for clients with driving concerns, the ideal approach would be for the OT to assess the client's skills in driving tasks and analyze their capacity, thereby

identifying any potential issues or deficits. Afterward, the OT will serve as an intermediary and advocate for the client by relaying their concerns to the physician. The OT should then provide targeted interventions to address any identified concerns before considering referring the client for additional services, which can further enhance their skills and abilities. However, research suggests that everyday practice does not reflect the ideal process of addressing driving as an IADL. Furthermore, many OTs feel they lack the clinical expertise to address this essential occupation (Dickerson & Bedard, 2014).

This lack of confidence and knowledge may stem from the absence and limitation of comprehensive education regarding DCM. Literature suggests that while graduate-level OT education standards require discussing basic information on DCM, this education falls short of providing guidance on OT's role in this occupation (Davis et al., 2016; Accreditation Council for Occupational Therapy, 2018). Additionally, a survey conducted by Yuen & Burik (2011) revealed that only 10% of accredited OT programs require a specific course on driving as an occupation, with the majority, 88.9%, addressing driving within other classes and 17% offering it as an elective. These findings underscore the significant gap in foundational knowledge required to confidently handle the complex IADL that is driving. As a result, the role of OT practitioners in assessing DCM risk has been de-emphasized. Even amongst a population where driving performance can be substantially affected, OTs often find themselves avoiding the topic of driving. In a survey of OTs working with patients with dementia, one-third of the 460 respondents stated that they do not routinely address driving in their practice, highlighting a concerning trend of unwillingness to provide DCM services (Adler et al., 2012).

Problem Statement

Despite possessing the necessary skills to address DCM and being professionally obligated to employ evidence-based evaluation and intervention strategies for the crucial IADL of driving, generalist OT practitioners are often reluctant to address this need (AOTA, 2015). This hesitancy can be attributed to a lack of understanding regarding their role in DCM, as well as fear, uncertainty, or a general lack of knowledge (Radloff et al., 2016; Kersten et al., 2021). Despite AOTA outlining the responsibilities of occupational therapy in relation to DCM, there remains a gap between what generalist OTs can do compared to the driving rehabilitation specialist. Considering the escalating significance of DCM in a client's life, it is of utmost importance for OT practitioners to receive comprehensive educational opportunities that highlight the crucial role of OT in addressing DCM.

Proposed Solution

Despite the availability of resources such as continuing education, handouts, and frameworks to increase knowledge in areas of DCM, practitioners often face barriers in accessing them due to a combination of time, money, and effort (Dickerson & Bedard, 2014; Touchinsky, 2014; Davis & Dickerson, 2017). To improve generalist practitioners' knowledge and confidence in addressing DCM concerns, it is essential to provide accessible and tailored education for the profession of OT. Education will enable practitioners to confidently offer appropriate services to clients requiring driving assistance, ensuring they receive the best possible care. To meet this goal, the author is partnering with Adaptive Mobility Services, LLC, a recognized continuing education provider for AOTA, to create a free online education program. This collaboration aims to create a modern online education program entitled *OT's Role with Driving*. This online education program is designed to help generalist OT practitioners enhance their knowledge of

OT and DCM, which includes their role in driving, differentiating their skillset from the driver rehabilitation specialists, and confidently tackling driving-related concerns. By providing this updated educational resource, the author aspires to improve the quality of care that OT practitioners offer regardless of the level of their previous training. This free and easily accessible course will provide OT practitioners with comprehensive information, best practices, and practical tools to address DCM in OT.

Significance of Project

This project aligns with AOTA's Vision 2025, which emphasizes that occupational therapy optimizes health, well-being, and quality of life for individuals, communities, and populations through effective strategies that promote engagement in daily activities (AOTA, 2023). It is imperative for practitioners to possess a thorough understanding and knowledge to deliver interventions for clients' DCM difficulties, regardless of their area of practice. Additionally, this project is in line with AOTA's OT education research agenda, particularly in the area of Faculty Development and Resources. It aims to develop effective strategies to equip faculty members with the necessary resources to implement best practices in OT education. Additionally, the initiative seeks to establish a range of educator competencies, spanning from clinicians to master educators (AOTA, 2018). The project also supports the American Occupational Therapy Foundation's (AOTF) research agenda in Translational Research, which examines the processes of diffusing and adopting new ideas in theory and practice (AOTF, n.d.).

<center>**Section Three: Literature Review**</center>

A comprehensive review of the literature was carried out using the library databases of the University of Nevada Las Vegas (UNLV) to aid OT practitioners in creating a successful program to handle DCM difficulties. The databases utilized included: Academic Search Premier, PubMed, SAGE journals, Gale Academic One file, ProQuest, Taylor & Francis Medical Library, and the American Journal of Occupational Therapy. The search was carried out using various key terms, such as "occupational therapy's role in driving and community mobility," "driving and community mobility education," "occupational therapy preparedness with driving," "occupational therapy barriers for driving," "occupational therapy perspective on driving," "adult learning theory," and "online education for healthcare workers." The author conducted a critical analysis of pertinent research studies and documents on the aforementioned subjects to pinpoint the gaps in current knowledge and create a comprehensive program that caters to the requirements of OTs in this field. This literature review highlights the importance of addressing DCM in OT and the barriers that OTs face in providing effective DCM interventions. In addition, the review substantiated the efficacy of online education for healthcare professionals and highlighted the importance of incorporating adult learning theory in the development of such programs. Utilizing the insights gained from the literature review, the author utilized several successful strategies to design an online education program for OT practitioners that concentrates on tackling DCM

Obligation to Address Driving and Community Mobility

World Federation of Occupational Therapists

The WFOT and AOTA hold a unanimous perspective regarding the responsibility of occupational therapists in promoting DCM. They emphasize that OTs are the most appropriate professionals to tackle this occupation. WFOT's official position "supports OTs to address both

<center>7</center>

practice areas of DCM by ensuring the individual is fit to drive; or if not possible, that the individual is presented with options to engage in the community regardless of mobility mode" (WFOT, 2019). It is also worth noting that the WFOT recognizes the broad scope of OT practice in DCM and maintains that all OT practitioners, regardless of specialized training in driver rehabilitation, can contribute to developing functional, safe, and client-centered outcomes in this area (WFOT, 2019).

American Occupational Therapy Association

According to Davis et al. (2016), the AOTA acknowledges the crucial role of driving in community mobility and emphasizes that OT practitioners are in a unique position to address driving-related issues, ranging from evaluating and intervening with individual performance to promoting public health and safety. This position statement offers an occupational perspective on DCM, clarifies the role of OT in promoting safe and effective community mobility, and emphasizes the profession's collaboration with other organizations and professions. The AOTA has also documented its support for DCM and OT within the OTPF-4, which includes DCM as one of the many IADLs that facilitate daily living activities within a client's environment (AOTA, 2020b).

Occupational Therapy Code of Ethics

In addition to the professional obligation, OT practitioners also have an ethical and legal obligation to address issues related to DCM. The AOTA 2020 Occupational Therapy Code of Ethics states that members of AOTA are committed to promoting the involvement, engagement, security, and welfare of all individuals who receive their services, regardless of their age, health status, or stage of illness. The code underscores the importance of enabling all service recipients to fulfill their occupational requirements. (AOTA, 2020a). Apart from ethics, safety is a core

principle in addressing DCM since performance skills and safety concerns must be considered. Unlike other IADLs, failure to perform this occupation correctly not only poses risks to the individual but also has the potential to harm others. Therefore, safety concerns take precedence over confidentiality (Davis & Dickerson, 2012). To ensure safe performance in DCM, OT practitioners can make recommendations or inform clients about potential hazards if driving barriers are not promptly addressed. The concept of "duty to warn" is rooted in the legal case of Tarasoff v. Regents of the University of California, where the California Supreme Court ruled that healthcare providers have an obligation to take necessary steps to safeguard third parties from harm or danger (Gorshkalova & Munakomi, 2022). Additionally, Slater (2014) argues that the ethical responsibility to inform clients of safety concerns related to driving is no different from other areas of OT. However, given the potential consequences for public safety in the event of a motor vehicle collision, this obligation may be even more significant. Therefore, it is imperative for all OT practitioners to acquire and incorporate relevant knowledge to deliver effective interventions and recommendations.

Role of Generalist Occupational Therapy Practitioners

While generalist OT practitioners possess the necessary knowledge and skills to address DCM, they lack the specialized language, Frame of Reference, and confidence required to effectively assess clients' risk and potential for driving, compared to a DRS (Dickerson & Bedard, 2014). Therefore, it is essential to define the generalist's role in this context to ensure a clear understanding. Typically, in a healthcare setting, OT practitioners proficiently assess and deliver interventions aimed at improving individuals' abilities to perform ADLs and IADLs. They utilize their clinical reasoning skills to offer high-quality services while adhering to the occupational therapy profession's ethical and clinical standards of care. To meet these standards,

an OT must employ their clinical reasoning skills to provide adequate services, which includes

addressing a client's mobility needs and identifying how it impacts their daily routines.

According to position statements made by the AOTA and the OTPF-4, DCM falls within

OT's domain and within the profession's scope of practice (Dickerson & Bedard, 2014; Davis et

al., 2016; AOTA, 2020b). Specifically, AOTA's position on DCM emphasizes the crucial role of

practitioners in identifying DCM as an essential IADL to promote clients' health and well-being

by ensuring their mobility within society (Davis et al., 2016). Under this provision, OT

practitioners should aim to support the goal of DCM by promoting community participation,

enhancing independence in community mobility, and minimizing injuries related to crashes

(Davis et al., 2016). To achieve these goals, OT practitioners can evaluate, intervene, and target

outcomes specific to a client's mobility needs. Generalist practitioners can utilize various

strategies, including assessing a client's capacity to engage safely in DCM, employing detailed

clinical reasoning by observing performance in various IADL areas, administering interventions

to enhance DCM performance and safety, promptly detecting impairments, and creating

transition plans for driving cessation (Dickerson & Bedard, 2014).

Further analysis of the literature has demonstrated that the primary role of a generalist OT

practitioner is assessing an individual's driving risk (Davis & Dickerson, 2017; Dickerson, 2014;

Dickerson & Bedard, 2014). OT practitioners excel at analyzing functional performance skills,

which can be used to recognize any potential facilitators and hindrances to driving. Assessing

performance skills can be done for any client regardless of the environment where OT services

are offered (AOTA, 2020b). This provides generalist practitioners with a unique opportunity to

observe clients as they perform everyday activities such as cooking, paying bills, making phone

calls, or getting dressed. These observations can reveal deficits in the client's cognitive or

executive functioning that may not have been previously identified through formal evaluations (Wheatley et al., 2014).

Additional studies have also demonstrated how the use of IADL assessments such as the Assessment of Motor and Processing Skills (AMPS) can be used as an observational tool to assess a client's driving potential (Dickerson et al., 2010; Dickerson, 2020; Mitchum et al., 2022). The acute observation skills of an OT practitioner can provide a valuable opportunity to help individuals understand the potential risks and limitations of their impairments when driving. In addition, practitioners can offer instruction and assistance to aid individuals in making knowledgeable choices about their capacity to drive securely (Coutinho, 2018). Overall, OTs play a crucial role in helping individuals with impairments regain their ability to drive safely through either direct or indirect interventions. By utilizing their unique skills and expertise, OTs can make a significant difference in the lives of their clients and help them achieve their goals of independence.

Occupation of Driving and Community Mobility

The AOTA defines DCM as the process of planning and participating in community mobility while using different means of public or private transportation (AOTA, 2014). While driving plays a crucial role in community mobility, providing individuals with the independence to participate in essential activities such as shopping, attending events, leisure, and work, it is important to distinguish driving from the broader concept of community mobility. Driving is a licensed privilege overseen by a governing body, representing autonomy and independence, and requires adherence to rules, regulations, and safety measures. On the other hand, community mobility, regardless of mode, is viewed as a right that promotes well-being and enables participation in daily routines (WFOT, 2019). It is important to note that a generalist OT

practitioner can address both components, driving and community mobility, within their scope of practice (Dickerson & Bedard, 2014).

As it applies to concepts of OT, the ability to safely participate in driving requires specific performance skills. Driving a car requires several cognitive functions, including perceptual-motor abilities, problem-solving, planning, and decision-making (Hogan et al., 2014; Navarro et al., 2018). Individuals also must utilize the proper vision, praxis, and movement skills when operating a vehicle. An individual must respond appropriately to unexpected stimuli and perform the appropriate movements, such as using the brake pedal in response to a car unexpectedly stopping ahead (Lodha et al., 2016). Individuals must also demonstrate proper emotional regulation when engaging in driving tasks, as the ability to share the roadway and manage stress is necessary to make appropriate driving decisions (Pierce & Stav, 2010).

The motor and praxis skills required for engaging in community mobility are comparable, albeit in a distinct setting. People employ these skills by executing deliberate physical movements, such as walking or riding a bike (Pierce & Stav, 2010). Cognitive skills may be utilized when requiring attention, judgment, organization, and memory through a dynamic, unpredictable environment, such as using a specific bus path and calculating the time needed for each stop (Pierce & Stav, 2010). Communication in this context is also essential, as the ability to exchange information and relay thoughts is necessary for most community mobility settings. Although accessing community mobility options may require less physical effort, it may still be complicated for many individuals (Hogan et al., 2014; Navarro et al., 2018). This knowledge can help practitioners provide effective interventions and promote clients' independence and well-being in the community as well as within a car.

Framework and Models for Driving and Community Mobility

Even with the increasing amount of literature on DCM, there is currently no established and universally accepted stratification process for determining when patients are ready to return to driving. As noted by Stapleton et al. (2015), this lack of a standardized process can create challenges for both OT practitioners and their clients. However, researchers are actively working to address this issue and make progress toward developing a unified stratification process. Ongoing research in this area is crucial to guarantee that OT practitioners possess the required tools and guidelines to assist their clients in safely returning to DCM.

Drawing on Michon's *Hierarchy of Driving Behavior model* (1985) and the *Occupational Therapy Framework*, the *Generalist Framework: Application to Driving* was developed (Dickerson & Bedard, 2014) to categorize driving into three tiers: strategic, tactical, and operational. This framework provides a structured approach for generalist OT practitioners to evaluate their clients' readiness to drive. By considering the physical, sensory, emotional, and cognitive aspects of their clients, along with their level of insight, therapists can identify potential impairments related to driving (Dickerson & Bedard, 2014). Using this framework, therapists can also evaluate clients' strengths and weaknesses and develop recommendations to improve ADLs and IADLs (Dickerson & Bedard, 2014).

A more recent framework specifically developed with the generalist OT practitioner in mind is the *OT-DRIVE framework* developed by Davis & Dickerson (2017). This framework builds upon the *Spectrum of Decision Indicators for Driving and Community Mobility*, helping practitioners utilize their clinical expertise and judgment in addressing the IADL of driving. The OT-DRIVE model serves as a guide for determining a plan of care and utilizes an acronym approach to aid practitioners in remembering the various steps involved. By focusing on the

"OT" in OT-DRIVE, this model emphasizes that the primary role of the generalist practitioner is to assess the driving risk for their clients and not to jump to conclusions regarding competence or prematurely recommend cessation (Davis & Dickerson, 2017). The acronym of DRIVE represents: (1) Develop, where the generalist develops the occupational profile of the client, (2) Readiness, where the generalist considers the client's impairments identified by clinical assessment, (3) Intervention, where the generalist provides interventions based on the client's readiness, (4) Verification, where the generalist verifies the intervention plan with physicians, family, and client, and (5) Evaluation, where the comprehensive evaluation is given by a DRS when the client is sufficiently prepared (Davis & Dickerson, 2017). In order to work at the top of their license, generalist OT practitioners must utilize all available client information to identify IADL concerns and develop appropriate interventions (Davis & Dickerson, 2017). By utilizing the OT-DRIVE model, generalist OT practitioners can enhance their ability to evaluate clients' driving abilities and make informed recommendations for interventions that support their clients' DCM needs.

Barriers to Addressing Driving and Community Mobility

Lack of Knowledge

Generalist OT practitioners play a critical role in healthcare by assessing and implementing interventions for clients' ADLs and IADLs. They employ their clinical reasoning skills to meet professional standards. However, studies exploring the intersection of OT and driving have consistently shown how OTs lack the knowledge and self-assurance required to utilize their clinical assessments in the context of driving as an occupation (Korner-Bitensky et al., 2010; Dickerson & Bedard, 2014; Stack et al., 2018). Although some studies, such as Yuen & Burik (2011), indicate that the majority of entry-level occupational therapy programs in the

United States offer students with necessary skills and knowledge in DCM, there appears to be a gap between what is taught in school and how these skills are applied in practice. After conducting a detailed analysis of the available literature, it has been determined that the reason for this gap is the insufficient education and training offered to practicing professionals regarding DCM.

Studies conducted in various countries indicate that a significant proportion of practicing clinicians lack the foundational knowledge to address their clients' DCM needs adequately (Larson et al., 2007; Hawley, 2015; Scott et al., 2021). As an example, according to a survey conducted by Larsson et al. (2007), 83% of OTs expressed a belief that they did not possess adequate knowledge to evaluate a client's preparedness for driving. Such findings suggest a lack of guidance for OT practitioners to address driving-related issues. Structural or systematic problems also seem to be a significant factor in this lack of guidance, such as in a study conducted by Larsson et al. (2007), with respondents indicating that physicians often fail to bring up the issue of driving or that OT practitioners receive inadequate training to address driving needs, likewise, as per a recent survey study conducted by Scott et al. (2021), 69% of clinicians expressed a lack of confidence in their ability to interpret assessment results and establish a connection between those findings and their clients' driving skills. Consequently, OTs may encounter challenges when attempting to explain their clinical decision-making concerning recommendations to other healthcare practitioners (Scott et al., 2021).

Although there has been a rise in research on DCM in recent years, specifically within the domain of OT, there is still a significant challenge when it comes to accessing resources tailored to the profession (Di Stefano et al., 2012; Unsworth et al., 2022). For example, while there are several resources available such as the *Generalist's Resource to Integrate Driving (GRID),*

Driving Pathways by Diagnosis Sheets, Decision Tools for Clients with Medical Issues, and the

OT-DRIVE Framework, access to these resources can be quite difficult (Dickerson & Bedard,

2014; Touchinsky et al., 2014; Davis & Dickerson, 2017; Sangrar & Vrkljan, 2019; Dickerson et

al., 2020;). This can pose a significant obstacle for OTs who are trying to stay up to date with the

latest research and best practices in this area. There is a pressing need for more accessible and

user-friendly resources to support OTs in their work on DCM, which this capstone project aims

to solve.

Responsibilities of Occupational Therapy

Additional studies have also revealed that there remains a gap in practice where a

significant amount of OT practitioners still question whether driving falls under their

responsibilities (Culshaw et al., 2005; Hawley, 2015). Scoot et al. (2021) found that some

practitioners have expressed doubts about their ability to address driving concerns, providing

statements such as, "I do not have the specialized skills … in the scope of my role, nor do I

believe [driving evaluations] are needed" (Scoot et al., 2021). Other studies have also revealed

instances where practitioners have chosen to be deliberately ignorant when it comes to driving-

related issues. Hawley (2015) identified a recurring barrier to advising patients, namely the

tendency of practitioners to "forget" to provide driving-related services or assume that another

healthcare professional has already addressed the client's driving needs, thus passing on the

responsibility to someone else. Often this leads to clients who require services falling through the

cracks and having their needs ignored. In other cases, studies suggest that practitioners may be

hesitant to offer driving advice due to concerns about damaging their therapeutic relationship,

fearing that clients may be discouraged from continuing treatment if their readiness to drive is

questioned (Culshaw et al., 2005). This situation is also reflected in a study performed by

Hawley (2015), where it was found that OT practitioners rarely offered driving advice due to a tendency to take a softer approach choosing to build rapport instead.

Overall, these studies have consistently revealed inadequate education on DCM to be a significant problem in the field of OT. However, despite the various barriers that exist, research indicates that a substantial number of practitioners who lack the necessary skills and knowledge are still willing to acquire them (Larsson et al., 2007; Stack et al., 2018). *OT's Role with Driving* includes content in which generalist OT practitioners have reported a lack of knowledge or competence in. As a result, this program has the potential to empower generalist OT practitioners to take the first step in understanding why driving should be addressed by OTs.

Reimbursement

Barriers to addressing DCM can also arise from policies, local and national laws, and regulations beyond the practitioner's control. One major challenge that therapists may encounter is navigating billing and reimbursement. Unfortunately, many practitioners working in clinics may avoid screening and treating patients in areas of DCM as these services are typically not reimbursable under Medicare, as noted by Marfeo et al. (2021). The Social Security Act's Title 18 sets the criteria for services to be covered, stating that they must be reasonable and necessary (Medicare Coverage Database, 2014). For services to be considered reasonable and necessary, they must include (1) a treatment plan devised by OTs, physicians, or nurse practitioners, (2) interventions that improve the client's condition in a reasonable amount of time, and (3) services provided by a qualified clinician, as outlined by Stressel and Dickerson (2014). Although Medicare coverage of driving rehabilitation is possible, practitioners are faced with the challenge of appealing if a service request is denied. The appeal process typically involves providing documentation that demonstrates how driving is essential for the client to continue their desired

occupation. This appeal process is lengthy and is not guaranteed, thus serves as a barrier to most practitioners (Stressel & Dickerson, 2014).

However, if an OT practitioner is knowledgeable about their scope of practice in relation to driving, the process of reimbursing for DCM-related services becomes significantly more manageable. In fact, research suggests that when OT practitioners have a precise comprehension of their responsibilities in DCM and are equipped with the necessary knowledge and skills, they are more likely to provide effective interventions that lead to positive outcomes for their clients (Scott et al., 2021). In the realm of occupational therapy, it is essential for generalist practitioners to focus on driving risk rather than driving rehabilitation. Determining a client's driving risk is a fully reimbursable service, while driving rehabilitation requires a generalist OT practitioner to be a DRS. Unfortunately, a common misconception among generalists is their failure to understand their role in DCM. To clarify, generalist practitioners are responsible for performing driving risk assessments that follow the same principles as any other risk assessment. In a driving risk assessment, the aim is to identify potential hazards, evaluate safety and risk factors, and ultimately address hazard elimination (International Road Transportation Union, 2023). To conduct a driving risk assessment, OT practitioners have at their disposal a range of assessments to measure a client's readiness to drive. Some examples include the Trail Making A and B, the Useful Field of View test, and the Mini-Mental State Examination (Dickerson 2014). By conducting a thorough driving risk assessment and addressing any areas of difficulty, OT practitioners can effectively serve within their scope of practice and offer fully reimbursable services (Stressel & Dickerson, 2014).

Learning Theories

Person-Centered e-Learning

      Effective educational or training programs for adult learners must be grounded in the latest research on learning theories and principles. This ensures that the programs are designed to meet the specific needs of adult learners and ultimately lead to successful outcomes. One such theory that has been used in the development of *OT's Role with Driving* is Person-centered e-learning, which is closely related to client-centered therapy used by OTs. Person-centered e-learning is based on Carl Rogers's theory of Person-centered learning, which emphasizes addressing the whole person in the learning process (Motschning-Pitrik, 2005). This approach is guided by three core conditions that facilitate a positive growth-promoting relationship between the learner and the course. The first condition is *Realness*, which means that the learning situations must reflect practical and relevant problems that the learner might encounter (Motschning-Pitrik, 2005). *Realness* helps to motivate the learner and enhances their sense of achievement upon completing the course. The second core condition is *Acceptance*, which involves showing respect and acceptance to the learner (Motschning-Pitrik, 2005). *Acceptance* can be achieved by providing opportunities for students to express their learning styles, encouraging self-initiated action, and promoting individual self-worth. The final core condition is Understanding, which emphasizes the importance of empathy and understanding in learning situations (Motschning-Pitrik, 2005). Teachers must strive to understand the whole situation of the learner, including their meaning, purposes, constraints, and potential. This understanding helps to facilitate a whole person learning experience by ensuring that the course content aligns with the student's goals and needs. Incorporating Person-centered e-learning theory in the design and delivery of educational or training programs for adult learners can significantly enhance the

19

effectiveness of the programs. By providing a learning environment that is real, accepting, and understanding, the programs can help learners achieve their learning goals and promote their overall growth and development.

Adult Learning Theory - Andragogy

Advancement of the role of OT in driving is a crucial domain that requires a tailored approach to adult learning. Extensive research reveals that no single definitive method can effectively teach adult learners. Therefore, the principles of andragogy, as articulated by Malcolm Knowles (1980), were identified as the most suitable for this project's goals. Andragogy presents a model of assumptions about adult learners and their learning experience, with an emphasis on self-directed learning, which aligns perfectly with online education courses (Chacko, 2018). Although no literature specifically focusing on the application of andragogy to OT was identified, numerous studies exploring andragogy in the context of healthcare professions were identified, demonstrating its effectiveness in enhancing the learning experience for adult learners (Decelle, 2016; Niksadat et al., 2022; Rogers, 2016). Studies have also explored the implementation of andragogy in e-learning and discovered that the integration of these methods could facilitate the delivery of high-caliber education to a wider population, thereby providing open access to educational resources (Galustyan et al., 2019).

Andragogy is built on six key assumptions: (1) adults need to know why the information is relevant, (2) adults are responsible for their own decisions, (3) adults have experiences that they value and respect, (4) adults require learning due to evolving circumstances, (5) learning enables adults to handle the situations they encounter, and (6) adults need to learn because they want to (Taylor & Hamdy, 2013). To integrate these principles into the online education program's development, the creation of modules focusing on each assumption was essential. The

integration of andragogy's principles was achieved through various strategies, including interactive activities, the establishment of a scaffold to facilitate the integration of new knowledge with prior experience, application to practical problems that a practitioner may face, and leveraging motivation to learn through the endorsement of a practicing practitioner in DCM (Knowles et al., 2015).

E-Learning

Technological advancements in healthcare have transformed the way healthcare practitioners acquire and update their knowledge and skills. E-learning is one such approach that is slowly gaining popularity as a preferred method to update and gain knowledge in any area of medicine. While a universally recognized definition of e-learning for research is currently lacking, it is commonly understood that e-learning encompasses the delivery of educational programs through electronic systems (Clark, 2011; Sinclair et al., 2016; Rouleau et al., 2019). While some may use the term e-learning to refer to a blended approach that combines electronic systems with face-to-face teaching, the prevailing view is that e-learning is a form of technology-enabled distance education (Vanoa et al., 2018). The notion of e-learning is multifaceted and frequently used synonymously with related terms like internet-based learning or online learning (Lawn et al., 2017). Sinclair et al. (2016) have also underscored the importance of differentiating between two primary e-learning approaches: synchronous, which relies on human interaction, and asynchronous, which adopts a more self-paced approach that does not necessitate a human facilitator's presence. Drawing on existing literature, it is evident that the implementation of asynchronous e-learning programs for healthcare providers continued professional development has witnessed a surge in recent years. While it cannot be considered a universal solution for all

educational needs, asynchronous e-learning serves as a valuable tool for disseminating

knowledge in the healthcare sector (Sinclair et al., 2016; Lawn, 2017; Rouleau et al., 2019).

Benefits of E-Learning

The existing literature has provided several advantages of e-learning in the medical

setting. Lahti et al. (2014) have found that e-learning programs have the potential to facilitate

knowledge transfer from theoretical concepts to practical applications. Lahti et al. (2014) contend

that the knowledge gained through e-learning initiatives not only enables learners to improve

their daily work practices but also equips them with novel ideas and insights to augment their

professional skills. Research has also demonstrated that e-learning is gaining widespread

acceptance due to the highly personalized and self-directed nature of many online courses. These

courses can be tailored to suit the pace and learning style of individual learners, allowing them to

review information as needed and providing the flexibility to learn at their own pace and

schedule (Vaona et al., 2018; Rouleau et al., 2019; Laahti et al., 2014; Lawn et al., 2017).

Moreover, research has indicated that e-learning is comparable to other learning methods, with

several systematic reviews demonstrating that neither traditional learning approaches nor e-

learning methods have demonstrated superiority over the other (Durmaze et al., 2012; Vaona et

al., 2018; Rouleau et al., 2019; Lahti et al., 2012).

Furthermore, e-learning provides a worldwide benefit. Research has demonstrated that

online learning offers enhanced accessibility to remote learners by eliminating the requirement

for physical travel, thus enabling learners from every corner of the world to access courses. This

not only reduces the "educational gap" in low- to middle-income nations but also offers

opportunities for students who might otherwise be unable to access information in traditional

learning environments (Carrizosa, 2018). Research has also demonstrated that e-learning has

emerged as a highly sought-after and cost-effective option for healthcare practitioners seeking to improve their knowledge and capacities. The low cost of entry associated with online courses has made them an attractive option for a wide range of professionals, providing them with an efficient option to keep up to date with current evidence in their respective fields (Vaona et al., 2018; Rouleau et al., 2019; Carrizosa et al., 2018; Shah & Stefaniak, 2018).

Challenges of E-Learning

While e-learning provides many benefits, it's important to acknowledge its drawbacks. One significant challenge is motivating learners in e-learning programs. Studies suggest that learners must take on greater responsibility and self-discipline when given autonomy, which can be a hindrance for some individuals (Lawn et al., 2017). In addition, the lack of structure in e-learning may cause those with poor study habits to struggle, and the absence of peer interaction can lead to disengagement from the program (Lawn et al., 2017). Furthermore, the mobile nature of e-learning can lead to distractions in the learner's environment, making it difficult to focus on the coursework. Without a physical teacher's presence, learners may lack the necessary attention and desire to complete their work (Cook, 2007; Poon, 2015; Lawn et al., 2017).

Summary

OT practice should address the crucial occupation of DCM. It is both an occupation as its own right as well as an instrument facilitating other occupations. Nevertheless, a significant obstacle preventing occupational therapists from addressing this crucial aspect of their practice is their inadequate education on the subject. To solve this barrier, the author set forth to create and implement an online education program using evidence-based literature to solidify OT's role within the realm of DCM.

Section Four: Purpose Statement

The aim of this project is to evaluate the impact of an online education program on the perceived knowledge and confidence of generalist OT practitioners in addressing their clients' DCM-related concerns. This will be accomplished by conducting a quantitative pre-post survey to compare the results before and after the implementation of the online education program. Moreover, the objective of this project is to analyze the participant's self-reported knowledge gained from participation in the online education program and their perception of how well the content was provided to them.

PIO Research Question

As measured by self-report, can an online education program enhance the generalist occupational therapy practitioners' self-perceived knowledge and confidence in occupational therapy's role in driving and community mobility?

It is hypothesized that upon completing the online education program, OT practitioners will report an elevated level of perceived understanding and confidence regarding occupational therapy's role in DCM.

Agency of Project

The author will collaborate with Adaptive Mobility Services LLC, owned by Susie Touchinsky OTR/L, SCDCM, and CDRS. As a highly skilled occupational therapist with expertise in driver rehabilitation, Susie has devoted her professional life to assisting drivers in enhancing their driving skills and confidence following medical illnesses, health problems, and injuries. With 20 years of experience in driver rehabilitation, 23 years of experience working with patients who have dementia and mild cognitive impairment, and holding both a Specialty Certification in Driving and Community Mobility (SCDCM) from AOTA and a certification as a

24

Certified Driving Rehabilitation Specialist (CDRS) from ADED, she possesses extensive clinical and professional expertise.

Adaptive Mobility Services LLC not only holds the esteemed distinction of being an AOTA Approved Provider for continuing education, but it also exhibits its proficiency in AOTA's systems, policies, procedures, and educational practices. Moreover, the company offers an array of training programs, including Occupational Therapist Driver Rehabilitation Specialist and Occupational Therapist Driver Risk Assessor, as well as a variety of continuing education courses that cater to generalists and specialists. What sets Adaptive Mobility Services LLC apart from other providers is its online learning platform, which played a pivotal role in bringing this project to fruition. The platform's existing infrastructure, such as its discussion boards, registration, and enrollment options, facilitated the initiative's development. This experience and established infrastructure make Adaptive Mobility Services LLC the ideal partner for this project.

Section Five: Theoretical Framework

Ecology of Human Performance Framework

OTs possess a distinct skill set that enables them to improve clients' overall well-being by addressing both chronic and acute conditions across the lifespan. To achieve this, practitioners identify the specific occupations that are important to an individual and use a comprehensive process of screening, evaluation, goal determination, intervention, and discharge to address them. To illustrate, when a client places importance on the occupation of DCM, it is imperative to consider contextual factors, including the individual's environment, personal traits, and cultural background, along with performance areas such as muscle strength or vestibular function. Therefore, the Ecology of Human Performance (EHP) created by Dunn et al. (1994) was chosen as the framework for the proposed project.

The EHP framework adopts a comprehensive approach to human performance by exploring the dynamic interaction between individuals and their surroundings and how this interrelationship affects performance. The EHP model rests upon four core constructs that serve as the foundational assumptions of the model. These constructs comprise the person, who is the client performing the task; the tasks themselves, which are the activities that makeup occupations; the context, which includes individual client factors; and performance, which reflects the interplay between all three of the previously stated components. By considering all factors, practitioners can better understand the client's needs and design interventions tailored to their specific situation, leading to better outcomes and improved quality of life.

Integrating the EHP framework into the creation of the online education program facilitates a deeper comprehension of the distinctive contextual elements of both the project participants and their clients. By effectively utilizing this framework, the author can design and

26

guide learners' perceptions of clinical practice, addressing the individualized contextual factors of

each participant. This approach enables learners to develop a more holistic perspective of the

client's needs and preferences, including social, cultural, and chronological elements.

Specifically, the EHP framework can be applied to this project as the person (generalist OT

practitioners), the task (understanding the role of DCM), and the context (supports and barriers in

providing DCM) are all factors that influence performance (applying DCM to daily practice).

Based on this theoretical model, providing additional contextual support in the online education

program is expected to positively impact a learner's willingness and ability to apply DCM

interventions in their daily practice.

Project Design

The quality improvement capstone project employed a quantitative research design to gauge generalist OT practitioners' self-perception of their current and future performance in addressing DCM in their respective practice settings. Participants were encouraged to share their feedback on the usefulness of the education program, including areas that were helpful and those that were unaddressed. To measure the effectiveness of the implemented online education program, a one-group pretest and post-test research design were utilized. This approach enables the investigator to gather data on any changes in the participants' perceived levels of knowledge and confidence after undergoing the education provided by the online program. This rigorous research methodology provides the author with an opportunity to produce robust data and determine the efficacy of the education module in addressing the DCM concerns of generalist OT practitioners.

Setting

The capstone project was conducted in partnership with Adaptive Mobility Services & Susie Touchinsky OTR/L, SCDCM, and CDRS, with all components delivered online in a virtual setting. The project utilized technology platforms, including Qualtrics for survey administration and Thinkific for hosting the online education modules. By adopting an entirely online approach, this project offers participants the flexibility and convenience of accessing the education program from any location and completing the modules at their own pace.

Population and Sampling

The overarching objective of this research paper is to investigate the acquisition of information from OT practitioners in the United States who exhibit a vested interest in improving

28

their understanding of the intersection between OT and DCM. The target population for this study comprises generalist OT practitioners, namely OTs, occupational therapy assistants (OTA), and occupational therapy students (OTS). The study's scope deliberately encompasses a wide range of practitioners to provide comprehensive education to all interested parties and to foster the development of knowledge in addressing DCM concerns across various settings and work experiences. To establish the eligibility of participants for the project, a clear inclusion and exclusion criteria was used. Specifically, individuals who possess a background in OT in any capacity are considered eligible to participate in this study. Conversely, those who lack such a background are excluded from the project. By implementing these criteria, we aim to ensure the homogeneity of our study sample and optimize the validity of our findings for occupational therapy.

In order to obtain a sizeable and heterogeneous participant pool, the research team employed a strategic combination of convenience sampling and snowball sampling techniques, as per the recommendation of Dickerson (2017). The selection of these methods was informed by their potential to yield a large number of participants, which was a key priority for the study. In particular, convenience sampling was utilized to recruit participants from multiple sources, including an extensive email database of over 3,150 OT practitioners affiliated with Adaptive Mobility Services. Furthermore, potential participants were identified among approximately 70 graduate students at the University of Nevada, Las Vegas OT program. Additionally, the author's mentor utilized various social media platforms, such as LinkedIn, to directly contact approximately 50 OT practitioners. To further increase the sample size, the survey was shared on relevant OT community sites, including a Facebook group called *Driving Rehab for the OT*, The *Occupational Therapy* Reddit group, as well as flyers being strategically placed in OT

rehabilitation offices with QR codes leading to the online education course. Furthermore, snowball sampling was employed to encourage participants to share the online education program with others who may be interested in DCM and OT. The combination of multiple recruitment strategies allowed for a diverse and inclusive participant pool, ultimately enhancing the study's representativeness, and expanding its scope.

Data Collection Method

The author assumed full responsibility for all facets of the data collection process. The author utilized integrated surveys to gather and compare participants' self-reported measures both prior to and following the implementation of the online education program. To improve the accuracy of the evaluation, a comprehensive approach was utilized, combining the four levels of Kirkpatrick's model of evaluation (Basarab & Root, 1992) with survey research techniques (Forsyth & Kviz, 2017). By doing so, the author developed a set of pre- and post-surveys that effectively measured participants' self-perceived knowledge gains. The Kirkpatrick model assesses the knowledge and skills of learners and is one of the most applicable models in evaluating education courses (Madvari et al., 2018). Pre-survey questions can be found in Appendix A. To ensure a thorough and rigorous evaluation of the online education program, the author employed a validated nine-question questionnaire developed by Wood et al. (2005) to assess the quality of the continuing medical education program. The questionnaire was specifically designed to evaluate the effectiveness of the educational program and covered three fundamental areas, namely, the presenter, the presentation, and the content, with each area comprising three questions. Appendix B provides details of the minor modifications made to the Wood et al. (2005) questionnaire to align with the project's focus on DCM.

The project made use of the online survey tool Qualtrics, provided by the University of Nevada Las Vegas, to create a set of questions and self-report scales. Prior to starting the educational content, participants were presented with a video explaining the project's objectives and requesting their voluntary participation in the project. Informed consent was obtained through a formal consent form embedded in the pre-survey, which described the study and the participant's role and ensured confidentiality. Following this, the participants were allowed to provide their consent and voluntarily partake in the study (see Appendix C). To ensure anonymity, each participant was given a unique identification code to monitor their pre- and post-survey responses.

In a collaborative effort, the author partnered with their capstone mentor to develop a comprehensive learning module using the Thinkific online education platform. The study aimed to enhance accessibility and promote engagement among participants by embedding links to pre and post-surveys within the modules. It is noteworthy that participants who chose not to participate in the survey were not penalized and were still provided access to the education. After completing the *OT's role with Driving* learning program, participants were directed to the post-survey. The learning module also included a link to join the Driving Rehab for OT Facebook group, enabling participants to connect with like-minded OT practitioners.

The online learning program was designed to follow a structured module format, which included a survey before and after the online education program. The module was estimated to take a total of 3 hours to complete. An overview of the module topics and expected completion times are available in Appendix D. After completing the online education, participants received access to a file containing a certificate recognizing them for three hours of AOTA-endorsed continuing education (see Appendix E).

Data Analysis

  The current study employed rigorous data analysis procedures, as outlined by Forsyth and Kviz (2017). Survey data was entered into SPSS Statistics software for statistical analysis, with descriptive statistics calculated based on response frequencies, percentages, and measures of central tendency such as mean, median, and mode. The study predominantly utilized Likert scales to elicit responses from participants, with a methodology developed by Wu (2007) employed to convert Likert scale responses into numerical scores. This approach has been widely utilized in educational research, as evidenced by a previous study investigating the impact of an online assessment on student attitudes toward an undergraduate education course (Sozen & Guven, 2019). The conversion was conducted using the 5-point Likert Type scale and 7-point Likert Type scale, with mean scores utilized during the data analysis. By adopting this approach, the author aims to provide a comprehensive and robust analysis of the data, which supported the study's findings and conclusions.

  Demographic data reported included gender, education, employment status, professional title, current workplace setting, and whether or not the participant has received continuing education on DCM. Descriptive statistics were also collected to test whether the newly developed online continuing education program can improve the knowledge and confidence of OT in DCM. To facilitate a structured analysis of the data, the author utilized a comprehensive categorization scheme for the pre and post-survey questions, consisting of three distinct categories. The first two categories had assessed participants' perceived level of knowledge and confidence. The third category focused on participants' opinions regarding the quality of the educational content provided. This categorization approach enabled a systematic evaluation of the impact of the online education program on participants' perceived knowledge, confidence, and overall

satisfaction with the program. To measure the extent of change in these domains, the author had conducted a comparative analysis of the pre and post-survey outcomes, providing a reliable and comprehensive assessment of the effectiveness of the online education program.

Inferential statistics were employed to assess whether there was a statistically significant difference before and after the implementation of the online education program. Specifically, the Wilcoxon signed-rank and Paired T-test were chosen for quantitative variables. However, given that a majority of questions in the survey utilized Likert or Likert-like scales, the author analyzed the data using both parametric and non-parametric statistics, even if the data was not normally distributed. Medical education research literature recommends using parametric tests for analyzing ordinal data like Likert scales, as they are considered more reliable and robust than non-parametric tests (Norman, 2010; Sullivan & Artino, 2013). Therefore, the analysis of Likert scale questions was conducted using both non-parametric and parametric tests, with normality assessed using the Shapiro-Wilk test at a confidence level of 95% was done to ensure the precision and authenticity of the data. In addition, the reliability of the surveys was evaluated using Cronbach's alpha, which provided a comprehensive and rigorous assessment of the quality and consistency of the survey data.

Validity

The present project acknowledges the possibility of potential threats to internal validity. One such threat is the use of pre and post-survey questionnaires, which were developed by the author and lacked established psychometric properties. This issue raises concerns about the extent to which the results accurately reflect the educational program. Nonetheless, the survey creation process was guided by a standardized approach to survey research, as outlined by Forsyth and Kviz (2017), aimed at minimizing potential threats to internal validity. Furthermore,

33

to establish internal validity, the author employed a rigorous content validation process that involved identifying and resolving any potential issues with the measures before the study's implementation. The process involved scrutinizing the measures for readability, content accuracy, and enhancement recommendations, all in a bid to enhance the study's validity. Participant selection is another conceivable threat to internal validity. The recruitment process was conducted through personal contacts of the author's mentor and the mentor's online education course, which may have resulted in a non-representative sample of OTs. To address this issue, the author employed various recruitment methods through various sources to further diversify the participants who join this project, thereby minimizing any potential selection bias.

Given the potential impact of the present project on the generalization of the findings beyond the sample of participants under investigation, ensuring external validity is a critical consideration (Creswell & Creswell, 2018). One particular concern was the possibility of participant dropouts, which can introduce biases if those who remain in the study differ systematically from those who drop out (Nelson et al., 2017). Several strategies were employed to address this potential threat, including preemptive explanations of the study through video recordings, and recruiting a sizable sample size to account for possible dropouts.

Outcome Measures

The outcome measures for this investigation were an evaluation of the changes in perceived knowledge and confidence via an unstandardized survey. The online education program entitled *OT's Role with Driving* was developed as the primary "intervention" in this study. To assess the effectiveness of the online learning program, pre- and post-surveys were administered using the Qualtrics platform, with participants providing self-assessed responses on knowledge, confidence, and overall quality of education.

Section Seven: Ethical and Legal Considerations

To safeguard participants' confidentiality, personal identifiers were removed from the data before analysis, thereby ensuring anonymity. Additionally, participants were given thorough explanations regarding the study's objectives, procedures, and potential risks before agreeing to participate. Participants were informed that they could opt-out of the study at any point without any negative consequences. The study was designed to avoid the inclusion of vulnerable populations and involved minimal risk to participants as they were only required to complete an education program. To guarantee the precision and pertinence of the research's outcomes, a licensed occupational therapist and a certified driver rehabilitation specialist reviewed the information given to the participants. To minimize stress levels, participants were allowed to complete the education modules asynchronously, with a set completion date.

In adherence to ethical standards, the researcher conducted a thorough review of the Occupational Therapy Code of Ethics (AOTA, 2020a). The aim was to ensure strict compliance with the Principles and Standards of Conduct, which incorporate specific guidelines for research. The review was conducted with particular attention to the six principles, each of which contains explicit language related to research. Additionally, although IRB approval was not used for this project, compliance to IRB's ethical review process was maintained. Specifically, the researcher followed the five ethical elements: 1) risks are rational and minimized, 2) choice of subjects is equitable, 3) informed consent is obtained from each subject, 4) safeguards for coercion are established, and appropriate monitoring and observation is ensured (Kim, 2012).

Section Eight: Results

The results section presents the outcomes of the data analysis procedures conducted using SPSS statistics software. Descriptive statistics, such as frequency distributions, percentage values, and measures of central tendency, were employed to analyze both the demographic characteristics of the sample population and test the research hypothesis. Additionally, inferential statistics, including the parametric Paired T-test and nonparametric Wilcoxon signed-rank test, were utilized. The Shapiro-Wilk test was applied to assess normality. A total of 350 individuals initially enrolled in the online education program, with 128 participants completing the pre-survey and 73 participants completing the post-survey. Participants were asked to generate a distinct identifier code that they could use for both assessments to maintain consistency across the pre-and post-surveys. Out of the 73 individuals who satisfied the inclusion criteria and finished the online learning program, only 65 provided an accurate identifier code that corresponded to their pre and post-survey answers. As a result, the responses from these 65 individuals were utilized in the data analysis.

Demographics

The collected responses were utilized to provide descriptive statistics related to participant characteristics such as region of residence, profession, gender, education, and practice setting. The demographic data were analyzed using univariate procedures, resulting in frequency and percentage distributions being employed as the primary method of representation. Of the representative sample, 92.3% (n = 60) of the participants completing the surveys were female, and 7.7% (n = 5) were male. Highest level of education was also gathered with 55.4% (n=36) of participants having a graduate or professional degree, 41.5% (n=27) having a bachelor's degree, and 3.1% (n=2) having an Associates or technical degree. Finally, Employment status was

gathered with 50.8% (n=36) stating full time employment, 24.6% (n=16) part time employment,

12.3% (n=8) stating per diem employment, 6.2% (n=4) stating seasonal employment, 4.6% (n=3)

stating self-employment, and 1.5% (n=1) stating they were retired (see Table 1).

Table 1

Demographics

	Answers	Count	Percent
Gender	Male	5	7.7%
	Female	60	92.3%
Education	Graduate or professional degree	36	55.4%
	Bachelor's degree	27	41.5%
	Associates or technical degree	2	3.1%
Employment	Full time	33	50.8%
	Part time	16	24.6%
	Per diem	8	12.3%
	Seasonal	4	6.2%
	Self-employed	3	4.6%
	Retired	1	1.5%

Note. This table demonstrates frequency of participant's responses based on demographics.

Regional location

The project recruited participants from various regions across the country, with the

majority of respondents completing the education module in the Northeast (n = 23; 35.3%) and

West (n = 20; 30.8%), whereas 15.4% (n = 10) are located in the Midwest and 18.5% in the

South (n = 12). The sample consisted of OTs from 23 different states across the United States. A

large number of participants (n = 20; 30.8%) of participants were reported to be in Pennsylvania,

followed by Nevada (n = 7; 10.8%) and Idaho (n = 4; 6.2%). The remaining states included

California, Colorado, New York, North Carolina (n = 3; 4.5%), Florida, Georgia, Indiana,

Michigan (n = 2; 3.1%), and Hawaii, Illinois, Iowa, Kansas, Missouri, Ohio, Oregon (n = 1; 1.5%).

Continuing Education

The participants were requested to indicate whether they had received any ongoing education on DCM or not. Eighteen percent (n = 12) answered yes, and 81.5% (n = 54) answered no. Preferred methods of receiving continuing education were also asked, with sixty-one percent (n = 40) preferring online continuing education, 26% (n = 17) preferring live continuing education courses, 7.7% (n = 5) preferring attending conferences, 3.1% (n = 2) preferring research, and 1.5% (n = 1) preferring supervision of students (see Table 2)

Table 2

Continuing Education

Question	Answer	Count	Percent
Received continuing education on DCM	Yes	12	18.5%
	No	54	81.5%
Total		65	100%
Preferred method of receiving continuing education	Continuing Education Courses [Live]	17	26.2%
	Continuing Education Courses [Online]	40	61.5%
	Attendance at Conferences	5	7.7%
	Supervision of Level II or Level I students	1	1.5%
	Research	2	3.1%
Total		65	100%

Note. This table shows how frequently participants responded to questions about continuing education.

Professional training

Twenty-two percent (n = 21) of the study participants worked in an outpatient clinic,

19.6% (n = 18) worked in a rehabilitation hospital, 18.5% (n = 17) worked in an acute care

hospital, 13% (n = 12) worked in a skilled nursing facility, 12% (n = 11) worked in a

community-based setting, 9.8% (n = 9) worked in a school setting, and 4.3% (n = 4) worked in a

mental health setting.

Professional title. For this survey question, multiple responses were available. Sixty-four

percent of the cases (n = 42) were OTs, 33.8% were OTS (n = 22), 6.2% (n = 4) were OTA, 1.5%

(n = 1) were driver rehabilitation specialists, and 3.1% (n = 2) identified holding another title not

listed above (see Table 3)

Table 3

Participants Title

Question	Answer	Count	Percent
Professional Title	Occupational Therapist	42	64.6%
	Occupational Therapy Assistant	4	6.2%
	Occupational Therapy Student	22	33.8%
	Driver Rehabilitation Specialist	1	1.5%
	Other	2	3.1%
Total		71	109.2%

Note. This table demonstrates participant's job titles that they currently hold. Participants were able to choose more than one response if necessary.

Data analysis

SPSS statistical software was employed to perform a descriptive analysis and compare

the pre and post-survey responses of the 65 participants. The self-reported confidence and

knowledge of the participants were measured using identical questions from the pre-and post-surveys. To measure self-reported confidence, it should be noted that questions 13, 16, and 17 on the pre-survey mirror questions 14, 17, and 18 on the post-survey. Participants were asked to rate their comfort level on a 5-point Likert scale, ranging from *Extremely Uncomfortable* to *Extremely Comfortable* and *Extremely Unlikely* to *Extremely Likely*. Cronbach's Alpha for the confidence questions was $\alpha = 0.70$. Similarly, questions 14 and 15 of the pre-survey mirrored questions 15 and 16 of the post-survey and were used to measure self-reported knowledge. Participants were asked to rate their knowledge level on a 5-point Likert scale ranging from *Not Knowledgeable* to *Extremely Knowledgeable*. Cronbach's Alpha for the knowledge questions was $\alpha = 0.78$. Participants were also asked whether they possess resources for DCM on a scale ranging from *Definitely Not* to *Definitely Yes*. Questions 6 to 14 in the post-survey assessed the quality of education provided, rated on a 7-point Likert scale ranging from *Unacceptable* to *Outstanding*. The reliability of these questions was evaluated using Cronbach's Alpha, resulting in a high value of $\alpha = 0.91$, indicating strong internal consistency.

Knowledge and Confidence

Frequency of change. A categorical analysis was performed to determine the impact of the competency module on perceived "Knowledge" and "Confidence." The data from two surveys were combined into three nominal categories based on the responses on the Likert scale. In this study, responses that fell under the upper two limits of the Likert scale (*Strongly Agree* and *Agree*) were merged and classified as "Agree." Conversely, responses that fell under the lower two limits of the scale (*Strongly Disagree* and *Disagree*) were merged and classified as "Disagree." Responses that fall in the middle were categorized as *Neither*. Frequencies were calculated for each question to assess whether there was a change in the participant's level of

knowledge or confidence. The author's analysis focused specifically on two outcomes: (1) whether participants' levels of "Knowledge" and "Confidence" remained the same (i.e., no change in responses), and (2) whether there was an improvement in their perceived levels of "Knowledge" and "Confidence" (i.e., responses changed from *Disagree* to *Agree* or *Neither* to *Agree*). In addition to the categorical analysis, the author also compared the pre- and post-measurements of central tendencies. The categorization process allowed the author to examine the average change in participant responses between the two surveys.

Table 4 showcases the cross-tabulated frequency tables that depict the changes in participants' responses from the pretest survey to the posttest survey, providing a comprehensive view of the effectiveness of the online education program. The results indicate that of the total responses (N = 325), 47.1% (n = 153) showed an improvement after completing the program, 52.6% (n = 171) remained the same, and only one response displayed a worsening score. This specific participant stated that they would be less willing to discuss DCM after taking the online education program. Still, what occurred to change their perception in this area is unknown. However, it is noteworthy that this particular response was an outlier to the data gathered, and all other questions this participant answered demonstrated an improvement.

A thorough examination of the information provided in Table 4, focusing on two key variables, "Knowledge" and "Confidence," was also performed. The analysis involved grouping together specific questions (Q14/Q15 and Q15/Q16) to determine a participant's self-perceived "Knowledge" and examining the change in responses before and after the online education program. The results revealed that a significant proportion of participants (63.8%, n = 83) demonstrated a positive gain in knowledge, with a majority (37.7%, n = 49) of participants showing a shift in their perception from *Disagree* to *Agree*. These findings suggest that the

online education program had a substantial effect in improving participants' understanding of DCM.

Similarly, the study examined the change in self-perceived "Confidence" by analyzing responses to questions Q13/Q14, Q16/Q17, and Q17/Q18. The results indicated that a proportion of participants (35.9%, n = 70) demonstrated a positive increase in confidence, with the majority (63.6%, n = 124) reporting no change in confidence levels. It is noteworthy that a significant proportion of participants (55.9%, n = 109) had already reported high levels of confidence in the pre-survey, which could account for the relatively lower proportion of positive changes observed in this category.

Table 4

Pre and Post-Survey Response Changes

Pre/Post Survey Questions	Agree to Agree	Disagree to Disagree	Neither to Neither	Neither to Agree	Disagree to Neither	Disagree to Agree	Agree to Disagree
Q14/Q15	6	0	17	9	16	17	0
Q15/Q16	15	4	5	4	5	32	0
Q13/Q14	53	2	0	2	0	7	1
Q16/Q17	32	1	0	9	2	21	0
Q17/Q18	29	4	3	5	5	19	0

Central tendencies. To comprehensively analyze the variables of knowledge and confidence, the project utilized a composite variable approach, where the multiple questions related to each variable were formatted to create an average score using SPSS. This approach enabled an overall assessment of the participant's knowledge and confidence levels. To

summarize the data for the "Confidence" variable, measures of central tendencies such as mean, median, and mode were computed, while measures of dispersion such as standard deviation were calculated to understand the variability of scores. The post-test data revealed that the mean score for "Confidence" was 4.2, with a median of 4.3 and a mode of 4. The standard deviation was 0.62, indicating that the data was relatively close to the mean (see Table 5). A similar approach was utilized for the "Knowledge" variable, resulting in a mean score of 3.7, a median of 3.5, a mode of 3.5, and a standard deviation of 0.72 (see Table 5). The Likert score data for both "Confidence" and Knowledge" was then converted into a numerical range using methodology developed by Wu (2007) in converting Likert scale responses into numerical scores (see Table 6). Results indicated that the majority of participants would choose to *Agree* if asked whether the continuing education program increased their "Confidence" and "Knowledge" as the mean scores fall between the ranges of 3.41 and 4.2 for the 5-point Likert scale ranges. The low standard deviation observed in both categories indicates that the data was close to the mean, suggesting that the majority of participants had similar scores in terms of "Knowledge" and "Confidence".

Table 5

Central Tendencies and Dispersion for Confidence and Knowledge (Post-Module)

	N		Mean	Median	Mode	Std. Deviation
	Valid	Missing				
Confidence	65	0	4.2	4.3	4.0	0.62
Knowledge	65	0	3.7	3.5	[a]3.5	0.72

a. Multiple modes exist. The smallest value is shown

Table 6

Scoring Range of 5 and 7 Point Likert Scales

	Value	Range
Strongly Disagree	1	1.00-1.80
Disagree	2	1.81-2.60
Neither agree nor disagree	3	2.61-3.40
Agree	4	3.41-4.20
Strongly Agree	5	4.21-5.00
	Value	Range
Unacceptable	1	1.00-1.86
Needs work	2	1.87-2.71
Fair	3	2.72-3.57
Good	4	3.58-4.43
Very good	5	4.44-5.29
Excellent	6	5.30-6.14
Outstanding	7	6.15-7.00

Paired-samples t-test. A paired-sample t-test was utilized to evaluate whether there was a disparity in the DCM "Knowledge" and "Confidence" scores before and after the completion of the online education program. It was hypothesized that completing an online education course would improve the participant's self-perceived "Knowledge" and "Confidence" in the topic of DCM. Although the data gathered was revealed to be not normally distributed, as determined by the Shapiro-Wilk test, the author has utilized research from Dr. Geoff Norman, an eminent figure in medical education research, who has provided evidence that parametric tests can be utilized for analyzing ordinal data, including Likert scales (Sullivan & Artino, 2013). In fact, Dr. Norman's work has revealed that parametric tests exhibit superior robustness compared to nonparametric tests. Thus, the author has chosen to adopt Dr. Norman's approach in the current research to ensure optimal statistical analysis of the data obtained.

To gauge the effect of the online education program on the participants' self-perceived "Knowledge," a paired-sample t-test was performed. The results showed a significant increase in the ratings of participants before the program (M = 2.37, SD = 0.96) to after the program (M = 3.69, SD = 0.72), t (64) = - 10.26, p <.001 (two-tailed). The mean increase in the survey scores was 1.31, with a 95% confidence interval rating (see Table 7). According to the results, the mean of the overall "Knowledge" before and after the online education program was statistically significant. A paired-sample t-test was also conducted on "Confidence." The results showed a significant increase in the ratings of participants before the program (M = 3.31, SD = 0.98) to after the program (M = 4.2, SD = 0.61), t (64) = - 8.39, p <.001 (two-tailed). The mean increase in the survey scores was 0.88, with a 95% confidence interval rating (see Table 7). The results indicate that the mean of the overall "Confidence" before and after the online education program was statistically significant.

To estimate the effect size SPSS was utilized. Using Cohen's (1998) power analysis, effect sizes are categorized as small (d = 0.2), medium (d = 0.5), and large (d ≥ 0.8). Based on the literature, a medium size is preferable if a study aims to achieve a minimum of 80% power; therefore, this project aimed for that measurement (Cohen, 1998). Cohen's d was conducted for "Knowledge" and was reported to be 1.27, which indicates that the increased knowledge was largely substantial. The Cohen's d for "Confidence" was reported to be 1.04. Thus, these substantial Cohen's d scores demonstrate that the dissimilarities between the two evaluations were not arbitrary and were caused by the online education program.

Table 7

Paired Samples Test of Knowledge and Confidence

		Mean	Std. Dev	Paired Differences			t	df	Sig. (2-tailed
				Mean	Std. Dev	Std. Error Mean			
Knowledge	Pre	2.37	0.96	-1.31	1.03	.12	-10.26	64	<.001
	Post	3.69	0.72						
Confidence	Pre	3.31	0.98	-0.88	-0.85	.10	-8.39	64	<.001
	Post	4.20	0.61						

Note. df = degrees of freedom. t = t-statistic. Knowledge and Confidence range from 1 to 5.

*p < .01

Wilcoxon signed-rank test. After conducting a paired t-test on the data, the author sought to confirm their findings using standard statistical analysis. Since a Shapiro-Wilk test had determined that the data provided were not normally distributed, the typical process of comparing pre and post-measures would be the Wilcoxon signed-rank test. The Wilcoxon signed rank test was performed on the data using SPSS, and the results indicated a statistically significant positive change in participants' "Knowledge" levels following their participation in the online education program (z = -6.48, p < .001), with a large effect size (r = 0.57) as per Cohen's (1988) guidelines. A similar analysis was conducted on the "Confidence" variable, and the results indicated a statistically significant positive change (z = -6, p < .001) with a large effect size (r = 0.53). This data is consistent with the results obtained from the paired-sample t-test.

Quality

In order to evaluate the effectiveness of the online education program, participants were administered a questionnaire designed to measure their overall satisfaction with the program. The questionnaire utilized a 7-point Likert scale and consisted of items related to the presenter,

presentation, and content of the continuing medical education course. Specifically, questions 6

and 7 were employed to assess the quality of the presenter, while questions 8, 9, and 10 were

used to evaluate the presentation itself. Finally, the content of the course was assessed through

questions 11, 12, and 13, as summarized in Table 8.

Table 8

Results of Continuing Medical Education Survey

	Unacceptable		Needs work		Fair		Good		Very good		Excellent		Outstand.	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Rate presenter enthusiasm	0	0	0	0	3	4.6	7	10.8	16	24.6	17	26.2	22	33.8
Rate presenter knowledge	0	0	0	0	0	0	4	6.2	19	29.2	11	16.9	31	47.7
Was content Organized	0	0	0	0	0	0	4	6.2	19	29.2	11	16.9	31	47.7
Practical information	0	0	0	0	1	1.5	3	4.6	14	21.5	21	32.3	26	40
Rate audiovisuals	0	0	1	1.5	2	3.1	7	10.8	11	16.9	23	35.4	21	32.3
Amount and complexity appropriate	0	0	0	0	1	1.5	6	9.2	16	24.6	19	29.2	23	35.4
Was content current	0	0	0	0	0	0	8	12.3	15	23.1	15	23.1	27	41.5
Was content relevant	0	0	0	0	0	0	1	1.5	4	6.2	19	29.2	41	63.1

A 7-point Likert scale questionnaire was used to assess the quality of the online education

program. The questionnaire focused on three main categories of continuing medical education:

the presenter, presentation, and content. Questions 6 and 7 were used to measure the presenter, questions 8, 9, and 10 were used to measure the presentation, and questions 11, 12, and 13 were used to measure content (refer to Table 9 for details). SPSS was used to calculate the measurements of central tendencies and dispersion, which are summarized in Table 9. The results of the quality improvement questionnaire indicated that the participant's response to the course was very positive, with most participants rating the content as *Good* to *Outstanding* (n = 518; 98.4%). The mean scores for all three variables of "Presenter," "Presentation," and "Content" fell between the range of 5.3 to 6.14, which is classified as *Excellent* according to the Wu (2007) ranges found in Table 5. All three composite variables demonstrated a low standard deviation, indicating that the data were closely clustered around the mean. These results suggest that the quality of the online education program met a majority of the participants' expectations and standards.

Table 9

Central Tendencies and Dispersion for Quality

	Mean	Median	Mode	SD
The presenter	6.08	6	7	0.88
Q6	5.74	6	7	1.18
Q7	6.43	7	7	0.77
The presentation	5.96	6	7	0.92
Q8	6.06	6	7	1.01
Q9	6.05	6	7	0.98
Q10	5.78	6	6	1.19
The content	6.12	6.3	7	0.82
Q11	5.88	6	7	1.05
Q12	5.94	6	7	1.07
Q13	6.54	7	7	.69

Strength and weaknesses. The post-surveys third and fourth questions aimed to identify the most and least valued aspects of the education course. Results showed that participants appreciated the course's easy-to-understand content (n = 26) and the provided materials (n = 25). In contrast a large portion of participants (n = 37) suggested that the program's length should be shorter. Additionally, some participants felt that the content's pace (n = 14) and readability (n = 12) could be improved (see Table 10).

Table 10

Characteristic Frequencies of the Program

		Frequency	Percent
Most Liked	Educator	4	6.2%
	Ease to read	4	6.2%
	Ease to understand	26	40.0%
	Pace	4	6.2%
	Length	2	3.1%
	Content	25	38.5%
Least Liked	Educator	0	0%
	Ease to read	12	18.5%
	Ease to understand	1	1.5%
	Pace	14	21.5%
	Length	37	56.9%
	Content	1	1.5%

Section Nine: Discussion

AOTA has continually emphasized the importance of addressing both DCM to facilitate participation in valued occupations. Despite this, there exists a disconnect among OT practitioners regarding their role in addressing DCM. While education on DCM is available through AOTA and other continuing education websites, practitioners often face barriers to seek and utilize these resources. Additionally, a majority of ACOTE-accredited universities do not offer courses specifically focused on DCM, leading to confusion about what an OT practitioner is capable of and what should be left to other disciplines (Accreditation Council for Occupational Therapy, 2018). This Quality improvement project aimed to assess the influence of the online education program, *OT's Role with Driving*, on OT practitioners' self-perceived knowledge and confidence related to their ability to address and conduct DCM. Although the participation rate decreased from the initial 350 sign-ups, 65 participants who met the inclusion criteria and correctly provided identification codes were sufficient to establish statistical significance. The outcomes of both the descriptive and inferential analyses unambiguously indicate that the online education program had a significant and favorable influence on the participants' "Knowledge" and "Confidence" levels. This study stands out from previous research as it employed a targeted online learning approach, customized explicitly for OT practitioners, to address the rapidly evolving field of OT and DCM. This unique initiative serves as a preliminary exploration into the effectiveness of an online education program on DCM adding on to both AOTA's and AOTF's research agenda. The program, *OT's Role with Driving*, is designed to fulfill AOTA's research statement on Faculty Development and Resources by equipping OT practitioners with the essential knowledge and tools to implement DCM in their practice. This objective is primarily accomplished through an easily accessible asynchronous online continuing education course,

providing practitioners with the flexibility to learn and absorb the information at their own pace. Furthermore, this capstone project aimed to align with AOTF's research agenda in Translational Research, by promoting the diffusion and adoption of novel concepts in both OT theory and practice. This objective is achieved through exploring a growing area of practice where evidence supports the potential for the OT profession to thrive.

Increased Knowledge and Confidence

The findings from the pre-survey provided valuable insights into the OT's proficiency in addressing DCM. When asked to rate their level of "Knowledge" regarding the connection between OT and DCM before taking the online education program, 46.2% (n = 30) of the participants responded that they were only *Slightly knowledgeable* and 7.7% (n = 5) of participants responded *Not knowledgeable at all.* These results were substantially larger than the participants who responded that they were *Very knowledgeable* 10.8% (n = 7) and *Extremely Knowledgeable* 1.5% (n=1). The participant's response to this question was reinforced by a subsequent inquiry regarding their resources to address DCM-related issues, with an overwhelming majority of respondents indicating *Definitely not* (n = 26; 40%) and *Probably not* (n = 14; 21%). These results indicate that although a majority of participants are licensed to practice OT (n = 49; 72.3%) a majority of practitioners still require DCM education to address this important occupation. However, after implementing the online education program, the results indicated a notable and statistically significant improvement in "Knowledge" levels. Specifically, at least 45% of the participants had increased their knowledge levels to *Very knowledgeable* or *Extremely knowledgeable* after completing the course. Furthermore, when asked whether they felt they had the necessary resources to manage DCM, at least 75% of the participants responded affirmatively, with responses ranging from *Probably yes* to *Definitely yes*.

Conversely, when analyzing the results of participants' self-perceived "Confidence" prior to the implementation of the education program, it was found that a majority of participants rated themselves as *Somewhat likely* (n = 32; 49.2%) or *Extremely likely* (n = 19; 29.2%) to discuss DCM with clients. This was surprising considering that most participants indicated only slight "Knowledge" in DCM before taking the education course. One possible explanation for these results could be the sampling of participants, as a significant proportion of participants already had a preexisting interest in DCM due to being recruited from sources such as Adaptive Mobility Services' email database or being members of the *Driving Rehab for the OT Facebook group*. However, it is important to note that despite the high starting confidence levels, the results still showed statistically significant improvement among participants who completed the online education course, as indicated by both descriptive and inferential statistics. These findings provide evidence supporting the effectiveness of the online education program in imparting practical knowledge and increasing confidence levels among OT practitioners in applying DCM concepts, regardless of their work environment.

Need for Driving and Community Mobility Education

In addition to the demonstrated usefulness of the online education program, this study's findings have also revealed that a majority of OT practitioners have not received formal training on OT's role in DCM. These findings justify the necessity for expanded education and training for OT practitioners in this area, which has been previously identified in related research (Adler et al., 2012; Biljon et al., 2019; Davis & Dickerson, 2012; Dickerson, 2013; Touchinsky et al., 2014). In fact, in a study done by Touchinsky et al. (2014), researchers had found even amongst a nationwide rehabilitation facility spanning 46 states, driving as a means of community mobility was not addressed. Furthermore, research has highlighted the need for guidance and support to

enable clinicians to effectively address driving-related issues with their patients. In particular, Biljon et al. (2019) found that clinicians require clear guidance on the nature and scope of their responsibilities in the area of DCM, as well as access to appropriate training and screening tools. By providing these resources, practitioners can be better equipped to assess patients' readiness to drive and to provide appropriate interventions and rehabilitation, ultimately promoting driving independence and its associated benefits.

In addition to highlighting the need for more education on DCM, both this study and existing literature suggest a demand for more accessible information on DCM. This project's findings revealed that more than 50% of the participants reported a deficiency of resources when it comes to addressing DCM. The majority of the participants responded negatively, stating that they did not have the necessary resources for themselves or their clients. Despite the availability of free resources such as the *Driving and Community Mobility Toolkit for Professionals* and the *OT Drive Practitioner Guide to Addressing Driving and Community Mobility,* both offered by AOTA, there is a lack of guidance on how to effectively use these resources. Consequently, OT practitioners may feel overwhelmed by this lack of guidance, leading to a reluctance to engage with DCM and a potential disregard for its importance. This barrier to effective utilization of resources has also been noted in research conducted by Adler et al. (2012), who found that one-third of OT practitioners cited a lack of resources as a barrier to the effective discussion of driving-related concerns. The outcomes of this study, along with earlier research, suggest that the OT profession may need a more standardized approach to better prepare OT practitioners for DCM practices or use more accessible methods of professional development to support OT practitioners' knowledge and confidence in this emerging area.

Online Learning and DCM

Building on the research question, the results indicate that there is evidence in favor of utilizing an online learning approach as a method of teaching OT practitioners about DCM. As evidenced by the results, online learning approaches can be used to improve interprofessional collaboration, improve practicality by increasing accessibility, and offering a wide reach to OT practitioners across the country. Results from the pre-survey have revealed that a large majority (63.4%) of practitioners prefer the route of online continuing education as a method of gaining skills and expertise. This is consistent with literature that shows how healthcare professionals prefer the practicality and consistency that are attributed to online education (Reeves et al., 2017; Longhini et al., 2021). Another significant advantage of online learning is the flexibility to adapt and update the material in real-time without requiring additional resources, as traditional education might. This adaptability enables teachers and learners to easily update education on-the-fly, which is especially useful in healthcare practice, where knowledge and best practices evolve rapidly. Similar to the quality improvement questions implemented in the post-survey of this project, teachers can incorporate feedback from learners to improve the online education format. Like many educational interventions, there may be room for improvement in certain aspects of the training program. In this particular project, the length of the education, which was three hours, may have been a factor that could have been improved. Over 50% of the participants suggested that the education may have been too long, and 20% of participants specifically mentioned that the pace of the content should be revised. However, the online format of the course provides the opportunity to easily make changes to the content. Therefore, making improvements to the training program may only require the teacher to re-record certain sections of the material rather than requiring significant re-work of the entire program.

The second phase of the project focused on assessing the "Quality" of continuing education. The findings revealed a majority of participants rated the content as *Good* to *Outstanding*, with high scores across presentation, presenter, and content dimensions. These results demonstrated that the provided continuing education met most of the participant's expectations and standards. However, it is important to note that some participants had provided *Fair* ratings when asked to rate enthusiasm (n = 3), the practicality of the content (n = 1), quality of audiovisuals (n = 3), and whether the information provided was appropriate (n = 1). These results indicate that there remains to be areas of improvement in this education course. However, these findings are in line with other continuing education programs as no single education course can fulfill the expectations of all participants (Rouleau et al., 2019). Nevertheless, as evidenced by how receptive participants were to the "Quality" of education and the statistically significant improvement of both "Knowledge" and "Confidence", online education on DCM may prove to be an acceptable method of educating OT practitioners. These results were consistent with previous research conducted on online training and overall satisfaction, as highlighted in the studies conducted by Marbin et al. (2017), Kim et al. (2022), and Szekeres & MacDermid (2022). As an example, Marbin et al. (2017) determined that online training was a viable substitute for in-person training, while Szekeres and MacDermid (2022) discovered that workshops held in either online or face-to-face settings resulted in improvements in self-efficacy and readiness to change. These studies indicate that online delivery methods can significantly impact rehabilitation practices, leading to better implementation and outcome measures. Overall, this project supports the value of online training in providing effective continuing education for OT practitioners.

Section Ten: Limitations

Although steps were taken to limit variability in this project, there were still some limitations present. The sample size is a crucial factor in research studies, and in this study, the sample size was not a generalizable representative of all OTs. Specifically, 30% of the participants were from the Pennsylvania area, which may have impacted the results. This geographic concentration is notable, as the author's capstone mentor is based in Pennsylvania and invited individuals from her local area whom she was familiar with. It is important to acknowledge that this selection process could potentially introduce bias into the results. Furthermore, the high initial confidence ratings of the participants, as evident from the pre-survey, may have also been influenced by this selection bias, as the participants were gathered from a population that was already interested in OT and DCM. Furthermore, the use of a single group pre and post-survey measurement developed by the author may not have accurately evaluated the knowledge or confidence scores of the participants. In light of time constraints and limited access to standardized surveys to measure confidence and knowledge, the author utilized a self-designed survey without conducting a pilot test. However, this may introduce variability in the accuracy and reliability of the survey's ability to measure the intended outcomes. As no prior tests were conducted, it would be difficult to ascertain whether the questions truly measured both "Confidence" and "Knowledge." Another limitation of this study was the reliance on self-reported data, which may not be independently verified and could be susceptible to biases. Answers provided by participants would have needed to be taken at face value, and there is a risk of data exaggeration or embellishment, potentially leading to inflated results for the education program's effectiveness. These limitations should be taken into account when interpreting the study's findings, and the generalizability of the results should be approached with caution.

To ensure a larger number of qualified OT practitioners, it is essential to address the topic

of DCM and provide adequate resources and education in this field. This quality improvement

research project has provided significant insights into the promotion of OT practitioners in

addressing the crucial occupation of driving. The study's findings demonstrate that the online

education program, *OT's Role with Driving*, has positively impacted participating OTs'

"Knowledge" and "Confidence," making it an effective tool for introducing DCM concepts to

practitioners and students. As OT services continue to expand, it is critical to investigate

emerging practice areas to provide quality OT services. By addressing competence in DCM, OT

practitioners, educators, and students can recognize the crucial role driving plays in improving

patient care. Therefore, providing access to education and resources to address DCM will not

only promote the profession but also help meet the growing demand for skilled OT practitioners.

Implications for Practice

Results in this study revealed that the use of *OT's Role with Driving* made a positive

impact on the overall level of knowledge and confidence of OT practitioners in the topic of

DCM. This education program may play a role in addressing the shortage of trained professionals

in DCM (Dickerson, 2011). A free online continuing education program in the area of DCM can

be a valuable resource for OT practitioners seeking to enhance their knowledge and skills in this

area. By providing an accessible and comprehensive education course, the online education

program can help address the accessibility gap and enable practitioners to better serve their

clients with DCM needs. The modules, which were designed at an introductory level of OT, can

be utilized by both practitioners and students to gain a foundational understanding of DCM. The

program's multi-modal format, including videos, worksheets, and transcripts, ensures that all

participants can comprehend the content regardless of their accessibility needs. The global

potential of sharing and implementing this program underscores the significance of addressing

DCM as a critical concern for occupational therapy practitioners and their clients on a global

scale.

Implications for Future Research

This capstone project introduces a promising approach to enhance the knowledge and

confidence of OTs in their role as DCM practitioners. Furthermore, this project contributes to the

existing body of research in the field of DCM and education, which is currently limited in scope.

However, future research should focus on evaluating the long-term retention of knowledge

acquired through online education. This can be achieved by conducting follow-up assessments

with OTs who have completed the course, including evaluating the frequency of DCM

interventions they initiate. To gain a more accurate understanding of the impact of this training,

researchers should consider incorporating standardized tests to assess participants' ability to

recall information. Furthermore, a mixed-method design that includes interviews or focus groups

could provide additional insights into participants' perceptions of the program. Lastly, extending

the experiment's duration and expanding the education program's reach to a larger sample size of

OTs could provide a more comprehensive understanding of its effectiveness.

Future Implications for OT

This project strives to align with OT's Centennial Vision by allocating additional

resources to address DCM, with a focus on evidence-based and science-driven services to meet

the occupational needs of society. By addressing DCM as important areas of occupational

performance, OT practitioners can play a pivotal role in promoting safe and independent driving

among individuals of all ages and abilities. This can have far-reaching effects, including

increased access to transportation, enhanced community participation, improved quality of life, and greater independence for individuals with driving challenges. Additionally, as driving services continue to evolve, OT practitioners have the opportunity to lead in research, policy development, and advocacy to shape best practices in driving rehabilitation and community mobility, driving the field forward and contributing to the advancement of OT's Centennial Vision.

Appendix A: Pre-Survey

1. Informed Consent

2. What state do you reside in?

3. How do you identify?

   a. Male

   b. Female

   c. Other_____

4. What is your race/ethnicity? (Please choose all that apply)

   a. American Indian/Native American

   b. Arab American/Middle Eastern

   c. Asian American, Asian, or Pacific Islander

   d. African American or Black

   e. Latin American or Hispanic

   f. White, Caucasian (not Hispanic)

   g. Other_____

5. What is the highest level of education you have completed?

   a. Some high school or less

   b. High school diploma or GED

   c. Some college, but no degree

   d. Associates or technical degree

   e. Bachelor's degree

   f. Graduate or professional degree (MA, MS, MBA, PhD, JD, MD, DDS etc.)

   g. Prefer not to say

6. Please indicate your professional titles. (Please choose all that apply)

   a. Occupational Therapist (OT)

   b. Occupational Therapy Assistant (OTA)

   c. Occupational Therapy Student (OTS)

   d. Driver Rehabilitation Specialists (DRS)

   e. Specialty Certified in Driving and Community Mobility (SCDCM)

   f. Other_____

7. Which of these categories best describe your employment status?

   a. Full time

   b. Part time

   c. Per diem

   d. Consultant

   e. Seasonal

   f. Self-employed

   g. Retired

8. How many years have you been a practicing occupational therapy practitioner?

   a. 0-3

   b. 4-6

   c. 7-9

   d. 10+

9. What practice setting(s) best describe your workplace? (Please choose all that apply)

   a. Rehabilitation Hospital

   b. Acute Hospital

   c. Skilled Nursing Facility

   d. Outpatient Clinic

   e. Mental Health

   f. School Setting

   g. Community based

10. What is your preferred method of receiving continuing education?

   a. Continuing Education Courses [Live] (real time, face to face)

   b. Continuing Education Courses [Asynchronous] (at own pace)

   c. Attendance at Conferences

   d. Supervision of Level II or Level I OT/OTA Students

   e. Research

   f. Publication

   g. Other_____

11. Have you received driving and community mobility training in the past?

   a. No

   b. Continuing education

   c. Online Education

   d. College Education

   e. In-Person Training

   f. Other_____

12. What areas of focus are you looking for when selecting a Continuing Education on driving and community mobility? Select all that apply.

   a. Ethics and Professional Obligation

b. Interventions (Adults)

c. Interventions (Adolescence)

d. Assessments/Screenings (Adults)

e. Assessments/Screenings (Adolescence)

f. Client Interactions and Communication Techniques

g. Driving Cessation

13. How likely are you to discuss the topic of driving and community mobility with your
clients?

a. Extremely unlikely

b. Somewhat unlikely

c. Neither likely nor unlikely

d. Somewhat likely

e. Extremely likely

14. How knowledgeable are you with the role of occupational therapy in driving

a. Not knowledgeable at all

b. Slightly knowledgeable

c. Moderately knowledgeable

d. Very knowledgeable

e. Extremely knowledgeable

15. Do you possess the necessary resources (such as charts, handouts, assessments, research,
and references) to effectively address a client's driving and community mobility
concerns?

a. Definitely not

b. Probably not

c. Might or might not

d. Probably yes

e. Definitely yes

16. How comfortable are you with referring out a client to address their driving and community mobility needs?

    a. Extremely uncomfortable

    b. Somewhat uncomfortable

    c. Neither comfortable nor uncomfortable

    d. Somewhat comfortable

    e. Extremely comfortable

17. How comfortable are you with initiating a conversation about driving cessation or retirement, and suggesting alternative transportation options?

    a. Extremely uncomfortable

    b. Somewhat uncomfortable

    c. Neither comfortable nor uncomfortable

    d. Somewhat comfortable

    e. Extremely comfortable

18. Please select all the potential barriers you have encountered or anticipate encountering while implementing a successful driving and community mobility intervention plan.

    a. Lack of support from workplace

    b. Lack of knowledge

    c. Lack of collaboration with other professionals or agencies

d. Client noncompliance or resistance

e. Lack of reimbursement or coverage

Appendix B: Post-Survey

1. Please write initials for first and last name (i.e., Gerard Blanco-GB) and todays date (MM/DD/YYYY)

2. How likely are you to recommend this continuing education course to a friend or colleague?

    a. Extremely unlikely

    b. Somewhat unlikely

    c. Neither likely nor unlikely

    d. Somewhat likely

    e. Extremely likely

3. What did you like most about this training?

    a. Educator

    b. Ease to read

    c. Ease to understand

    d. Pace

    e. Length

    f. Content

4. What did you like least about this training?

    a. Educator

    b. Ease to read

    c. Ease to understand

    d. Pace

    e. Length

f. Content

5. What are your thoughts and or comments about this training?

6. How would you rate the presenter's enthusiasm?

    a. Unacceptable

    b. Needs work

    c. Fair

    d. Good

    e. Very good

    f. Excellent

    g. Outstanding

7. How would you rate the presenter's knowledge of the topic

    a. Unacceptable

    b. Needs work

    c. Fair

    d. Good

    e. Very good

    f. Excellent

    g. Outstanding

8. Was the information presented in an organized manner?

    a. Unacceptable

    b. Needs work

    c. Fair

    d. Good

e. Very good

f. Excellent

g. Outstanding

9. How would you rate the methods used in this presentation, was information presented related to practical problems?

    a. Unacceptable

    b. Needs work

    c. Fair

    d. Good

    e. Very good

    f. Excellent

    g. Outstanding

10. How would you rate the quality of the audiovisuals

    a. Unacceptable

    b. Needs work

    c. Fair

    d. Good

    e. Very good

    f. Excellent

    g. Outstanding

11. Was the amount and complexity of the information appropriate?

    a. Unacceptable

    b. Needs work

c. Fair

d. Good

e. Very good

f. Excellent

g. Outstanding

12. Was the content related to current evidence in literature?

a. Unacceptable

b. Needs work

c. Fair

d. Good

e. Very good

f. Excellent

g. Outstanding

13. Was the content relevant to Occupational Therapy and Driving & Community Mobility

a. Unacceptable

b. Needs work

c. Fair

d. Good

e. Very good

f. Excellent

g. Outstanding

14. How likely are you to discuss the topic of driving and community mobility with your

clients?

a. Extremely unlikely

b. Somewhat unlikely

c. Neither likely nor unlikely

d. Somewhat likely

e. Extremely likely

15. How knowledgeable are you with the role of occupational therapy in driving?

a. Not knowledgeable at all

b. Slightly knowledgeable

c. Moderately knowledgeable

d. Very knowledgeable

e. Extremely knowledgeable

16. Do you possess the necessary resources (such as charts, handouts, assessments, research,

and references) to effectively address a client's driving and community mobility

concerns?

a. Definitely not

b. Probably not

c. Might or might not

d. Probably yes

e. Definitely yes

17. How comfortable are you with referring out a client to address their driving and

community mobility needs?

a. Extremely uncomfortable

b. Somewhat uncomfortable

c. Neither comfortable nor uncomfortable

d. Somewhat comfortable

e. Extremely comfortable

18. How comfortable are you with initiating a conversation about driving cessation or
retirement, and suggesting alternative transportation options?

a. Extremely uncomfortable

b. Somewhat uncomfortable

c. Neither comfortable nor uncomfortable

d. Somewhat comfortable

e. Extremely comfortable

19. Please select all the potential barriers you are comfortable addressing while implementing
a successful driving and community mobility intervention plan.

a. Lack of support from workplace

b. Lack of knowledge

c. Lack of collaboration with other professionals or agencies

d. Client noncompliance or resistance

e. Lack of reimbursement or coverage

Title of Project: Driving and Community Mobility: An Online Educational Program for

Generalist Occupational Therapy Practitioners

Principal Investigator: Gerard Blanco, OTS

Capstone Mentor: Susan M. Touchinsky, OTR/L, CDRS, SCDCM; Jonathan Legarte, OTD,

OTR/L, CSRS

Description of Survey: The purpose of this survey is to explore the experiences of generalist

occupational therapy practitioners with continuing education courses on Driving and Community

Mobility. Specifically, we aim to investigate their perceptions of knowledge gained, choices in

continuing education, and the extent to which they apply what they learned in clinical practice.

Participants Role: The participants will be asked to complete a pre and post-survey

questionnaire that should take around 10 minutes to finish. The survey will cover their

experiences with driving and community mobility in their daily practice, as well as their

feedback on the training they received from *Module 1: OT's Role in Driving*.

Confidentiality: Your responses will be anonymous, and results will only be shared in

aggregated form and individual information will be non-identifiable

Voluntary Participation: Your participation in this project is voluntary and you can withdraw at any time without any negative consequences.

Questions: If anything is unclear, please don't hesitate to ask questions. You can contact the principal investigator for assistance, Gerard Blanco, email: Blancg1@unlv.nevada.edu.

AGREEMENT TO PARTICIPATE IN THIS CAPSTONE PROJECT

I have read this informed consent document and the materials contained in it has been explained to me. I understand each part of the document, all my questions have been answered, and I freely and voluntarily choose to participate in this project

<u>Please write initials for first and last name (i.e., Gerard Blanco- GB) and todays date (MM/DD/YYYY)</u>

Thank you for taking the time to complete our survey. Your honest feedback is highly appreciated and will assist us in moving forward with our project.

The insights we gain from this survey will help us enhance the education provided to occupational therapy generalist practitioners and those interested in offering driving and community mobility services.

Part 2 of the survey will be made available once you have completed Module 1: OT's Role with Driving.

Appendix D: OT's Role with Driving Outline of Topics

Module Introduction

Asset #	Content type	Title	Description	Format	Length (min.)
DRA M1 0 MI A1	LT	Welcome	Welcome & introduction	Written	3 minutes
DRA M1 0 MI A2	LT	Introduction to OTs Role with Driving	OTs driving change lives. High level overview.	PPT & recording	10 minutes
DRA M1 0 MI A3	PIIP	Module Handout	Download the handout & References.	PDF	2 minutes
DRA M1 0 MI A3	PIIP	Reference	Course reference list	PDF	
TOTAL					**15 minutes**

Lesson 1: The Occupation of Driving

Asset #	Content type	Title	Description	Format	Length (min.)
DRA M1 L1 A1	LT	Introducing the occupation of driving	The occupation of driving and why we as OTs address this valuable IADL.	Slideshow with narration	8 minutes
DRA M1 L1 A2	SIIP	Perspectives on Driving from OT Students and Clients	Video interview with clients & students.	Recording	11 minutes
DRA M1 L1 A3	PIIP	Reflecting on the occupation of driving	How did the various testimonials cause you to think differently about your OT role with driving?	Discussion Board	5 minutes
Lesson Total					**24**
Total					**39**

Lesson 2: Driving and the Occupational Therapy Practice Framework

Asset #	Content type	Title	Description	Format	Length (min.)
DRA M1 L2 A1	LT	Using the OTPF to address the occupation of driving	Using familiar tool of OTPF to understand and assess IADL, driving and community mobility	Video	11 minutes
DRA M1 L2 A2	SIIP	Providing a framework – New OT DRS Perspective	Interview with OT DRS	Video	4 minutes
DRA M1 L2 A3	SIIP	Observing performance skill factors for driving risk & potential	Performance skill factors of concern for driving and why	Video	4 minutes
DRA M1 L2 A3.5	SIIP	Exploring Context, Personal Factors, & Environmental Factors for Driving	Context, social determinants of health, personal factors & environment impact on the occupation of driving	Recording	9 minutes
DRA M1 L2 A4	SIIP	The Value of Occupation: ADLs & IADLs	IADL performance can indicate driving risk. Connecting occupations.	Recording	18 minutes
DRA M1 L2 A5	SIIP	Demonstrating the impact of the OTPF on driving risk	Show OTPF application to task of driving: Activity Demands	Slides	3 minutes
DRA M1 L2 A6	PIIP	Applying the Practice Framework	QUIZ	QUIZ	5 minutes
Lesson					**54**
TOTAL					**93**

Lesson 3: Distinguishing Between the OT Generalist & Specialist

High level overview Role of OT Across the Lifespan & Spectrum of services

Asset #	Content type	Title	Description	Format	Length (min.)
DRA M1 L3 A1	LT	Distinguishing Between the OT Generalist & Specialist	Differentiate between the: OT generalists – driving risk assessment – driving risk. OT DRS – comprehensive driving eval – fitness to drive.	PPT & recording	16 minutes
DRA M1 L3 A2	SIIP	Perspective of the OT Generalist	Interviews with Occupational Therapy Practitioners: Jeff, Colleen, Melissa, Nikki	VIDEO Interview	17 minutes
DRA M1 L3 A3	SIIP	Perspectives of the OT Driver Rehabilitation Specialist	Susie Touchinsky is an OT and CDRS with over 20 years of experience shares her role as an OT DRS.	VIDEO	4 minutes
DRA M1 L3 A3	SIIP	Delineating the Role of the Generalists & Specialist	Delineating the role of the OT Generalist Versus Specialist	Listen & Discussion Box	6 minutes
DRA M1 L3 A4	PIIP	Tables & Resources to streamline your workflow	Spectrum of Driver's Services Table 1: High Level overview of OT generalist vs specialist Table 2: Detailed review of roles	Read & PDF	10 minutes
DRA M1 L3 A5	PIIP	Knowledge Check	Quiz	QUIZ	5 Questions
Lesson Total					53
TOTAL					146

Lesson 4: OT DRIVE Framework

Asset #	Content type	Title	Description	Format	Length (min.)
DRA M1 L4 A1	LT	OT DRIVE	Introduction to the OT DRIVE as a valuable frame of reference for the occupational therapy practitioner for addressing D&CM in practice	Slideshow	13 minutes
DRA M1 L4 A2 NEW	SIIP	Applying the OT DRIVE to practice.	OT DRIVE High level Case Studies with OT DRIVE	PPT & recording	10 minutes
DRA M1 L4 A3	PIIP	Appling to the OT DRIVE to practice	Knowledge Check	QUIZ	8 Questions
Lesson					**23**
TOTAL					**169**

Module Summary

Asset #	Content type	Title	Description	Format	Length (min.)
DRA M1 MS A1	LT	Summarizing occupational therapy and driving	Summary of value of occupation of driving and role/link to OT – REVIEW	Slideshow & Record	10 minutes
DRA M1 MS A2	PIIP	Knowledge Check	Quiz	QUIZ	8 Questions
Lesson					**10**
TOTAL					**180**

Appendix E: Certificate of Completion

THIS CERTIFICATE IS AWARDED TO

{{ Student name }}

ADAPTIVE MOBILITY SERVICES

Susan Touchinsky, OTR/L, SCDCM, CDRS
Adaptive Mobility Services, Provider CE representative
Adaptive Mobility Services, LLC.
1120 Centre Turnpike, Orwigsburg, PA 17961
AOTA APP Provider #: 6874

FOR SUCCESSFULLY COMPLETING THE COURSE

{{ Course name }}

AOTA CEUs/Contact Hours: 0.3 CEU/3.0 contact hours

Course Learning Objectives: Following this course, the participant will be able to: • Explain the unique value occupational therapy expertise brings to driving. • Explain the meaning of driving from the client, OT, DRS, and individual perspective. • Apply the Occupational Therapy Practice Framework to the occupation of driving in case study examples. • Identify key performance skills needed for the task of driving.

Adaptive Mobility Services, LLC. is an AOTA Approved Provider of continuing education. AOTA does not endorse specific course content, products, or clinical procedures. The assignment of AOTA CEUs does not imply endorsement of specific course content, products, or clinical procedures by AOTA. Replacement Certificates provided at cost of $100 administrative fee.

Issued: {{ 2023-03-27 }}

Expires: {{ 2023-03-27 }}

Certificate ID: {{ Credential ID }}

AOTA American Occupational Therapy Association

Approved Provider

References

Accreditation Council for Occupational Therapy Education. (2018). *2018 ACOTE standards and interpretive guide*. https://acoteonline.org/download/3751/

Adaptive Mobility Services. (2022). About adaptive mobility services. https://adaptivemobility.com/about/

Adler, G. Rottunda, S. J., & Kuskowski, M. A. (2012). Occupational therapy practice as it relates to drivers with dementia. *Physical & Occupational Therapy in Geriatrics, 30*(4), 361–367. https://doi.org/10.3109/02703181.2012.730120

American Occupational Therapy Foundation. (n.d.). Occupational therapy research agenda. AOTF. https://www.aotf.org/Research-Resources/Resources-for-Occupational-Therapy-Research/occupational-therapy-research-agenda

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

American Occupational Therapy Association. (2017). *Occupational therapy's role with driving and community mobility across the lifespan.* AOTA Fact Sheet. https://www.aota.org/~/media/corporate/files/aboutot/professionals/whatisot/cy/fact-sheets/driving.ashx

American Occupational Therapy Association. (2018). Occupational therapy education research agenda- revised. *The American Journal of Occupational Therapy, 72*(Supp_2), 7212420070p1–7212420070p5. https://doi.org/10.5014/ajot.2018.72S218

American Occupational Therapy Association. (2020b). Occupational therapy practice

framework: Domain and process—Fourth Edition. *The American Journal of*

Occupational Therapy, 74(S2), 1–7412410010p87. https://doi.org/10.5014/ajot.2020.7

American Occupational Therapy Association. (2020a). AOTA 2020 occupational therapy code of

ethics. *The American Journal of Occupational Therapy, 74*(Supp_3), 7413410005p1–

7413410005p13. https://doi.org/10.5014/ajot.2020.74S3006

American Occupational Therapy Association. (2021). Occupational therapy scope of practice.

The American Journal of Occupational therapy, 75(supp_3), 1-9.

https://doi.org/10.5014/ajot.2021.75S3005

American Occupational Therapy Association. (2023). *About AOTA: Mission and vision.* AOTA.

https://www.aota.org/about/mission-

vision#:~:text=Vision%202025,facilitate%20participation%20in%20everyday%20living.

Basarab, D. J., & Root, D. K. (1992). *The training evaluation process: a practical approach to*

evaluating corporate training programs (1st ed. 1992.). Springer Science+ Business

Media, B.V. DOI 10.1007/978-94-011-2940-4

Billett, S. (2011). Promoting lifelong employability for workforce age over 45: Singaporean

workers' perspective. *International Journal of Continuing Education and Lifelong*

Learning, 3(2), 57-73. http://hdl.handle.net/10072/41830

Biljon, H. V., Casteleijn, D., Rabothata, S., & Toit, S. H. (2019). Screening fitness to drive by

occupational therapists in Gauteng Public Healthcare – An action learning action research

outcome. *South African Journal of Occupational Therapy, 49*(1), 4-11.

http://dx.doi.org/10.17159/2310-3833/2019/vol49n1a2

Chacko, T. (2018). Emerging pedagogies for effective adult learning: From andragogy to

    heutagogy. *Archives of Medicine and Health Sciences, 6*(2), 278–283.

    https://doi.org/10.4103/amhs.amhs_141_18

Clark, R. C., & Mayer, R. E. (2011). E-learning and the science of instruction: Proven guidelines

    for consumers and designers of multimedia learning. (3rd Edition.) John Wiley & Sons.

Cohen J. (1988). Statistical power analysis for the behavioral sciences. Routledge Academic.

Cook, D. A. (2007). Web-based learning: pros, cons and controversies. *Clinical Medicine, 7*(1),

    37–42. https://doi.org/10.7861/clinmedicine.7-1-37

Coutinho, R. (2018). Occupational therapy and driving rehabilitation. *Frontiers in Neurology, 9*,

    924. https://doi.org/10.3389/fneur.2018.00924

Creswell, J. W., & Creswell, J. D. (2018). The selection of a research approach. In J. W.

    Creswell & J. D. Creswell (Eds.), *Research design: Qualitative, quantitative and mixed*

    methods approaches (5th ed., pp. 3-22). SAGE Publications, Inc.

Culshaw, M., Wootton, L., & Wylie, S. (2005). Alcohol dependence and driving: A survey of

    patients' knowledge of DVLA regulations and possible clinical implications. *Psychiatric*

    Bulletin of the Royal College of Psychiatrists, 29(3), 90–93.

    https://doi.org/10.1192/pb.29.3.90

Davis, E.S., & Dickerson, A. (2012). *Pathways project to foster occupational therapist*

    engagement in older drivers.

    https://www.aota.org/~/media/Corporate/Files/Practice/Aging/Driving/NHTSA-report-

    literature-review-expert-panel.pdf

Davis, E. S., & Dickerson, A. (2017). OT-DRIVE: Integrating the IADL of driving and

    community mobility into routine practice. *OT Practice, 22*(13), 8-14.

    https://www.proquest.com/docview/1923231589?accountid=3611&parentSessionId=a%2

    FsuYfrnVMf%2FaQggUCyBzOHMei%2FIfpU%2BY9M2nrQyjdE%3D&pq-

    origsite=primo

Davis, E. S., Stav, W. B., & Womack, J. (2016). Driving and community mobility. *The American*

    Journal of Occupational Therapy, 70(Supp_2), 7012410050p1–7012410050p19.

    https://doi.org/10.5014/ajot.2016.706S04

Decelle, G. (2016). Andragogy: A fundamental principle of online education for nursing. *Journal*

    of Best Practices in Health Professions Diversity, 9(2), 1263–1273.

    https://www.proquest.com/scholarly-journals/andragogy-fundamental-principle-online-

    education/docview/1925184797/se-2

Dickerson, A. E. (2013). Driving assessment tools used by driver rehabilitation specialists:

    Survey of use and implications for practice. *American Journal of Occupational Therapy*,

    67(5), 564-573. https://doi.org/10.5014/ajot.2013.007823

Dickerson, A. E. (2014). Driving with dementia: Evaluation, referral, and resources.

    Occupational Therapy in Health Care., 28(1), 62–76.

    https://doi.org/10.3109/07380577.2013.867091

Dickerson, A. E. (2017). Securing samples and performance sites. In R. R. Taylor (Ed.),

    Research in occupational therapy: *Methods of inquiry for enhancing practice* (2nd ed.,

    pp. 162-179). F. A. Davis Company

Dickerson, A. E. (2020). Using a performance based assessment tool of everyday IADL to

    determine driving risk in older adults. *Innovation in Aging, 4*(Supplement_1), 731–731.

    https://doi.org/10.1093/geroni/igaa057.2596

Dickerson, A. E., & Bédard, M. (2014). Decision tool for clients with medical issues: A

    framework for identifying driving risk and potential to return to driving. *Occupational*

    Therapy in Health Care, 28(2), 194–202. https://doi.org/10.3109/07380577.2014.903357

Dickerson, A. E., Cassidy, T., Touchinsky, S. (2020). *Generalist's resource to integrate driving*

    (GRID). https://import.cdn.thinkific.com/149087/courses/902029/GRID2022-220207-

    120612.pdf

Dickerson, A. E., Reistetter, T., Davis, E. S., & Monahan, M. (2011). Evaluating driving as a

    valued instrumental activity of daily living. *The American Journal of Occupational*

    Therapy, 65(1), 64–75. https://doi.org/10.5014/ajot.2011.09052

Dickerson, A. E., Reistetter, T., & Trujillo, L. (2010). Using an IADL assessment to identify

    older adults who need a behind-the-wheel driving evaluation. *Journal of Applied*

    Gerontology, 29(4), 494–506. https://doi.org/10.1177/0733464809340153

Di Stefano, M., Stuckey, R., & Lovell, R. (2012). Promotion of safe community mobility:

    Challenges and opportunities for occupational therapy practice. *Australian Occupational*

    Therapy Journal, 59(1), 98–102. https://doi.org/10.1111/j.1440-1630.2011.00993.x

Durmaz, A., Dicle, A., Cakan, E., & Cakir, Şen. (2012). Effect of screen-based computer

    simulation on knowledge and skill in nursing students' learning of preoperative and

    postoperative care management: A randomized controlled study. *Computers, Informatics,*

    Nursing, 30(4), 196–203. https://doi.org/10.1097/NCN.0b013e3182419134

Forsyth K., & Kviz, G. J. (2017). Survey research. In R. R. Taylor (Ed.), *Research in occupational therapy: Methods of inquiry for enhancing practice* (2nd ed., pp. 375-393). F. A. Davis Company

Galustyan, O. V., Borovikova, Y. V., Polivaeva, N. P., Bakhtiyor, K. R., & Zhirkova, G. P. (2019). E-learning within the field of andragogy. *International Journal of Emerging Technologies in Learning, 14*(9), 148–156. https://doi.org/10.3991/ijet.v14i09.10020

Gorshkalova, O., & Munakomi, S. (2022). *Duty to warn*. https://www.ncbi.nlm.nih.gov/books/NBK542236/

Hawley, C. (2015). Knowledge and attitudes of occupational therapists to giving advice on fitness to drive. *The British Journal of Occupational Therapy, 78*(6), 339–348. https://doi.org/10.1177/0308022614562402

Hogan, D. B., Scialfa, C. T., & Caird, J. K. (2014). Consensus statements on the assessment of older drivers. *Canadian Geriatrics Journal CGJ, 17*(2), 76–81. https://doi.org/10.5770/cgj.17.111

Huisingh, Levitan, E. B., Sawyer, P., Kennedy, R., Brown, C. J., & McGwin, G. (2017). Impact of driving cessation on trajectories of life-space scores among community-dwelling older adults. *Journal of Applied Gerontology, 36*(12), 1433–1452. https://doi.org/10.1177/0733464816630637

International Road Transportation Union. (2023). *What is a driving risk assessment.* https://www.iru.org/what-driving-risk-assessment

Johnson, M., Kelly, L., Siric, K., Tran, T. D., & Overs, B. (2014). Improving falls risk screening and prevention using and e-learning approach. *Journal of Nursing Management, 23*(7), 910. https://doi.org/10.1111/jonm.12234

Kersten, M. L., Coxon, K., Lee, H., & Wilson, N. J. (2021). Developing community mobility and driving with youth on the autism spectrum: A psychosocial perspective. *Scandinavian Journal of Occupational Therapy, 28*(2), 91–96. https://doi.org/10.1080/11038128.2020.1798506

Kim, S., Bayer, I., Gewurtz, R., Larivière, N., & Letts, L. (2022). Comparing web-based and in-person educational workshops for canadian occupational therapists and understanding their learning experiences: Mixed methods study. *JMIR Medical Education, 8*(1), e31634–e31634. https://doi.org/10.2196/31634

Kim, W. O. (2012). Institutional review board (IRB) and ethical issues in clinical research. *Korean Journal of Anesthesiology, 62*(1), 3–12. https://doi.org/10.4097/kjae.2012.62.1.3

Knowles, M. S. (1980). *The modern practice of adult education from pedagogy to andragogy* (revised and updated). Cambridge

Knowles, M. S., Holton, E.F., & Swanson, R.A. (2015). *The adult learner: The definitive classic in adult education and human resource development* (Taylor & Francis, 8th Ed.). Routledge.

Korner-Bitensky, N., Menon, A., von Zweck, C., & Van Benthem, K. (2010). Occupational therapists' capacity-building needs related to older driver screening, assessment, and intervention: a Canadawide survey. The American Journal of Occupational Therapy, 64(2), 316–324. https://doi.org/10.5014/ajot.64.2.316

Lahti, M., Hätönen, H., & Välimäki, M. (2014). Impact of e-learning on nurses' and student

nurses knowledge, skills, and satisfaction: A systematic review and meta-analysis.

International Journal of Nursing Studies, 51(1), 136–149.

https://doi.org/10.1016/j.ijnurstu.2012.12.017

Lahti, M., Kontio, R., Pitkänen, A., & Välimäki, M. (2014). Knowledge transfer from an e-

learning course to clinical practice. *Nurse Education Today, 34*(5), 842–847.

https://doi.org/10.1016/j.nedt.2013.09.003

Larsson, H., Lundberg, C., Falkmer, T., & Johansson, K. (2007). A Swedish survey of

occupational therapists' involvement and performance in driving assessments.

Scandinavian Journal of Occupational Therapy, 14(4), 215–220.

https://doi.org/10.1080/11038120601110983

Lodha, N., Moon, H., Kim, C., Onushko, T., & Christou, E. A. (2016). Motor output variability

impairs driving ability in older adults. *The Journals of Gerontology. Series A, Biological

Sciences and Medical Sciences, 71*(12), 1676–1681.

https://doi.org/10.1093/gerona/glw013

Longhini, L., Rossettini, G., & Palese, A. (2021). Massive open online courses for nurses' and

healthcare professionals' continuous education: a scoping review. *International Nursing

Review, 68*(1), 108–121. https://doi.org/10.1111/inr.12649

Madvari, R. F., Farokhani, M. M., Madvari, A. F., Mirfakhraei, F., & Laal, F. (2018).

Development and validity of Krikpatrick's evaluation tool to investigate the efficiency of

the training course on Workers' use of hearing protection equipment. *Archives of*

Occupational Health, 2(4), 193–198.

https://doaj.org/article/7cf74a9b86e2452fb7dd0cf932f6314c

Marbin, J., Purdy, C. N., & Tebbn, K. (2017). The effectiveness of an online training to disseminate an evidence-based intervention to address pediatric secondhand smoke exposure. *MedEdPublish 6*(1), 1-19. https://doi.org/10.15694/mep.2017.000013

Marfeo, E., Grinnell, M., Coffey, A., & Ward, N. (2021). Driver rehabilitation utilization and need among community-dwelling older adults. *American Journal of Occupational Therapy, 75*(2), 7502205040p1–7502205040p7. https://doi.org/10.5014/ajot.2020.040501

Medicare Coverage Database. (2015, October 1*). Therapy driving evaluations. U.S. center for Medicare & Medicaid services*. https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=52759&ver=4&stateRegion=s59&contractorNumber=344%7C1&articleStatus=A&sortBy=title&bc=AAQAAAAAAAA

Mitchum, E., & Dickerson, A. E. (2022). Relationship between instrumental activities of daily living and naturalistic driving performance: Indications for detection of mild cognitive impairment. *The American Journal of Occupational Therapy, 76*(Supp_1), 7610500024p1. https://doi.org/10.5014/ajot.2022.76S1-PO24

Molnar, L. J., Eby, D. W., Bogard, S. E., LeBlanc, D. J., & Zakrajsek, J. S. (2018). Using naturalistic driving data to better understand the driving exposure and patterns of older drivers. *Traffic Injury Prevention, 19*(sup1), S83–S88. https://doi.org/10.1080/15389588.2017.1379601

Motschnig-Pitrik, R. (2005). Person-centered e-learning in action: Can technology help to

    manifest person-centered values in academic environments? *The Journal of Humanistic*

    Psychology, 45(4), 503–530. https://doi.org/10.1177/0022167805279816

Navarro, J., Reynaud, E., & Osiurak, F. (2018). Neuroergonomics of car driving: A critical meta-

    analysis of neuroimaging data on the human brain behind the wheel. *Neuroscience and*

    Biobehavioral Reviews, 95, 464–479. https://doi.org/10.1016/j.neubiorev.2018.10.016

Nelson, D. L., Kielhofner, G., Taylor, R. R. (2017). *Quantitative research designs: Defining*

    variables and their relationships with one another. In R. R. Taylor (Ed.), Research in

    occupational therapy: Methods of inquiry for enhancing practice (2nd ed., pp. 244-272).

    F. A. Davis Company

Nguyen, N. B. C. (2022). Improving online learning design for employed adult learners.

    European conference on e-learning, Proceedings of the 21st European Conference on e-

    Learning - ECEL 2022, 21(1), 302–309. https://doi.org/10.34190/ecel.21.1.554

Niksadat, N., Rakhshanderou, S., Negarandeh, R., Ramezankhani, A., Farahani, A. V., &

    Ghaffari, M. (2022). Concordance of the cardiovascular patient education with the

    principles of Andragogy model. Archives of Public Health = Archives Belges de Santé

    Publique, 80(1), 4–4. https://doi.org/10.1186/s13690-021-00763-5

Norman, G. (2010). Likert scales, levels of measurement and the "laws" of statistics. *Advances in*

    Health Sciences Education: Theory and Practice, 15(5), 625–632.

    https://doi.org/10.1007/s10459-010-9222-y

No World Borders. (2021, October). *Medicare LCD and local coverage determinations*.

    https://noworldborders.com/expert-witness/medicare-lcd/

O'Krafka, P. & Weir, T. (2018). Development and implementation of a transition program for

youths with disabilities. *Occupational Therapy Now, 20*(2), 22–23.

https://www.proquest.com/docview/2013914067?accountid=3611&parentSessionId=0xx

efnwplCDqcps4VBIEkACXk%2BXhGoYWr4F%2BQ58xSbU%3D&pq-origsite=primo

Pierce, S. & Stav, W. B. (2010). Driving and community mobility. *The American Journal of

Occupational Therapy, 64*(6), S112–S124. https://doi.org/10.5014/ajot.2010.64S112

Poon, W. B., Tagamolila, V., Toh, Y. P., & Cheng, Z. R. (2015). Integrated approach to e-

learning enhanced both subjective and objective knowledge of aEEG in a neonatal

intensive care unit. Singapore Medical Journal, 56(3), 150–156.

https://doi.org/10.11622/smedj.2015041

Press Books. (n.d.) *Research methods in psychology*.

https://opentext.wsu.edu/carriecuttler/chapter/8-1-one-group-designs/

Qin, W., Xiang, X., & Taylor, H. (2020). Driving cessation and social Isolation in older adults.

Journal of Aging and Health, 32(9), 962-971. https://doi.org/10.1177/0898264319870400

Radloff, J. C., Kaminski, K., & Dickerson, A. (2016). Driving and community mobility skills

bootcamp. *OT Practice, 21*(13), 8. https://www.proquest.com/trade-journals/driving-

community-mobility-skills-bootcamp/docview/1806080962/se-2

Reeves, S., Fletcher, S., McLoughlin, C., Yim, A., & Patel, K. D. (2017). Interprofessional

online learning for primary healthcare: findings from a scoping review. BMJ Open, 7(8),

e016872–e016872. https://doi.org/10.1136/bmjopen-2017-016872

Rogers, J. (2016). Andragogy: a medical student's response. The Clinical Teacher, 13(3), 231–232. https://doi.org/10.1111/tct.12353

Rouleau, G., Gagnon, M.-P., Côté, J., Payne-Gagnon, J., Hudson, E., Dubois, C.-A., & Bouix-Picasso, J. (2019). Effects of E-Learning in a Continuing Education Context on Nursing Care: Systematic Review of Systematic Qualitative, Quantitative, and Mixed-Studies Reviews. Journal of Medical Internet Research, 21(10), e15118–e15118. https://doi.org/10.2196/15118

Sangrar, R. & Vrkljan, B. (2019). Navigating issues specific to medical risk and driving: Embracing the complexity. *Occupational Therapy Now, 21*(2), 22–23. https://www.proquest.com/docview/2224910183?accountid=3611&parentSessionId=Z4dLu9WSga%2FXbcgfv%2BuhuR1fNIz6s8321pJ3YBkMUrk%3D&pq-origsite=primo

Scott, H., Unsworth, C., & Browne, M. (2021). Fitness to drive practices among non-driver trained occupational therapists in an Australian community-based rehabilitation setting. Australian Occupational Therapy Journal, 68(5), 363–373. https://doi.org/10.1111/1440-1630.12733

Shah, S. J., & Stefaniak, J. E. (2018). A review of the effectiveness of e-learning on knowledge and skill acquisition in medical education [PDF file]. https://members.aect.org/pdf/Proceedings/proceedings18/2018/18_20.pdf

Sinclair, P., Kable, A., & Levett-Jones, T. (2015). The effectiveness of internet-based e-learning on clinician behavior and patient outcomes: a systematic review protocol. *JBI Database of Systematic Reviews and Implementation Reports, 13*(1), 52–64. https://doi.org/10.11124/jbisrir-2015-1919

Slater, D. Y. (2014). Consensus statements on occupational therapy ethics related to driving. *Occupational Therapy in Health Care, 28*(2), 163–168. https://doi.org/10.3109/07380577.2014.903356

Sommaruga, M., Casu, G., Giaquinto, F., & Gremigni, P. (2016). Self-perceived provision of patient centered care by healthcare professionals: The role of emotional intelligence and general self-efficacy. *Patient Education and Counseling, 100*(5), 974–980. https://doi.org/10.1016/j.pec.2016.12.002

Sozen, E., & Guven, U. (2019). The effect of online assessments on students' attitudes towards undergraduate-level geography courses. *International Education Studies, 12*(10). https://doi.org/10.5539/ies.v12n10p1

Stack, A. H., Duggan, O., & Stapleton, T. (2018). Assessing fitness to drive after stroke: A survey investigating current practice among occupational therapists in Ireland. The Irish Journal of Occupational Therapy, 46(2), 106–129. https://doi.org/10.1108/IJOT-03-2018-0006

Stapleton, T., Connolly, D., & O'Neill, D. (2015). Factors influencing the clinical stratification of suitability to drive after stroke: A qualitative study. *Occupational Therapy in Health Care, 29*(3), 253–271. https://doi.org/10.3109/07380577.2015.1036192

Stav, W. B. Justiss, M. D., Belchior, P., & Lanford, D. N. (2006). Clinical Practice in Driving Rehabilitation. *Topics in Geriatric Rehabilitation, 22*(2), 153–161. https://doi.org/10.1097/00013614-200604000-00007

Stressel, D., & Dickerson, A. E. (2014). Documentation and reimbursable services for driver

    rehabilitation. *Occupational Therapy in Health Care, 28*(2), 209–222.

    https://doi.org/10.3109/07380577.2014.904960

Sullivan, G. M., & Artino, Jr, Anthony R. (2013). Analyzing and interpreting data from likert-

    type scales. Journal of Graduate Medical Education, 5(4), 541–542.

    https://doi.org/10.4300/jgme-5-4-18

Szekeres, M., & MacDermid, J. C. (2022). Online learning versus workshops: a rank minimized

    trial comparing the effect of two knowledge translation strategies designed to alter

    knowledge, readiness to change, and self-efficacy with respect to rehabilitation outcome

    measures. Disability and Rehabilitation, 44(21), 6531–6538.

    https://doi.org/10.1080/09638288.2021.1965227

Taylor, D. C. & Hamdy, H. (2013). Adult learning theories: Implications for learning and

    teaching in medical education: AMEE Guide No. 83. *Medical Teacher, 35*(11), e1561–

    e1572. https://doi.org/10.3109/0142159X.2013.828153

Touchinsky, S., Chew, F., & Davis, E. S. (2014). Gaps and pathways project: Driving pathways

    by diagnosis Sheets. *Occupational Therapy in Health Care, 28*(2), 203–206.

    https://doi.org/10.3109/07380577.2014.903450

Transportation Research Board. (2016). *Transportation research circular: Taxonomy and terms*

    for stakeholders in senior mobility. Transportation research board.

    https://www.trb.org/Publications/Blurbs/174681.aspx

United States Department of Transportation. (2015). *Licensed drivers: Embedded dataset excel.*

    Bureau of Transportation Statistics. https://www.bts.gov/content/licensed-drivers

United States Department of Transportation. (2016). *Passenger travel facts and figures*.

    https://www.bts.dot.gov/sites/bts.dot.gov/files/docs/PTFF%202016_2l.pdf

Unsworth, C. A., Baker, A., Morton-Kehle, D., & Darzins, S. (2022). Survey of occupational

    therapy driver assessors' rehabilitation interventions with older drivers. *OTJR (Thorofare,*

    N.J.), 42(2), 115–126. https://doi.org/10.1177/15394492211050634

Vaona, A., Banzi, R., Kwag, K. H., Rigon, G., Cereda, D., Pecoraro, V., Tramacere, I., Moja, L.,

    & Vaona, A. (2018). E-learning for health professionals. *Cochrane Database of*

    Systematic Reviews, 2018(8), CD011736–CD011736.

    https://doi.org/10.1002/14651858.CD011736.pub2

Wheatley, C. J., Carr, D. B., & Marottoli, R. A. (2014). Consensus statements on driving for

    persons with dementia. *Occupational Therapy in Health Care, 28*(2), 132–139.

    https://doi.org/10.3109/07380577.2014.903583

Wood, T. J., Marks, M., & Jabbour, M. (2005). The development of a participant questionnaire

    to assess continuing medical education presentations. Medical Education, 39(6), 568–

    572. https://doi.org/10.1111/j.1365-2929.2005.02174.x

World Federation of Occupational Therapists. (2019, September). *Position statement:*

    Occupational therapy in driving and community mobility.

    https://www.wfot.org/resources/occupational-therapy-in-driving-and-community-

    mobility

Wu, C. H. (2007). An empirical study on the transformation of Likert-scale data to numerical

    scores. [PDF file]. http://www.m-hikari.com/ams/ams-password-2007/ams-password57-

    60-2007/wuchienhoAMS57-60-2007.pdf?q=tfa

Yuen, H. K. & Burik, J. K. (2011). Survey of driving evaluation and rehabilitation curricula in

    occupational therapy programs. *The American Journal of Occupational Therapy, 65*(2),

    217–220. https://doi.org/10.5014/ajot.2011.000810

Curriculum Vitae

Gerard Blanco
Gerardblanco21@gmail.com

Education

Entry-level Doctorate, Occupational Therapy   June 2020 - Current
University of Nevada, Las Vegas

Bachelor of Science in Kinesiological Sciences   August 2014 - December 2019
University of Nevada, Las Vegas

Capstone

Doctorate in Occupational Therapy
University of Nevada, Las Vegas
Capstone: Driving and Community Mobility: An Online Education Program for Generalist
Occupational Therapy Practitioners

Work Experience

Occupational Therapy Intern Level II   May 2022 - August 2022
Optimal Therapy, Las Vegas, Nevada
- Helped determine realistic treatment goals and adjusted interventions based on patient progress and function
- Implemented treatment and interventions to support individual objectives in daily living, clinical education, and occupations.
- Experience with conducting evaluations and interventions on population of pediatrics, adults, and geriatrics

Occupational Therapy Intern Level I   January 2022 - February 2022
Let's Talk Therapy Center, Las Vegas, Nevada
- Assisted certified occupational therapist with implemented treatment interventions to support individual objectives in daily living, clinical education, and vocational areas
- Provided support to help patients adjust to new physical or cognitive limitations
- Gathered and organized documentation for therapy staff

Occupational Therapy Intern Level I   May 2022 - August 2022
Optimal Therapy, Las Vegas, Nevada
- Assisted with developing realistic treatment plan and goals based on patient factors

- Compiled research and current evidence to assist with evidence based rehabilitation services
- Prepared patients for treatments and answered basic questions regarding plan of care

Occupational Therapy Intern Level II   May 2021 – August 2021
Post-Acute Medical Rehabilitation Hospital of Centennial Hills
- Administered initial evaluations to assess nature of disabilities and limits of function and personal capacities
- Provided support to help patients adjust to new physical or cognitive limitations post discharge from previous facility
- Provided evidence based interventions to assist with transfers including bed mobility, wheelchair mobility, Adaptive devices, and durable medical equipment

Occupational Therapy Intern Level I   January 2021 – February 2021
Nevada Senior Services, Adult Daycare Center of Henderson
- Assisted in developing community based activities to perform in facility to promote socialization and communication
- Assisted in promoting independence with feeding
- Conducted evidence based assessments such as Montreal Cognitive Assessment to determine participant's current level of functioning