

IMPLEMENTING THE USE OF LESSON PLAN TEMPLATES WITHIN THE
MENTORSHIP PROGRAM FOR DIGNITY HEALTH HAND THERAPISTS

By

Ronell Matthew Sueno

Bachelor of Science - Kinesiological Sciences
University of Nevada, Las Vegas
2020

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

Copyright by Ronell Matthew Sueno, 2023

All Rights Reserved



Doctoral Project Approval

The Graduate College
The University of Nevada, Las Vegas

April 28, 2023

This doctoral project prepared by

Ronell Sueno

entitled

Implementing The Use of Lesson Plan Templates Within the Mentorship Program for
Dignity Health Hand Therapists

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

Occupational therapists (OT) have a wide range of specialties following graduation, one of which is hand therapy. This specialty requires a certain level of knowledge and clinical reasoning, especially concerning hand anatomy and physiology. It is hard to transition into hand therapy as a new occupational therapist due to extensive knowledge, additional patient-care hours, specialty certifications require, and lack of opportunity. A smoother transition into the workforce can be achieved through mentorship programs that allow for meetings with mentors to ask questions and get clarification on different treatments and diagnoses. This quality improvement project focused on gaining perspectives of hand therapy mentors and mentees during their mentorship meetings to develop templates and helpful aids.

The quality improvement study used a convenience sampling method to gather information on Dignity Health hand therapists through pre- and post-test surveys. A multiple methods design and convenience sampling from Dignity Health hand therapists was informed through pre- and post-test surveys. Quantitative data was collected through a five-point Likert scale, while qualitative data was collected through observations, semi-structured interviews, and surveys. Qualitative data was analyzed through codes and thematic analysis, while a paired t-test was used to look for significant improvements in confidence and knowledge pre-and post-test.

Results from the survey suggest the lesson plan template improves the competency of new hand therapists in patient care and increases confidence when treating upper extremity (UE) injuries for both mentors and mentees. The study suggests using a lesson plan template for Dignity Health hand therapy modules improved preparation, content, and efficiency for the monthly Zoom meetings and is recommended for hand therapy clinics and other OT settings.

Acknowledgments

I would like to acknowledge my faculty mentor, Dr. Donna Costa, and site mentor, Annie Chia, for their help in completing this capstone project. I would also like to thank my family and girlfriend, Jamie, for their constant support and encouragement during my tenure as an occupational therapy student. I would not be here without their help. Lastly, I would like to acknowledge all the long-lasting friendships I made throughout this program, as I would not have been able to get through these past three years without them.

Table of Contents

Abstract	iii
Acknowledgments	iv
List of Tables	viii
Introduction	1
Statement of the Problem	3
Significance to Occupational Therapy	6
Need for the Project	7
Literature Review	8
Learning Styles	8
Use of Case Studies in Learning	10
Job Satisfaction	12
Burnout	14
Mentoring Programs	15
Statement of Purpose	17
Theoretical Framework	18
Frame of Reference	19
Methodology	19
Study Design	19
Research Question and Hypothesis	20

Outcome Measure	20
Data Collection	21
Quantitative Data Analysis	23
Qualitative Data Analysis	24
Participants	24
Ethical and Legal Considerations	27
Results	28
Quantitative Data	28
Quantitative Results Data Analysis	31
Qualitative Data	31
Qualitative Results Data Analysis	36
Limitations	38
Discussion	40
Implications	42
Conclusion	45
Appendices	47
Appendix A: Mentor Needs Assessment	47
Appendix B: Mentee Needs Assessment	49
Appendix C: Project Timeline	51
Appendix D: Quality Improvement Questions	52

Appendix E: Pretest Survey	53
Appendix G: Lesson Plan Templates Link	70
References	71
Curriculum Vitae	75

List of Tables

Table 1: Demographic Characteristics of Participants	26
Table 2: Knowledge of Material Comparing pre/post Scores	29
Table 3: Confidence in Treatment Comparing Mean pre/post Scores	30
Table 4: Study Themes and a Sample of Supporting Codes	35
Table 5: Semi-structured Interview Questions for the Capstone Study	36

Introduction

As an occupational therapist in the hand therapy setting within Dignity Health, one has to be able to juggle patients being double booked as well as the task of being in the mentorship program, which involves going over modules within the company to be up to date with all of the protocols, diagnoses, assessments, and treatments of the full upper extremity (UE), not just the hand. Especially from the view of a new graduate or new hire, wanting to enter the workforce in the hand therapy setting can also be very challenging to transition. This is a specialized setting that requires a lot of preparation and study. Within many graduate programs of the Occupational Therapy Doctorate (OTD), there is a lack of the hand therapy curriculum added to their generalist education, which can detrimentally affect clinical readiness in hand therapy upon graduation. Short et al. (2020) suggest that practicing clinicians in hand therapy state a need for additional content to be added to didactic coursework may more adequately prepare students for the fast-paced and content-heavy environment of a hand therapy setting. With the absence of the needed coursework on hand anatomy/pathology in OTD programs, the gap of knowledge must be filled by the newly hired hand therapist and their motivation to learn about the many diagnoses, protocols, evaluations, and treatments of the UE. As such is the case at Dignity Health.

Dignity Health Hand Therapy in Southern Nevada developed a mentorship program between veteran hand therapists (mentors) and the new hires (mentees) to bridge the knowledge gap and allow a smoother transition into this setting. The mentorship program consists of one veteran hand therapist paired with either one or two mentees new to the company. The mentor helps the mentee get acclimated to their patient caseloads while also being able to help guide the

mentee with any advice and expertise to answer any questions. Many of the veteran hand therapists are certified hand therapists (CHT) as well, meaning that (1) they have gone through 4000 hours of documented direct patient care in hand therapy, (2) they are licensed as occupational or physical therapists for a minimum of 3 years, and (3) has passed a comprehensive Hand Therapy Certification Exam. Through this mentorship program, they hope to provide more training, guidance, and support for the new hand therapists to increase job satisfaction and the likelihood of them staying within the company and field.

Dignity Health hand therapy requires newly hired hand therapists to complete various hand therapy modules on hand, forearm, and elbow evaluation, nerve injuries, ligament injuries, wound care, etc. Through completing the modules, the mentors and mentees schedule weekly or monthly meetings based on the topics they cover that week or month. For the monthly Zoom meetings, a mentor or mentee is responsible for preparing a lecture that reviews the hand module material assigned for that given period. Several hand therapists are allowed to join to allow for the opportunity to solidify their knowledge of the material, collaborate with peers, and ask questions. Mentors and mentees can also schedule one-on-one meetings to review different cases and topics they feel they need more work on. Each mentorship relationship within the Dignity Health hand therapy program has schedules and learning styles that factor into their meetings' scheduling. This means that some mentees meet with their mentors more regularly than others, which can affect the confidence and support that the mentee feels in their work setting.

The monthly Zoom meetings have created increased stress and occupational balance problems among the hand therapists as it takes time from patient care, personal schedule, and documentation to review material that may not be fresh to assist in creating a presentation for the monthly zoom meeting. The time it takes to prepare for these meetings has been overwhelming

for the hand therapists and their ability to handle a large caseload of complex patients. Improving the emotional and mental well-being of the therapist may improve turnover rates within the hand therapy setting while providing more support and facilitation of learning in these meetings for increased patient outcomes. The proposed solution is to create lesson plan templates based on the modules that new hires must complete. The belief is this will help alleviate the time and burden placed on the therapists preparing for these monthly Zoom meetings, which will also assist the learning experience of those attending the mentoring sessions.

The PIO question guiding the project is: “Among Dignity Health hand therapists, will a lesson plan template improve mentor and mentees' mentorship experience as measured by increased knowledge and confidence?” Creating a lesson plan template for the mentors should allow for optimal preparation of material that does not detract from patient care and self-care at home. The goal was to decrease stress on the therapist when creating the lecture presentation. The other mentees attending the Zoom meetings might also have benefitted from these improved presentations through case studies in the lesson plan templates and discussion in the virtual environment, facilitating learning and engagement. This project is significant to the profession of OT in hand therapy due to the importance of creating proficient and clinically sound hand therapists that are satisfied with their jobs so that they can stay with the company and improve patient care.

Statement of the Problem

Within Dignity Health hand therapy in Las Vegas, new hand therapists must complete modules on various hand diagnoses and pathologies. This process starts right when they are hired as part of the onboarding process and orientation into the company. The current system differs

from the original system that was put in place by the head of Dignity Health hand therapists, as many mentor-mentee groups have their own expectations for how many modules must be completed per week, month, etc. The original intent of the mentorship program and modules was for new hires to complete one module per month so that they could be up to date with each monthly Zoom meeting going over a certain module topic that month. Due to the struggles of patient care and having to learn very fast, the new hires must choose which modules and topics are of higher importance based on their caseload.

The more experienced hand therapists that have been with the company for a while have to mentor and guide the mentees as they prepare a lecture for a designated hand therapy topic for their monthly Zoom meetings. The mentor is there to help clarify questions and give their insight on different cases as they see fit; however, the session planning takes time. Many OTs noted the lack of time and preparation as a difficulty during personal communication with the author. This problem can lead to meetings that are not fully developed, less engaging, and less creative.

Mentors' short time for one-on-one meetings directly impacts the mentees' learning and creates a disconnect in the relationship between the mentor and mentee. Implementing lesson plan templates can also be used for review and discussion within mentorship meetings, allowing for more discussion of the mentee and mentor's different case studies and experiences. It has been found that having a supportive mentor is crucial in creating a positive transition to the workforce in newly graduated occupational therapists (Antanavage & McCombie, 2017). New OT hires may lack confidence in their ability to treat a wide range of hand diagnoses, potentially hindering their ability to treat patients effectively. Poor mentorship can also cause mentees to feel overwhelmed, causing decreased job satisfaction and leading to increased job turnover.

Burnout is another crucial factor that occupational therapists worry about when faced with a high caseload and poor occupational balance, as such is the situation within Dignity Health hand therapists. Burnout can happen rapidly to occupational therapists in this field due to the number of patients one has to evaluate and create care plans for. Hand therapy also requires the occupational therapist to be creative in their interventions to ensure the patient is engaged in every treatment to improve outcomes. Autonomy and motivation give patients a positive mindset in their recovery, allowing for faster rehabilitation. The amount of effort the therapist puts into their job physically, emotionally, and mentally can create an imbalance in their work and personal life, increasing the likelihood of burnout.

Due to burnout and dissatisfaction, therapists leave their positions after a few months. Due to the investment in new hires, high turnover rates have become expensive. New employees every year also diminish the workplace dynamic as continuity is lacking, and the relationships among the staff are not as strong. A positive work environment is vital to creating a successful hand therapy clinic for the therapist and patient.

To keep employees happy, companies must be able to look at the value of keeping therapy team morale high while also ensuring they are productive in their role on the treatment team. The virtual environment for Zoom meetings also makes the meetings less engaging, leading to fewer interactions and attention when a presenter is presenting. More creative ways to present material in an interactive format over Zoom are needed to facilitate more learning during these meetings.

Significance to Occupational Therapy

The purpose of this project was to examine the effects of lesson plan templates for the mentorship program at Dignity Health and determine the effectiveness of the learning material and experience on the mentors/mentees. There is a need to positively train the next generation of hand therapists to effectively treat future patients with the most up-to-date, evidence-based interventions. Having a lesson plan template as a resource may decrease stress on the mentor or mentee and improve learning hand therapy material for mentorship meetings.

Zoom meetings are not typically known for being exciting and engaging, which is another need for this template. The more engaged the Zoom sessions are, the more the new therapists can recall and learn the module material for future sessions with patients. So, helping the more competent hand therapists in being able to consolidate the modules for them to teach at the monthly meetings will decrease the amount of time needed to lesson plan for the meeting and overall help the new hand therapists learn better.

Job satisfaction is crucial to keeping a consistent staff in a setting that relies on the therapeutic relationship between the OT and the client. Clients can see better results when they can trust the therapist that they are working with. If a client is being cycled through several new therapists, a therapeutic alliance is hampered, which can cause anxiety and fear about whether the treatment plan is working. Clients can be inclined to work harder with their home exercise program when they trust the therapist giving them the treatment plan (Mertala et al., 2021). This is also extremely important for this setting, as many clients are treated for extended periods (months to years) depending on their injury/condition. A high staff turnover rate leads to less experienced therapists taking over these clients' treatment plans.

Need for the Project

The need for this project was identified through the author's personal communication with multiple hand therapists throughout Dignity Health on his fieldwork level two of the summer of 2022. The hand therapists at Dignity Health stated a common theme around lectures' monthly Zoom meeting preparation. They stated they were being stretched thin trying to cover their caseload while reviewing and preparing lectures for the Zoom meetings. The author's mentor stated, "It is tough for us to be able to prepare presentations on these modules when we have a full caseload, along with re-familiarizing myself with the material." (C. Annie, personal communication, February 2022).

During the author's fieldwork experience and sitting in on the Zoom sessions, it was noted mentees lacked engagement and participation during the meeting. The meetings were very relaxed and formal, allowing free-flowing communication between the mentor and mentees. These meetings identified a need for more case studies, videos, and quiz questions were needed to help facilitate more interaction. The effectiveness of a supportive mentor is seen as a positive transition to the workforce for newly graduated occupational therapists looking for a job (Antanavage & McCombie, 2017). Making an easier transition for the new hires starts with rejuvenating the mentors in their job and demonstrating a need for the lesson plan templates.

The targeted population was hand therapists within Dignity Health, with no minimum length of hire requirement needed. This population is being used as the main stakeholders affected by implementing the lesson plan templates. The targeted population was gathered through an email to all dignity health hand therapists to see who would be interested in participating in the study.

Literature Review

The literature review section for this project was conducted using the following databases: AJOT, ProQuest, PsycINFO, JSTOR, Google Scholar, PubMed, EBSCO, and ResearchGate. Searching for and selecting articles, summarizing them, and gleaning pertinent information from the summaries were all steps in the literature review process. The prioritized articles for this study included: journal articles of high relevance to the research question, journal articles cited within the last 10 years, and relevant classic articles that show a foundation for theory and OT practice. Data collected from the literature review was synthesized to support the need for this project and its significance to OT practice.

Learning Styles

One of the main aspects of the lesson plan templates was incorporating different learning strategies to help facilitate motivation and learning. Bonsaksen and Breen-Franklin (2022) performed a cross-sectional survey on students' learning within an occupational therapy program in Philadelphia, Pennsylvania. 110 occupational therapy students of master's and doctoral levels gave informed consent to participate in this survey. The study aimed to examine the associations between occupational therapy students' learning conceptions, teaching preferences, and approaches to studying (Bonsaksen & Breen-Franklin, 2022), as this can affect a student's academic performance and clinical thinking. The study gave insight into clinical instructors and educators in the occupational therapy field trying to increase their knowledge and competency of material within their classrooms.

The outcome measures used in this study were the Conceptions of Learning, Preferences for Teaching, and Approaches to Studying measure. The Conceptions of Learning measure

consisted of three statements representing a surface approach to learning and three statements representing a deep concept approach to learning (Bonsaksen & Breen-Franklin, 2022). The Preferences for teaching assessment measures preferences for teaching that support students' understanding with four statements and preferences for teaching-oriented towards transmitting information (Bonsaksen & Breen-Franklin, 2022). Lastly, the Approaches to studying assessment comprise 18 items that belong to deep, strategic, and surface learning scales, and responders must state a level of agreement with each item (Bonsaksen & Breen-Franklin, 2022).

Results indicated that higher scores on deep learning concepts were independently associated with higher levels of a deep approach to studying, meaning that they were more likely to use a deep learning concept for studying for personal growth and multilayered understanding of concepts (Bonsaksen & Breen-Franklin, 2022). Another result showed that being female, spending more time on independent studying, and scoring high on deep learning and surface learning concepts, were associated with higher levels of strategic approach (Bonsaksen & Breen-Franklin, 2022). This shows that there are differences in learning based on gender as well.

These three different approaches to learning can guide a student's success in school. Bonsaksen and Breen-Franklin (2022) describe the deep approach as studying to gain a deeper understanding of the subject matter. The deep approach would be seen more in a clinical setting like Dignity Health, where occupational therapists must learn material for the sake of being a professional at their job to help patients. The deep approach differs from surface learning as one studies to pass the exam with little effort to understand and apply the material (Bonsaksen & Breen-Franklin, 2022). As professionals using a deep approach is more useful as you are not trying to learn for the sake of passing an exam. The goal of learning is to become better at your craft, which is also your passion. The last learning approach is the strategic learning approach,

where one studies for achievement to receive good grades (Bonsaksen & Breen-Franklin, 2022). These learning strategies can be used not just for students but also clinicians that are starting their careers as occupational therapists.

Mentors within the Dignity Health hand therapy department should adopt a deep learning concept for their mentees to facilitate engagement and learning. Creating a PowerPoint presentation filled with information they already get from the hand therapy modules does not assist in the retention of material. Similar to how educators in the occupational therapy field should discuss with their students about their learning preferences, the mentors will be able to use the lesson plan templates to give the mentees a new perspective on studying and learning. A surface learning approach is insufficient to work in an advanced specialty setting such as hand therapy. One must be willing to go the extra mile, research the evidence, and perform self-study on topics one sees in practice. A deeper understanding can be applied to newly hired hand therapists in this setting by creating learning objectives, case studies, and application review questions. Bonsaksen and Breen-Franklin (2022) stated that a balance between occupational therapy student gratification and challenging the student should be a preferred way of taking care of the needs of nonacademic, surface-oriented students. This goes back to creating challenging yet attainable standards for the hand therapists, so they feel safe and energized from work.

Use of Case Studies in Learning

Case studies are a great way to help students and learners solidify their knowledge and understanding of a topic through their critical thinking skills. Critical thinking is vital to using clinical reasoning for working occupational therapists in the field (Allen & Toth-Cohen, 2019). Completing case studies can also increase confidence in one's ability to treat specific diagnoses

as it simulates real-life cases with clients that they may have in the future. Confidence is vital for new occupational therapists in providing effective care and treatment to their clients since they can trust in their own judgment when making clinical decisions. A mixed methods pilot study by Allen & Toth-Cohen (2019) found significant improvements in critical thinking and confidence and reduced anxiety after implementing critical thinking and case study interventions for 32 master-level OT students in their last didactic semester. The intervention case studies were completed on four students, including questions to help guide writing an assessment and developing a treatment plan (Allen & Toth-Cohen, 2019). Completing case studies in teams also reinforces the idea of the capstone project of allowing communication among peers to see different perspectives on treating injuries, diagnoses, and conditions. The free flowing of ideas within a group can be more beneficial to one's learning than listening to a lecture online without discussing the material.

Case studies are essential in teaching critical thinking, but they must also be crafted realistically to what should be done in the clinical setting (Allen & Toth-Cohen, 2019). Having a case study that does not mimic a realistic outcome or string of ideas can cause the OT student or new OT to question their ability to treat, decreasing their confidence. Critical thinking is significant in other healthcare professions, such as nursing, as it is necessary to provide safe and comprehensive care (Popil, 2011). Problem-based learning (PBL) is an active learning method where students must learn and apply the material to a problem or case study (Popil, 2011). PBL allows learners to connect what they have learned in different knowledge and theories of OT to the actual practice in real-life situations. Applying concepts into practice without the risk of hurting a client is what a case study does in promoting the critical thinking of a new OT in the workforce.

Another aspect of case studies is the format of how the question is asked. They are usually open-ended questions based on real-life scenarios with supporting data to support an answer (Popil, 2011). This formula is solidified by having groups brainstorm ideas with answers that can be discussed, confirming the learner's thinking process. Case studies encourage active learning as the application of case studies helps students understand complex issues and analyze interrelated processes (Kunselman & Johnson, 2004). Complex diagnoses can be seen in every occupational therapy setting, including the hand therapy setting. Hand therapists within Dignity Health are responsible for treating not only the hand but the whole upper extremity from the shoulder all the way down to the digits. They must account for multiple interrelated processes and structures happening simultaneously, such as muscles, tendons, nerves, bones, and blood vessels. All of these factors have to be accounted for when treating a client. So having case studies that allow for discussion of clients with unique and complex issues helps with the competency and confidence in hand therapy topics for these therapists.

Job Satisfaction

Job satisfaction is another factor for employees when trying to keep them with a company in the long term. It should be an emphasis within every company that they are focused on keeping their employees happy. A systematic review by Mertala et al. (2021) found that higher job satisfaction contributed to lower turnover intentions to change jobs in Occupational Therapists from peer-reviewed studies published between 2010 and 2019. The studies found associations between job satisfaction and intra-, inter-, or extra-personal factors. These studies' intrapersonal factors that affected job satisfaction included good clinical skills, continuing education, personal satisfaction with perceived rewards, and effort (Mertala et al., 2021).

More intrapersonal satisfaction comes from being motivated and wanting to improve their work. Continuing education courses are part of the process of being able to stay updated and motivated about new evidence-based interventions and assessments. Companies that pay for their employees' continuing education courses would be more likely to increase the job satisfaction of their employees and boost their morale. Dignity Health's assigned hand therapy modules have a very detailed and simple layout for what should be learned as an entry-level hand therapist. The modules are an example of improving clinical skills and having the opportunity to have more continuing education, both of which will be improved through the capstone project.

Interpersonal factors such as having a strong mentor and professional relationships at the beginning of an occupational therapist's career significantly impacted job satisfaction (Mertala et al., 2021). The work environment plays a huge role in job satisfaction as the relationship between coworkers, supervisors, and mentors can affect how one can treat clients. It also affects the confidence and trust of the occupational therapist when other coworkers are either supportive or dismissive of the newly hired occupational therapist. Within the Dignity Health mentorship program, having a strong mentor is based on the mentor balancing their busy schedule, increased stress from work, and willingness to teach. By focusing on the occupational well-being of the mentor hand therapist, the goal will be for the mentor to assist their mentees more efficiently if they are already well taken care of themselves.

Extra personal factors such as level of responsibility, cognitive demands, rewards, and recognition contribute to occupational therapists' job satisfaction (Mertala et al., 2021). Factors such as pay, and benefits also contribute to the therapists' decision to continue working at a company versus leaving. While the basis of why many occupational therapists get into the profession of occupational therapy is to help people, another critical reason many may not

discuss is the pay. For example, suppose a hand therapist is overloaded with responsibilities such as taking extra shifts, mentoring, and having a high caseload. In that case, they should be compensated for the work they put into the company. When the pay does not reflect the therapist's hard work, negative thoughts about the therapist's workplace are introduced. Mertala et al. (2021) found that occupational therapists were satisfied with their job, specifically regarding patient care, but not organizational factors. Mentors using the lesson plan templates to prepare for meetings will allow more time for the therapists to worry about their patient care plans, which has been shown to improve job satisfaction (Mertala et al., 2021).

Burnout

The physical, emotional, and psychological toll that entry-level occupational therapists take during their first couple years of employment can cause a therapist to burn out. Burnout can be described as a response to chronic stress, which represents the attrition of one's soul through values, dignity, spirit, and will (Edwards & Durette, 2010). Increased levels of stress and burnout can also lead to increased levels of absenteeism, high job turnover, poor job satisfaction, morale, and decreased job performance (Edwards & Durette, 2010). Burnout can also affect how well the occupational therapist can treat their patients due to their inability to be fully passionate about their job if their morale is done. Factors that contribute to burnout are workplace environment, coworkers, high caseload, and poor support. The job's physical demands can become overwhelming when clients are double booked throughout a hand therapist's entire day, causing the therapist to run back and forth between clients. With the pressure from the company to meet productivity and the emotional exhaustion spent talking and working with clients, hand therapists can become exhausted. This is an unhealthy route that many entry-level hand therapists go through as they try to take on more than they can handle.

Research has also noted that a lack of professional identity leads to higher levels of burnout (Edwards & Dirette, 2010). Many occupational therapists allow themselves to overthink and doubt themselves when treating clients, which can decrease their confidence as practicing occupational therapists. Edwards & Dirette (2010) indicated three aspects of burnout: emotional exhaustion, depersonalization, and lack of personal accomplishment. Not having a sense of belonging within a workplace can affect productivity and job satisfaction. Stress can accumulate over a long period and become chronic when no strategies are used to help manage the stress. Occupational balance is important in keeping occupational therapists refreshed and ready for their job. Keeping the mentors happy and balanced in their occupations using the lesson plans will also increase their job satisfaction.

Mentoring Programs

Mentoring programs that create feelings of belonging and support can help decrease burnout. Tam et al. (2010) examined the use of an Occupational Therapy Mentorship program on eight new and seventeen experienced occupational therapists working at a regional children's rehabilitation center. Although this is not a hand therapy setting, many findings can relate to how a successful mentoring program could benefit Dignity Health. After using an eleven-month mentorship program, the outcome measures focused on therapists' skills and family-centered behavior. Mentorship programs involve a more experienced therapist who serves as a role model, provides feedback on performance, and gives emotional support to their mentees (Tam et al., 2010). Through this connection, it has been suggested that mentorship accelerates molding new therapists into more confident and experienced therapists (Tam et al., 2010). Significant pre- and post-changes were found in self-confidence, listening, and clinical skills (Tam et al., 2010). The study also suggested that therapists can gain certain skills with experience instead of a

mentorship program. The act of listening can be an essential skill for new therapists as they should want to be able to learn as much as they can to help increase their clinical reasoning and skills while also building a strong foundation and network with other therapists. Having mentorship programs will also help decrease the effects of burnout by allowing therapists to have a shared community and someone to whom they can go for advice.

Peer mentoring programs for occupational therapy students can also enhance leadership, career, and networking skills to transition into the workforce as licensed occupational therapists (Gafni Lachter & Ruland, 2018). Peer mentoring programs involve two or more participants at a similar professional stage who help each other improve their skills and abilities (Gafni Lachter & Ruland, 2018). Gafni Lachter and Ruland (2018) found that a peer mentoring program for 47 second-year occupational therapy student volunteers yielded significant improvements in mentors' leadership skills, ability to build relationships, and satisfaction in helping others. Second-year students (mentors) were randomly matched with first year (mentees) students as part of a semester-long leadership activity in one of their courses (Gafni Lachter & Ruland, 2018). The goals of this activity can be applied to the mentorship program at Dignity Health, as the mentors' goal is to enhance leadership and communication skills through interaction with their mentees (new hand therapists or first-year students) while also providing a support system for the mentees entering a unique setting such as hand therapy or in the study's case: a Master of Science Occupational Therapy program. Increased engagement and "doing" was reported in the study, which improved participants' ability to lead in complex situations (Gafni Lachter & Ruland, 2018). Having another person to connect and problem-solve with creates a positive mindset in mentees that they are doing something right, making programs like this ideal for professional development.

Statement of Purpose

This project aims to create lesson plan templates for the hand therapy modules within the Dignity Health hand therapy department to alleviate the burden placed on mentors having to review hand therapy material and create lectures for the monthly Zoom meetings. Doing so will enhance the learning experience for mentees and increase their competency in hand anatomy, diagnoses, treatments, and evaluation. The time it takes to review hand modules as part of their mentorship program duties burdens their already busy schedule. After completing the lesson plan templates, the goal is for future mentor hand therapists to use this resource to guide the module materials more concisely to allow them more time for patients and work. Another aspect is ensuring new therapists feel comfortable asking questions to reinforce their studies during the monthly meetings. Typically, new hires are assigned a mentor to help with their training for the first few months, which can cause more time spent teaching than working on notes and clients. Giving veteran hand therapists more time away from that will also assist in their occupational balance to relieve stress and contribute to healthier lifestyles.

Theoretical Framework

The occupational therapy frame of reference that guided this project was the occupational adaptation (OA) model. Occupational adaptation can be used in occupational therapy to describe the connection between a person's occupation, environment, and response to a specific occupational challenge (Grajo et al., 2018). The occupational adaptation theory focuses on the interaction between the person and their physical environment to allow the OT to find ways to help their clients efficiently adapt to their environment without any setbacks in performance. The environment may affect a client's ability to perform meaningful occupations by limiting the opportunity for a person to express themselves emotionally, physically, and spiritually. Not having a strong support group at work can make it difficult for therapists to feel welcome in their new setting. Occupational therapists have the unique ability to help their clients find barriers within their environment to respond effectively to occupational difficulties gradually.

The occupational adaptation model guided this capstone project by allowing the mentor and mentee to adapt to each other's teaching and learning styles through the elements of the lesson plan templates. The mentor and mentee have different skill levels, experience, and backgrounds to which they must adapt. The capstone project looks to bring the mentor and mentee relationship to a closer level that allows them to better understand the learning and teaching styles of each other. Occupational adaptation is also important for the hand therapy setting, as many therapists must develop ways to adapt utensils, equipment, and supplies for their clients due to hand injuries. Occupational adaptation is a strong foundation that hand therapists must acquire for improved patient outcomes.

Frame of Reference

Social constructivism learning theory facilitated learning through breakout room discussions, case studies, and more questions asked during the Zoom meetings. Social constructivism is rooted in the belief that knowledge is a shared experience, with knowledge being constructed through social interactions with coworkers and supervisors (Mulkahallati & Taylor, 2019). Knowledge is based on the individual's experience with their environment, which allows them to have different types of experiences in life. Allowing the mentees to engage with each other more during the Zoom meetings makes the flow of information more solidified through shared communication. Having different opinions and ideas on a subject matter allows for discussion, which can, in turn, create a close dynamic between the mentors and mentees if they can feel free to ask questions.

Methodology

Study Design

The study design used for this project was a multiple-methods design with data gathered through quantitative and qualitative means. The data was collected on one group through pre- and post-surveys to understand the knowledge and confidence of Dignity Health hand therapists in treating different UE conditions before and after using lesson plan templates to prepare for their mentorship meetings. Another outcome of this design was to determine the effectiveness of lesson plan template implementation on the mentorship program for Dignity Health hand therapists in Las Vegas, Nevada, by adding the component of open-ended questions for quality improvement. This method was chosen due to lower time demands, reduced cost, and fast turnaround time for data collection.

A needs assessment survey was also used before the start of the capstone to gather information on mentee perceptions of the monthly Zoom meetings and mentorship program. The needs assessment survey was needed to provide a landscape for the project and identify the population's needs. Examples of questions on the needs assessment included: “How satisfied are you with the monthly Zoom meetings?” and “What do you think can be improved within the modules?”. See Appendix A and B for the entire survey.

Interviews were also conducted during the 12-week capstone experience to capture the experiences of the mentors and mentees within their work environment along with the intra-, inter-, and extra-personal factors affecting occupational balance and work performance. Personal interviews were conducted in person to gain more insight into the workplace environment of each clinic, along with a personal narrative about the mentor/mentee experience as an occupational therapist and hand therapist as a discussion piece for the paper.

Research Question and Hypothesis

Research Question: As measured by increased knowledge and confidence, will a lesson plan template for Dignity Health hand therapy modules improve the mentorship program experience for mentor and mentee hand therapists?

Hypothesis: A lesson plan template for Dignity Health hand therapists will improve the mentorship program experience for both the mentor and mentee.

Outcome Measure

The main outcome measures for the project were a pre- and post-survey to gather data on increased confidence and knowledge of six hand therapy injuries from the Select University modules that mentees are supposed to complete for training within Dignity Health. The

formation of the Likert scale questions was inspired by Jacoby and Matell (1971) and Jamieson (2004) articles. The therapists were measured on a 5-point Likert scale with knowledge ranging from “not knowledgeable at all” to “extremely knowledgeable.” Confidence was also measured from “not confident at all” to “extremely confident.” The questions were based on the following six topics: 1) extensor tendon injuries, 2) flexor tendon injuries, 3) wound and scar injuries, 4) pain management, 5) UE ligament and joint dislocation injuries, and 6) fracture injuries. A quality improvement section was added to the post-survey for feedback and satisfaction with the project, consisting of a 10-point Likert scale and open-ended questions. Examples of quality improvement questions include: “On a scale from 0-10, how helpful was the lesson plan content for you?”, “On a scale from 0-10, how organized was the lesson plan content for you?” and “What are your overall thoughts about the lesson plan templates?”. The personal narrative section of the results allows the reader to better understand the mentee's experience working with Dignity Health hand therapy.

Data Collection

Data was collected via an online survey via the Qualtrics program. The post-survey was piloted and edited before distributing the final version to participants for data collection. A survey was determined to be the best way to collect data as surveys are helpful in being able to gather associations between two variables (Creswell & Creswell, 2018a), which is the ideal representation of what this capstone project hopes to gather on the use of lesson plan templates in this setting. Participants completed sections of the pre-survey pertaining to the time they spent preparing for mentorship meetings, the hours they worked per week, the types of clients they treated, and their perceptions about teaching.

Personal narratives were also collected from Dignity Health hand therapists through informal interviews at various Dignity Health clinics across Las Vegas. The informal interviews allowed therapists to speak more about their personal experiences of working as a hand therapist within Dignity, personal upbringings, and perspectives on how the mentorship program currently runs and how it can be improved. The author created informal interview questions and piloted them with other therapists before the implementation of the project. The author visited six clinics during the first eight weeks of the study to interview therapists and gather information on potential clients that could be used for the case studies portion of the lesson plan templates. Opportunities to observe various hand therapists and what a typical day is like for them assisted in understanding how much stress and burnout the hand therapists went through daily.

At the beginning of the project, the author sent an email to Dignity Health mentees asking if they would be interested in being interviewed about their role within the mentorship program and their experience working as hand therapists. Emails were sent to their Dignity Health work emails, and four mentees replied, saying they were interested in participating in the project. The author was then able to schedule times to meet with them over the span of a six-week period due to conflicting schedules. Going in person to interview mentees was also necessary due to the lack of responses on the needs assessment survey sent out at the beginning of the capstone project.

The process of the interviews included the author asking semi-structured interview questions to the mentees and writing their responses down on a Word document. The responses were stored on the author's laptop, with no personal identifying information stored. No voice recordings were done to preserve anonymity, but all mentees gave informed consent to have their responses transcribed and put into the study as themes. After implementing the lesson plan

templates, observations of monthly Zoom meetings were also done for the March and April monthly Zoom meetings.

Bi-weekly meetings were held with the site mentor to discuss the progression of the capstone project, along with a discussion of different learning activities that can be done to enhance the project. After the lesson plan templates were completed, the author sent out the templates, pretest survey, and post-test survey to interested hand therapists, instructing them to take the pretest survey before going through the template and the post-test survey after completing the template. Qualitative data were collected through observations and interviews with the mentor and mentee hand therapists. The overall thoughts on the lesson plans were gathered from the quality improvement section of the post-survey. Common responses were collected, coded, and themes were made to get a collective view of the project. The author also gathered observations from mentorship meetings to give the reader a perspective of how the meetings were conducted and adjusted after using the lesson plan templates for their meetings.

Quantitative Data Analysis

Pretest and post-test results were exported from Qualtrics into a Google Sheets spreadsheet and then imported into Statistical Packages for Social Sciences (SPSS), version 28. SPSS is a useful software program that allows users to extract meaningful statistics from a set of data ("SPSS statistics - Overview," n.d.) Descriptive statistical analysis was used to get the mean, median, and standard deviation of one group pre-and post-implementation of the lesson plan templates for their mentorship meetings. Inferential statistics were then used to look for any significant changes in the therapist's confidence or knowledge of the hand therapy topics. A paired *t*-test was used to measure the change in knowledge and confidence of the two data sets as

a paired *t*-test is helpful for before and after comparisons of treatment or intervention of one group. The inferential statistics were carried out at the 0.05 alpha level. Open-ended question responses were evaluated for each individual and merged from all participants. Responses were coded and categorized based on similarities between responses.

Qualitative Data Analysis

Interview questions were constructed based on the clinical expertise of the author, consultation with the site mentor, and information gained from the literature. After the questions were created, they were piloted with a couple of hand therapists from Dignity Health to make sure they were representative of the data the author was trying to collect. Data was collected on a laptop with no voice recordings captured for anonymity. All participants gave informed consent to have their responses recorded on the laptop. The data was transcribed by the author verbatim and then reviewed with the participants for the accuracy of the material. Data was then read and assigned codes by the author, followed by the codes being grouped in categories into the emergence of themes that matched the codes. The transcripts were then sent to the mentor to read and review independently, and codes were agreed upon. Themes were then created to match the views of the participants.

Participants

Participants for this project included six ($n=6$) hand therapists from the Dignity Health hand therapy mentorship program. The six hand therapists comprised three mentors and three mentees who could implement one of the lesson plan templates into either their one-on-one mentorship meetings or monthly Zoom meetings. The other prerequisite to participating in the study was that they could complete the pre- and post-survey about the lesson plan templates. The

participants also had to be licensed occupational therapists through Nevada. Participants were recruited through convenience sampling by emailing the hand therapists through their work emails. The participants interested in participating in the study were adults aged 26 and older with the requirement of working at Dignity Health as a hand therapist. Individuals that were not occupational therapists or hand therapists were excluded. Participants who could not go through all of the lesson plan templates and complete both surveys were excluded. No dropouts were recorded for this group.

Table 1: *Demographic Characteristics of Participants; n=6*

Item	A	B	C	D	E	F
Gender	Male	Female	Female	Female	Male	Male
CHT certification	No	No	Yes	Yes	Yes	No
How many years have you been with the company?	9 months	1.5 years	25 years	8 years	4.5 years	No response
How many hours a week does it take you to prepare presentations for mentorship meetings?	4 hours	5 hours	2 hours	1-2 hours	2-4 hours	2-3 hours
How many hours a week do you work?	30-40 hours	30-40 hours	40+ hours	40+ hours	40+ hours	40+ hours
Which hand therapy topics do you feel like takes more time preparing for?	Flexor tendon, extensor tendon, wound care	Flexor tendon, extensor tendon	All topics	Extensor tendon, flexor tendon, fractures, neuro	Tendon rupture/repairs	Tendon repairs
What is your teaching style?	Demonstrator	Hybrid	Hybrid	Hybrid	Hybrid	Lecturer
What is your learning style?	Kinesthetic	Kinesthetic	Reading/writing	Kinesthetic	Visual	Visual
What is your caseload at work like?	12-18 pts per day, regularly double booked with occasional triple booked, range in complexity	12-16 pts per day and typically double booked	12 pts per day, double booked at times, complexity varies	10-15 pts per day, not too many complex cases at the moment, double booked all the time	12-16 pts, moderate complexity of pts at this time, typically double booked	10-14 pts per day, pts are usually double booked

Ethical and Legal Considerations

Participants were made aware of the procedures and outcomes of the project, its goal, and a thorough description to uphold ethical standards. All participants were asked to declare their desire to participate in the project in writing, signed and dated before the project. The self-reports won't request private information, allowing users to maintain anonymity. Before participating in the experiment, each participant must express their informed consent for participation. All participants can withdraw from the study at any moment without providing any justification. The AOTA code of ethics has guiding principles that helped ensure the safety of participants for the capstone project.

Principle one, beneficence, refers to occupational therapists demonstrating a concern for the well-being and safety of patients (AOTA 2020 Occupational Therapy Code of Ethics, 2020). This capstone project enforces the well-being of the participants by allowing them to withdraw at any time without reasoning. Principle two, nonmaleficence, is defined as occupational therapists protecting their patients from harm in treatment activities (AOTA 2020 Occupational Therapy Code of Ethics, 2020).

Methods for data collection and intervention for this project contained minimal risks of injury of its participants and ensured participation was voluntary, with the ability to stop at any time without being questioned. The third principle, autonomy, was given to participants by respecting their decisions in accordance with privacy, confidentiality, and consent (AOTA 2020 Occupational Therapy Code of Ethics, 2020).

Results

The main objectives of this capstone project were to determine improvements in knowledge and confidence in treating various UE injuries before and after implementing the lesson plan templates through quantitative measures. Qualitative measures were analyzed through codes and themes in responses. Open-ended quality improvement survey questions were asked on the post-survey to assess the satisfaction of the lesson plan templates and how likely they would recommend the resource to colleagues. A portion of the participants did not complete the quality improvement sections of the post-survey. Still, all participants who were sent the lesson plan templates and surveys could complete them. The participants were instructed to take the pre-survey before viewing the lesson plan templates and immediately take the post-survey after completion. A deadline was set for the end of week 12 to complete the surveys, allowing appropriate time for data analysis and interpretation of results.

Quantitative Data

The tables below show the summary of data collected from the participants on the pre-test and the post-test in terms of descriptive and inferential statistics. Table 2 goes over the therapists' knowledge of the six-hand therapy lesson plan topics pretest and posttest. In contrast, Table 3 compares the confidence in treating six hand therapy diagnosis pretest and posttest. A two-sided p-value defined the significance of scores to determine if there were any significant changes in knowledge and confidence after using the lesson plan templates.

Table 2: Knowledge of Material Comparing pre/post Scores; n=6

Question		Mean	SD	P-value
1. In your experience, how knowledgeable are you with extensor tendon anatomy, healing, and management?	Pre	3.16	0.75	0.40
	Post	3.00	0.63	
2. In your experience, how knowledgeable are you with flexor tendon anatomy, healing, and management?	Pre	3.16	0.98	0.01
	Post	3.33	0.81	
3. In your experience, how knowledgeable are you with wound and scar evaluation and management?	Pre	3.00	0.63	0.07
	Post	3.16	0.40	
4. In your experience, how knowledgeable are you with chronic pain and pain management	Pre	3.33	0.81	0.04
	Post	3.00	0.89	
5. In your experience, how knowledgeable are you with UE ligament injury and joint dislocation management?	Pre	2.83	0.75	0.07
	Post	3.16	0.75	
6. In your experience, how knowledgeable are you with UE ligament injury and joint dislocation management?	Pre	3.50	0.54	0.05
	Post	3.50	0.54	
Totalled Scores	Pre	19.00	1.41	0.69
	Post	18.67	0.81	

Mean scores are based on a Likert scale (1= not knowledgeable at all, 2 = slightly knowledgeable, 3 = moderately knowledgeable, 4 = very knowledgeable, 5 = extremely knowledgeable)

Table 3: *Confidence in Treatment Comparing Mean pre/post Scores; n=6*

Question		Mean	SD	P-value
7. How confident are you in your ability to treat extensor tendon injuries?	Pre	3.00	1.09	0.02
	Post	3.00	0.63	
8. How confident are you in your ability to treat flexor tendon injuries?	Pre	3.16	1.16	0.07
	Post	3.33	0.81	
9. How confident are you in your ability to treat wounds and scars?	Pre	3.50	0.54	0.11
	Post	3.33	0.51	
10. How confident are you in your ability to manage pain for clients (i.e. chronic pain, nerve pain, nociceptive pain, acute pain)?	Pre	3.33	0.51	0.17
	Post	3.33	0.81	
11. How confident are you in your ability to treat UE ligament and joint dislocation? injuries?	Pre	3.50	0.83	0.35
	Post	3.33	0.51	
12. How confident are you in your ability to treat UE fractures?	Pre	4.00	0.63	0.23
	Post	3.50	0.54	
Totaled Scores	Pre	20.50	2.07	.286
	Post	19.83	.983	

Mean scores are based on a Likert scale (1= not confident at all, 2 = slightly confident, 3 = moderately confident, 4 = very confident, 5 = extremely confident)

Quantitative Results Data Analysis

The results from the knowledge portion of the pretest and posttest survey (Table 2) showed an increase in posttest mean score in three out of six questions. There was a significant improvement in question two as the p-value was < 0.05 at 0.01, meaning there was a significant improvement in flexor tendon knowledge from the therapists. Question four in the knowledge section showed a significant decrease in mean score from the pretest to the posttest with a p-value of 0.04. Results from the confidence portion of the pretest and posttest showed an increase in the posttest mean score in one out of six questions, with two out of six questions scoring no change in the posttest mean score. Question seven had no change in mean score from the pretest to the posttest but scored a significant p-value of 0.02. With varying changes in mean scores from the pretest to the posttest in all of the questions, the hypothesis cannot be proven true. The group mean score for the survey's knowledge and confidence portion decreased, with the mean decreasing from 19 to 18.67 for knowledge and from 20.50 to 19.83 for confidence. Although the results did not show any significant improvements in knowledge or confidence as an overall group, results showed significant improvements in a portion of the questions meaning that there is a possibility that certain lesson plan templates were able to help the user gain more knowledge or confidence than the others. Another reason for this could be a poor understanding of the survey questions due to faulty wording.

Qualitative Data

Overall Thoughts on the Lesson Plans

After completing the post-test survey, collective agreement regarding the lesson plan templates as a great and helpful resource that could be used for the mentees was found. One

participant stated it was “*well put together with pertinent information.*” Two participants talked about how the videos, case studies, visuals, and examples helped broaden their understanding of the topic, with one participant stating, “*I tend to be a multimodal learner, so I appreciate being able to listen/watch the videos, look at pictures/examples, and follow along with the words on the lesson plan in case I miss something the first time in the video.*” Participants were also asked, “What did you like the most and the least about this content?” where four out of six participants responded with the case studies, videos, and visuals were what they liked the most. A follow-up question was asked to elaborate on what they liked the least, with two out of six participants stating that it could be more succinct and less lengthy. This type of insightful feedback was necessary to show improvements for future projects in this field.

The last open-ended question covered any questions left unanswered by the training. To this question, five out of six participants had no other questions. In contrast, one participant wanted more education on “*knowing atypical presentation when pts are not healing as planned according to protocols.*” It was insightful to the author as this was a portion of the lesson plan templates that would be improved in the future to assist in patient outcomes. Overall, these responses to the open-ended questions on the survey gave the author a better understanding of how the participants resonated with using a lesson plan template for their mentorship meetings. See Appendix D for how the participants rated the lesson plan templates on a quantitative scale.

Observation of Mentorship Meetings

The author sat in three mentorship meetings during the 14-week capstone experience. One of the mentorship meetings observed was between a mentor and mentee reviewing extensor tendon injuries using a completed extensor tendon lesson plan template. It was apparent that the mentor was going through the sections of the lesson plan template in order and customize her

teaching style to meet the needs of her mentee. The mentee had many questions that the mentor answered in a supportive manner, encouraging her to ask more questions. The mentor could also use the lesson plans' case studies and sample questions to quiz her mentee on her knowledge of hand anatomy and physiology. It was evident that the mentor incorporated the videos on different exercises for the hand post-extensor tendon injury in her teaching. Most of the time focused on the mentee asking questions about the proper treatment of specific cases that she was dealing with at the time, making it difficult to include all the material from the lesson plan template in the mentorship meeting. Feedback from the mentor stated that “*the lesson plans provided an organized layout of information that could be covered in a shorter time compared to before.*” The comfort level of the mentorship relationship served as a big factor in increasing communication and learning in the mentorship meeting.

The main purpose of the lesson plan templates was to help with the monthly Zoom mentorship meetings. After observation of the March monthly Zoom meeting, the author was able to gain beneficial insight into how two of the participants utilized the lesson plan templates. The author observed that mentees took many pictures and sections from the lesson plans and applied them to their presentation on extensor tendon injuries. Feedback from the two mentees stated that there was a lot of information, but it was succinct. They also stated that preparing for the presentation a month in advance with the lesson plan template was very helpful. During the meeting, many more questions were asked of the participants on how to treat complex presentations of injuries. The mentees teaching other mentees also gave them the responsibility of learning the material on their own and being the ones to answer the questions using their critical thinking instead of just listening to what the mentors had to say during an unengaging lecture. Practice questions were given throughout the meeting to solidify the learning of the

material. There was an increase in collaboration and engagement among the participants, as observed by the author. The main takeaway from the monthly Zoom meeting was the addition of the case studies and practice questions to test the participants' knowledge, increasing the confidence and knowledge of the therapists for improved patient care.

Personal Narratives of Mentees

The three main themes taken away from the interviews were: 1) mentor/mentee meeting difficulties, 2) the balance of independence and support from the mentor, and 3) the difficulties of having monthly mentorship meetings through Zoom. Most of the mentees explained that due to the busy schedules of both the mentor and mentee, it was difficult to find the time to meet to talk about complex cases, which led to the mentees finding other resources outside of the mentorship program to supplement their learning. The mentee responsibilities for the mentorship modules through Dignity were also different for each mentee. One interviewee stated, *“It was supposed to be one module a month, but I ended up just looking through the modules based on the clients I was working with.”* This shows there were lenient expectations for completing the modules, as not everyone completed the modules fully.

The mentees also explained that their transition into hand therapy was challenging due to the amount of knowledge required of an entry-level hand therapist, especially for mentees from other settings (pediatrics, inpatient rehabilitation, school system). Another common theme among three out of the four interviewees is that the complexity of clients requires a deeper level of knowledge and clinical reasoning that was not taught in school. The main UE topics that the mentees had trouble with were post-op protocols and splinting procedures for complex clients. Due to the lack of education on these topics in school, there was a collected feeling of *“not being prepared enough”* going into the hand therapy setting for the first time.

Lastly, the topic of the monthly Zoom meetings was discussed to help suit the population's needs for the lesson plans. Many complaints for the Zoom meetings were that they were boring and unengaging. With most of the mentees being visual and kinesthetic learners, it was difficult for them to extract anything meaningful from the presentations. Recommendations for future meetings included more discussions of real-life scenarios, case studies, videos, and learning activities. Due to the limited time of the Zoom meetings, the struggle of getting the necessary information while keeping it engaging in a short time was the struggle of both the people presenting and attending.

Table 4

Study Themes and a Sample of Supporting Codes

Theme	Sample of Codes
Different mentee responsibilities for company hand therapy modules	Module completed every month Used more as a resource Modules are completed based on what is most important at the time
Transition into hand therapy is difficult due to limited knowledge and time to meet with mentor	Use of outside resources to supplement learning Complex clients requires a deeper level of knowledge that is not taught in school Post op and splinting procedures were difficult to transition into
Monthly zoom meetings were unengaging	Needs more discussion Needs more online games Needs more hands-on activities Case study done as a group would be helpful

Table 5*Semi-structured Interview Questions for the Capstone Study*

Question
1. What is the work environment like here? Do you feel supported?
2. How often do you meet with your mentor? How do you feel that affects your work as a new therapist?
3. As a mentee, what are your current obligations for completing the hand therapy modules?
4. How do you feel about the current hand therapy modules? Do you think any changes can be made to increase your learning?
5. What type of learner are you?
6. Are there any other resources that you use to supplement your learning?
7. How was your transition into hand therapy?
8. What were some of the challenges transitioning into hand therapy?
9. What are some of the struggles of the monthly Zoom meetings?

Qualitative Results Data Analysis

The qualitative results of this study help inform the quantitative results by providing first-hand experiences of the mentorship program and thoughts on the project. Providing feedback for what went right versus wrong was more valuable than the increase in post-test mean score for less than half of the questions on the survey. Overall, there was a collective perception of the mentorship modules and Zoom meetings being unengaging, requiring a resource to help remedy it. Many participants had different backgrounds and challenges going into hand therapy, making

it initially difficult to practice in this setting. Through the completion of the lesson plan templates, participants were able to use the product as a resource for their mentorship meetings, stating that it was “*very organized*” and “*very helpful in reviewing a lot of content in a short period of time.*”

Limitations

Limitations of this project include a small sample size, limited generalizability to other populations, and validity and reliability of the data. Due to the project results being specific to the company Dignity Health and their hand therapists, external validity may be low due to the lack of generalizability to other mentorship programs or hand clinics. Internal validity is also weak in this study as the results did not show significant improvements using a non-standardized Likert scale. The outcome measure surveys were created with a Likert scale and open-ended questions. The author could not use a standardized assessment to measure the project's intended outcomes as the population was too specific for the outcome measure to be adapted from another source. This project's internal validity and reliability are weak because the qualitative results are based on the mentor/mentee experience and their perspectives on the lesson plan templates. Another limitation of this project was the convenience sampling method used to gather the participants. Due to the project being done for Dignity Health, only Dignity Health hand therapists were recruited for participation in this study.

There were a limited number of participants due to the first nine weeks of the project being dedicated to creating the lesson plan templates, leaving five weeks to implement the lesson plan templates. The author was able to have the lesson plan templates implemented for two of the monthly Zoom mentorship meetings (March and April), where two mentees were able to go over the lesson plan templates and implement them for their presentation. The other three participants were mentors who could implement the lesson plans for their one-on-one mentorship meetings with their mentees, along with completing both surveys. Due to the limited number of mentorship meetings, more data on using the lesson plan templates in preparation for the

monthly mentorship meetings could not be generated, which could have been valuable for future monthly Zoom meetings.

The lack of significant improvements as a group can be due to study limitations, such as time constraints, sample size, understanding the survey fully, etc. Overall, the findings suggest that future studies could examine efficacy or determine if the templates improved the experiences of employees, leading to increased job satisfaction and decreased turnover rate.

The lack of psychometric properties for the author-produced capstone survey was also a major limitation. Some aspects of this project can still be transferred to other hand therapy clinics from an educational standpoint. Still, the lesson plan templates are intended to be used across all Dignity Health hand therapy clinics in Las Vegas, with hand therapy-specific information being used for the lesson plan templates.

Discussion

The discussion section of this capstone study focuses on the potential of a well-designed lesson plan template to enhance the knowledge and confidence of Dignity Health hand therapists in treating upper extremity injuries. The findings from the research highlight the importance of incorporating structured and comprehensive lesson plan templates as a part of their mentorship programs to facilitate effective learning and treatment of upper extremity injuries. As a profession, occupational therapy aims to help clients get back into performing meaningful occupations and as well as identify the adaptations needed to perform those occupations effectively. With hand therapy being an advanced specialty of occupational therapy that is not covered extensively in school programs the need for extra support, resources, and mentoring are needed post-graduation in places such as Dignity Health Therapy in Las Vegas, Nevada. Supporting the literature review findings, the results of this study revealed that improvements in learning and competency through the use of the lesson plan templates could lead to greater job satisfaction and less turnover within the company.

One of the key findings of this study was that lesson plan templates could serve as a valuable tool for hand therapists to acquire and retain knowledge related to the assessment and treatment of upper extremity injuries. A lesson plan template can ensure that mentees receive comprehensive and up-to-date education on the intricacies of upper extremity injuries by providing a systematic framework for organizing and delivering relevant information through case studies, learning activities, pictures, and videos. Mentors also stated that the lesson plan templates were helpful for reviewing material that they had not looked over in a while. This organized approach can help hand therapists better understand the anatomical structures,

pathologies, and treatment options for the upper extremity, which can enhance their clinical decision-making skills.

Furthermore, the findings highlight that a lesson plan template can boost hand therapists' confidence in managing upper extremity injuries. As mentors and mentees gained a solid foundation of knowledge by reviewing together well-structured lesson plans, they could implement it in their mentorship meetings, reinforcing the learning by teaching others about the topic. Mentees are more likely to feel competent in providing appropriate care to patients with upper extremity injuries following a case study format and discussing possible treatment options within this small group setting. This increased confidence could lead to improved clinical practice, as hand therapists may be more inclined to implement evidence-based treatments, engage in critical thinking, and make informed decisions regarding the selection and progression of interventions.

Another significant aspect of this capstone project was incorporating hands-on practice and experiential learning opportunities within the lesson plan templates. Active engagement in practical skills, such as manual therapy techniques, splinting, and therapeutic exercises, can help hand therapists develop clinical skills and improve their confidence in delivering hands-on interventions. Additionally, the opportunity to practice these skills in a safe and controlled environment, under the guidance of experienced instructors, can also contribute to developing muscle memory, which is crucial for acquiring procedural skills.

It is worth noting that the success of a lesson plan template in improving the knowledge and confidence of hand therapists in treating upper extremity injuries is contingent upon several factors. These factors include the quality of the educational materials, the instructors' expertise,

the lessons' duration and frequency, and the opportunities for feedback and reflection. Therefore, designing and implementing a lesson plan template tailored to hand therapists' specific needs and learning styles is imperative to maximize its effectiveness.

Implications

The findings of this research study have significant implications for the field of occupational therapy and the use of lesson plans for improving mentorship experiences in practice. Although the study focused on a specific group of hand therapists in Las Vegas, the findings can be translated to occupational therapy practice. First, the results highlight the importance of incorporating lesson plans as a structured framework for designing and implementing mentoring programs in occupational therapy practice. Lesson plans provide a systematic approach to mentoring, allowing for consistent and organized delivery of activities and interventions. Occupational therapists can use lesson plans as a guide to ensure that mentoring sessions are purposeful, goal-oriented, and tailored to meet the unique needs of mentees. By utilizing lesson plans, occupational therapists can enhance the quality and effectiveness of mentoring programs, leading to improved outcomes for mentees.

The lesson plan templates will be available to all Dignity Health locations in Las Vegas so that therapists can readily access them on their desktops at work. As more therapists are hired and acclimated to the job, the goal of having them feel more comfortable and supported will be achieved through the mentorship program. The lesson plan templates will also help give the mentors ideas while having the autonomy to choose how they use the information suggested in the lesson plans. Making a guide for busy mentors will make it easier for therapists to organize their lectures and use their time efficiently in other endeavors outside of mentoring duties.

The findings also emphasize the need for individualizing lesson plan templates to meet each mentee's needs and goals. Occupational therapists must consider the mentee's background, interests, strengths, and challenges when developing lesson plans for mentoring programs. By considering each mentee's unique characteristics and needs, occupational therapists can ensure that the lesson plans are meaningful, relevant, and engaging, promoting active participation and motivation. Occupational therapists are skilled in looking at the person holistically, which leads to a more engaged client and helps them succeed in their occupations (Stromsdorfer & OTR/L, 2020). This individualized approach is learned in OT school and can enhance the mentee's overall learning experience, promoting personal growth, skill development, and empowerment.

The results suggest that lesson plan templates can be a valuable tool for mentor training and development in occupational therapy mentoring programs. Occupational therapists who serve as mentors can use lesson plans to guide planning and organizing mentoring sessions, ensuring they are effective, and goal directed. Lesson plans provide mentors with a clear structure for mentoring sessions, helping them to focus on specific learning objectives, monitor progress, and evaluate outcomes. By incorporating lesson plan templates into mentor training, employers can enhance the skills and capabilities of mentors, leading to more successful and impactful mentoring relationships.

Continued support for new hand therapists that transition into hand therapy should be considered for occupational therapy practices to ensure they get the needed education and confidence when they start working. Using the learning activities and case studies from the lesson plans will help improve clinical reasoning skills by discussing real-life cases between therapists so that they can work through issues they may have had in their workday. Mentorship meetings can also foster a sense of belonging between mentors and mentees by allowing

individuals to connect more personally outside of work. More lesson plan templates should be created for hand therapy mentorship programs such as Dignity Health so that more companies can create and sustain clinically sound hand therapists.

Lastly, the findings highlight the potential for using lesson plan templates to promote collaboration and communication among mentors, mentees, and other stakeholders in occupational therapy mentoring programs. Lesson plans can be a common reference point for mentors and mentees to discuss and plan mentoring activities together. Occupational therapists can also use lesson plans as a tool for communication and coordination with other members of the interdisciplinary team, such as physical therapists. Using lesson plan templates as a collaborative tool, occupational therapists can enhance mentoring programs' overall effectiveness and coordination, promoting a holistic and client-centered approach.

To summarize, using lesson plans in occupational therapy mentoring programs has important implications for practice. Lesson plans can provide a structured and individualized approach to mentoring, enhancing the quality and effectiveness of interventions. Lesson plans can also be valuable for mentor training, collaboration, and communication. Occupational therapists can utilize lesson plans to optimize the outcomes of mentoring programs, ultimately benefiting mentees, and promoting their growth and development. Further research and implementation of lesson plan templates in occupational therapy mentoring programs can contribute to advancing evidence-based practice in occupational therapy.

Conclusion

This capstone project has given insight into how better to structure mentoring programs in the occupational therapy setting to allow for more occupational balance for occupational therapists within the profession. Having a lesson plan template be a facilitator for learning, education, and presentations allowed for a better mentorship experience for the participants. Results showed slight improvements in confidence and knowledge, and statements highlighting the ease of use for the lesson plan templates to learn and teach the hand therapy topics. This shows that many positive outcomes came from using the lesson plans that the mentors and mentees could experience for future new hires. After completing the capstone study, more awareness was cast on new hand therapists and the struggles of adapting to the hand therapy setting. The study sought a solution for the therapists to keep them rejuvenated and decrease the intent of leaving due to the stress and burnout that come with the job. Having more confidence and knowledge as a hand therapist can increase job self-efficacy and improve patient outcomes.

Job turnover is a major problem for not only Dignity Health but many healthcare practices that prioritize productivity and money over their employee's needs. Future OT educators and learners will also benefit from the results of this project as they will reflect the importance of adapting learning styles and teaching styles to the other party for the best learning outcomes. Future quantitative studies with higher sample sizes on the efficacy of lesson plan templates for a mentorship program would be needed to increase the validity and reliability of the use of it in different settings. Continued advocacy to support hand therapists through mentoring education remains the goal of future pioneers of the OT profession.

In conclusion, this research paper emphasizes the significant role of a well-designed lesson plan in enhancing the knowledge and confidence of hand therapists in managing upper extremity injuries. By providing a structured framework for organizing and delivering educational content, incorporating hands-on practice, and promoting active engagement in learning, a lesson plan can contribute to the professional development of hand therapists and facilitate optimal patient care, as indicated by the results of this project. Further research in this area can explore the long-term impact of lesson plans on clinical outcomes, patient satisfaction, and cost-effectiveness. It can provide additional evidence to support the integration of lesson plan templates in other hand therapy clinics or even in other mentorship programs within the occupational therapy field.

Appendices

Appendix A: Mentor Needs Assessment

Mentorship Program Dignity Health

Survey for Mentors of Dignity Health

How many therapists are you currently mentoring?

Long answer text

How long have you been with the company? And how many years of experience do you have as an OT?

Short answer text

How often do you meet with your mentee(s)?

☐ Option 1

Do you feel like you have a strong relationship with your mentee?

☐ Option 1

How long does it take you to prepare for the monthly zoom meetings?

Long answer text

What do you currently think could help improve the process of preparing for the monthly zoom meetings?

Long answer text

Do you use resources outside of the Dignity Health hand therapy modules to prepare for the monthly zoom meetings?

Long answer text

What are some pros of the current mentorship program at Dignity Health?

Long answer text

Do you ever feel burnout from work?

☐ Yes

☐ No

How would you rate your occupational balance?

poor 1 2 3 4 5 great

Would you be willing to participate in my capstone project to assist with the mentorship program and hand therapy modules for Dignity Health?

Suggestions: [Maybe](#)

☐ Yes

☐ No

☐ Add option or [add "Other"](#)



☒ Multiple choice



Required



Appendix B: Mentee Needs Assessment

Mentorship Program Dignity Health

Survey for Mentees of Dignity Health?

Who is your current mentor?

Short answer text

How long have you been an OT?

Long answer text

If you are a newly graduated OT, what types of fieldwork experiences have you had?

Long answer text

...

If you are an OT that has been working for a while now, but this is your first time working in hands, what type of settings have you worked in?







☐ Option 1

What are some of the difficulties you have experienced as a new hand therapist?

Long answer text

What are your current perceptions of the monthly zoom meetings? Mentor meetings?

Long answer text



What do you think could be improved in the zoom meetings so that you are able to learn more? What are some pros?

Long answer text

...

Have you experienced high stress or burnout from the job? What factors have played into the stress?

Long answer text

Do you feel like you have a strong and supportive relationship with your mentor?

- ☐ Yes
- ☐ No
- ☐ Other...

How would you rate your occupational balance

	1	2	3	4	5	
poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	great

Would you be willing to be interviewed during my capstone experience to assist with improving the mentorship program at Dignity Health?

- ☐ Yes
- ☐ No

Appendix C: Project Timeline

Timeline	Procedure
December 2022	Sent out needs assessment survey
January 2022	Evaluate needs assessment survey Send out emails to mentees about possible in-person interviews Start creating lesson plan templates (6)
February 2022	Lesson plan templates in progress In-person observation of clients for case studies Create pre- and post-survey Piloted capstone survey
March 2022	Finish lesson plan templates Dissemination of lesson plans and surveys Data analysis
April 2022	Data analysis Presented final capstone project

Appendix D: Quality Improvement Questions

Question	5 point Likert Scale	10 point Likert Scale
How well did the lesson plan templates engage your attention?	22/30	-
How satisfied were you with the lesson plan templates?	24/30	-
On a scale from 0-10, how likely are you to recommend the Select University lesson plan templates to a friend or colleague?	-	51/60
On a scale from 0-10, how helpful was the lesson plan content for you?	-	51/60
On a scale from 0-10, how organized was the lesson plan content for you?	-	52/60

Note. n = 6

Appendix E: Pretest Survey



Hello everyone, thank you for taking my survey. As a reminder this survey is completely anonymous. For more information read the description below.

Description of Survey and project: This survey aims to understand the current experience and knowledge of the hand therapist within the mentorship program at Dignity Health Hand therapy. This will help guide the overall capstone project on the implementation of lesson plan templates to help improve the mentorship program for Dignity Health Hand therapy.

Participants Role: The participant will respond to a survey questionnaire that will take approximately 5-10 minutes to complete. Participants will have the opportunity to use lesson plan templates created by a UNLV occupational therapy student with the use of select university modules and outside resources to help prepare for their mentorship meetings.

Risks and Inconveniences: The survey will have minimal areas of risk and inconveniences with participation only requiring the use of the lesson plan templates and the completion of a pre and post survey before and after implementation of the lesson plan templates. All entries will remain completely anonymous and will be only used to understand current knowledge and experience of the hand therapist. Participation in the study will require the therapist to use the lesson plan templates on their own time. After the completion of the study, you will be asked to complete a post-questionnaire that should take about 5-10 mins.

Participation: Your participation in this survey is entirely voluntary. You may refuse to participate in this survey without any negative consequences. If you begin to participate in this survey, you may at any time discontinue participation. **Questions:** Please feel free to ask any questions regarding anything that seems unclear to you. Please contact the principal investigator, Ronell Sueno, email: suenor1@unlv.nevada.edu



Survey Powered By [Qualtrics](#)

How many hours a week does it take you to prepare presentations for mentorship meetings?

What percentage of your time at work is dedicated to mentoring preparation?

- ☐ 0%-25%
- ☐ 25%-50%
- ☐ 50%-75%
- ☐ 75%-100%

How many hours a week do you work?

- ☐ 10-20 hours a week
- ☐ 20-30 hours a week
- ☐ 30-40 hours a week
- ☐ 40+ hours a week

What is your caseload at work like? (ex: how many patients a day, complexity of patients, double booked, etc.)

Which hand therapy topics do you feel like takes more time preparing for?

What do you hope to gain from the use of the lesson plans at the end of the study?

How would you rate ability to deliver engaging presentations?

- ☐ Very good
- ☐ Good
- ☐ Acceptable
- ☐ Poor
- ☐ Very Poor

How would you rate your time management skills?

- ☐ Very good
- ☐ Good
- ☐ Acceptable
- ☐ Poor
- ☐ Very Poor

What is your teaching style?

- ☐ Lecturer
- ☐ Demonstrator
- ☐ Hybrid
- ☐ Facilitator
- ☐ Delegator

What is your learning style?

- ☐ visual
- ☐ auditory
- ☐ kinesthetic
- ☐ reading/writing

In your experience, how knowledgeable are you with extensor tendon anatomy, healing, and management?

- ☐ Not knowledgeable at all
- ☐ Slightly knowledgeable
- ☐ Moderately knowledgeable
- ☐ Very knowledgeable
- ☐ Extremely knowledgeable

In your experience, how knowledgeable are you with flexor tendon anatomy, healing, and management?

- ☐ Not knowledgeable at all
- ☐ Slightly knowledgeable
- ☐ Moderately knowledgeable
- ☐ Very knowledgeable
- ☐ Extremely knowledgeable

In your experience, how knowledgeable are you with wound and scar evaluation and management?

- ☐ Not knowledgeable at all
- ☐ Slightly knowledgeable
- ☐ Moderately knowledgeable
- ☐ Very knowledgeable
- ☐ Extremely knowledgeable

In your experience, how knowledgeable are you with chronic pain and pain management

- ☐ Not knowledgeable at all
- ☐ Slightly knowledgeable
- ☐ Moderately knowledgeable
- ☐ Very knowledgeable
- ☐ Extremely knowledgeable

In your experience, how knowledgeable are you with UE ligament injury and joint dislocation management?

- ☐ Not knowledgeable at all
- ☐ Slightly knowledgeable
- ☐ Moderately knowledgeable
- ☐ Very knowledgeable
- ☐ Extremely knowledgeable

In your experience, how knowledgeable are you with UE fracture management?

- ☐ Not knowledgeable at all
- ☐ Slightly knowledgeable
- ☐ Moderately knowledgeable
- ☐ Very knowledgeable
- ☐ Extremely knowledgeable

How confident are you in your ability to treat extensor tendon injuries?

- ☐ Not confident at all
- ☐ Slightly confident
- ☐ Moderately confident
- ☐ Very confident
- ☐ Extremely confident

How confident are you in your ability to treat flexor tendon injuries?

- ☐ Not confident at all
- ☐ Slightly confident
- ☐ Moderately confident
- ☐ Very confident
- ☐ Extremely confident

How confident are you in your ability to treat wounds and scars?

- ☐ Not confident at all
- ☐ Slightly confident
- ☐ Moderately confident
- ☐ Very confident
- ☐ Extremely confident

How confident are you in your ability to manage pain for clients (i.e. chronic pain, nerve pain, nociceptive pain, acute pain)?

- ☐ Not confident at all
- ☐ Slightly confident
- ☐ Moderately confident
- ☐ Very confident
- ☐ Extremely confident

How confident are you in your ability to treat UE ligament and joint dislocation? injuries?

- ☐ Not confident at all
- ☐ Slightly confident
- ☐ Moderately confident
- ☐ Very confident
- ☐ Extremely confident

How confident are you in your ability to treat UE fractures?

- ☐ Not confident at all
- ☐ Slightly confident
- ☐ Moderately confident
- ☐ Very confident
- ☐ Extremely confident

Appendix F: Posttest Survey

Training Name: **Select University Lesson Plan templates**

The purpose of the lesson plan templates is to assist in the preparation of mentorship meetings by providing a quick resource that mentors and mentees can look over in a shorter time compared to going through the select university module. By using this resource, the goal is to facilitate more engagement and learning within the monthly zoom meetings as well as one on one mentorship meetings. This survey looks to gain feedback on your recent experience with the templates.

The purpose of this survey is to collect feedback on your recent use of the tool.

It will take only 3 to 4 minutes. Your feedback is anonymous and will be used only to help improve the tool going forward. Thank you.

- Ronell Sueno
suenor1@unlv.nevada.edu



How long ago did you take the training?

Less than 1 week ago

1 week ago

2 weeks ago

3 weeks ago

4 weeks ago

More than 4 weeks ago

Which lesson plan template(s) did you take?



In your experience, how knowledgeable are you with extensor tendon anatomy, healing, and management?

Not knowledgeable at all

Slightly knowledgeable

Moderately knowledgeable

Very knowledgeable

Extremely knowledgeable

In your experience, how knowledgeable are you with flexor tendon anatomy, healing, and management?

Not knowledgeable at all

Slightly knowledgeable

Moderately knowledgeable

Very knowledgeable

Extremely knowledgeable

In your experience, how knowledgeable are you with wound and scar evaluation and management?

Not knowledgeable at all

Slightly knowledgeable

Moderately knowledgeable

Very knowledgeable

Extremely knowledgeable

In your experience, how knowledgeable are you with chronic pain and pain management

Not knowledgeable at all

Slightly knowledgeable

Moderately knowledgeable

Very knowledgeable

Extremely knowledgeable

In your experience, how knowledgeable are you with UE ligament injury and joint dislocation management?

Not knowledgeable at all

Slightly knowledgeable

Moderately knowledgeable

Very knowledgeable

Extremely knowledgeable

In your experience, how knowledgeable are you with UE ligament injury and joint dislocation management?

Not knowledgeable at all

Slightly knowledgeable

Moderately knowledgeable

Very knowledgeable

Extremely knowledgeable

In your experience, how knowledgeable are you with UE fracture management?

Not knowledgeable at all

Slightly knowledgeable

Moderately knowledgeable

Very knowledgeable

Extremely knowledgeable

How confident are you in your ability to treat extensor tendon injuries?

Not confident at all

Slightly confident

Moderately confident

Very confident

Extremely confident

How confident are you in your ability to treat flexor tendon injuries?

Not confident at all

Slightly confident

Moderately confident

Very confident

Extremely confident

How confident are you in your ability to treat wounds and scars?

Not confident at all

Slightly confident

Moderately confident

Very confident

Extremely confident

How confident are you in your ability to manage pain for clients (i.e. chronic pain, nerve pain, nociceptive pain, acute pain)?

Not confident at all

Slightly confident

Moderately confident

Very confident

Extremely confident

How confident are you in your ability to treat UE ligament and joint dislocation? injuries?

Not confident at all

Slightly confident

Moderately confident

Very confident

Extremely confident

How confident are you in your ability to treat UE fractures?

Not confident at all

Slightly confident

Moderately confident

Very confident

Extremely confident

How well did the lesson plan templates engage your attention?

Extremely well

Very well

Moderately well

Slightly well

Not well at all

How satisfied were you with the lesson plan templates?

Extremely well

Very well

Moderately well

Slightly well

Not well at all

What did you like the most and the least about this content?

Liked

☐

Case Studies

☐

Videos

☐

Visual

☐

Presentation resources

☐

Length

☐

Clarity of content

Disliked

☐☐☐☐☐☐

Please explain why you disliked Length.



Which, if any, of your questions were left unanswered by this training?



On a scale from 0-10, how likely are you to recommend the Select University lesson plan templates to a friend or colleague?

Not at all likely

Extremely likely

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----



On a scale from 0-10, how helpful was the lesson plan content for you?

Not helpful at all

Extremely helpful

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

On a scale from 0-10, how organized was the lesson plan content for you?

Not organized at all

Extremely organized

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----



On a scale from 0-10, how helpful was the lesson plan content for you?

Not helpful at all

Extremely helpful

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

On a scale from 0-10, how organized was the lesson plan content for you?

Not organized at all

Extremely organized

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----



What are your overall thoughts about the lesson plan templates?



Appendix G: Lesson Plan Templates Link

The link below will take you to all six lesson plan templates created during the capstone experience.

https://drive.google.com/drive/folders/17_rpdsB-4BOFkDaQ00ZtOB_qGwxEmjB1?usp=share_link

References

- Allen, D. D., & Toth-Cohen, S. (2019). Use of case studies to promote critical thinking in occupational therapy students. *Journal of Occupational Therapy Education*, 3(3), 1-18.
- AOTA 2020 Occupational Therapy Code of Ethics. (2020). *American Journal of Occupational Therapy*, 74, 1-13. <https://doi.org/10.5014/ajot.2020.74s3006>
- Occupational Therapy Practice Framework: Domain and Process—Fourth Edition. (2020). *American Journal of Occupational Therapy*. <https://doi.org/10.5014/ajot.2020.74s2001>
- Bonsaksen, T., & Breen-Franklin, A. (2022). Intrinsic relationships between learning conceptions, preferences for teaching and approaches to studying among occupational therapy students in the United States. *Occupational Therapy In Health Care*, 1-13.
- Colaianni, D., & Provident, I. (2010). The benefits of and challenges to the use of occupation in hand therapy. *Occupational Therapy in Health Care*, 24(2), 130-146.
- Cresswell, J.W. & Creswel, J.D. (2018a). Quantitative methods. In J.W. Creswell & J.D. Cresswell (Eds.), *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed., pp. 155-181). Thousand Oaks: Sage
- Edwards, H., & Durette, D. (2010). The relationship between professional identity and burnout among occupational therapists. *Occupational Therapy in Health Care*, 24(2), 119-129.
- Gafni Lachter, L. R., & Ruland, J. P. (2018). Enhancing leadership and relationships by implementing a peer mentoring program. *Australian Occupational Therapy Journal*, 65(4), 276-284.

- Grajo, L., Boisselle, A., & DaLomba, E. (2018). Occupational Adaptation as a Construct: A Scoping Review of Literature. *The Open Journal of Occupational Therapy*, 6(1).
<https://doi.org/10.15453/2168-6408.1400>
- Jacoby, J., & Matell, M. S. (1971, November 1). *Three-Point Likert Scales Are Good Enough*. *Journal of Marketing Research*.
- Jamieson, S. (2004). Likert scales: how to (ab)use them. *Medical Education*, 38(12), 1217–1218.
<https://doi.org/10.1111/j.1365-2929.2004.02012.x>
- King, G., Tam, C., Fay, L., Pilkington, M., Servais, M., & Petrosian, H. (2011). Evaluation of an occupational therapy mentorship program: Effects on therapists' skills and family-centered behavior. *Physical & Occupational Therapy in Pediatrics*, 31(3), 245-262.
- Kunselman, J. C., & Johnson, K. A. (2004). Using the case method to facilitate learning. *College Teaching*, 52(3), 87-92. <https://doi.org/10.3200/ctch.52.3.87-92>
- Landa-Gonzalez, B., Velis, E., & Greg, K. (2015). Learning styles as predictors of fieldwork performance and learning adaptability of graduate nontraditional occupational therapy students. *Journal of Allied Health*, 44(3), 145-151.
- McCombie, R. P., & Antanavage, M. E. (2017). Transitioning from occupational therapy student to practicing occupational therapist: first year of employment. *Occupational Therapy in health care*, 31(2), 126-142. <https://doi.org/10.1080/07380577.2017.1307480>
- Mukhalalati, B. A., & Taylor, A. (2019). Adult learning theories in context: A quick guide for healthcare professional educators. *Journal of Medical Education and Curricular Development*, 6, 238212051984033. <https://doi.org/10.1177/2382120519840332>

- Mertala, S. M., Kanste, O., Keskitalo-Leskinen, S., Juntunen, J., & Kaakinen, P. (2022). Job Satisfaction among Occupational Therapy Practitioners: A Systematic Review of Quantitative Studies. *Occupational Therapy In Health Care*, 36(1), 1-28.
- Popil, I. (2011). Promotion of critical thinking by using case studies as teaching method. *Nurse education today*, 31(2), 204-207.
- Qualtrics XM // The Leading Experience Management Software. (2023, January 23). Qualtrics. <https://www.qualtrics.com/>
- Schkade, J. K., & Schultz, S. (1992). Occupational adaptation: Toward a holistic approach for contemporary practice, part 1. *The American Journal of Occupational Therapy*, 46(9), 829-837.
- SPSS statistics - Overview. (n.d.). IBM - United States. https://www.ibm.com/products/spss-statistics?utm_content=SRCWW&p1=Search&p4=43700050715561164&p5=e&gclid=CjwKCAjw0N6hBhAUEiwAXab-TTjdHXacW-lAzvdPdCZzas7sDhWdD3qodv1xbeYCqqsAuTJV8z9WrxoC6JQQA_vD_BwE&gclsrc=a.w.ds
- Stromsdorfer, S., & OTR/L. (2020, January 24). *What is holistic occupational therapy?* myotspot.com. <https://www.myotspot.com/holistic-occupational-therapy/>
- Toal-Sullivan, D. (2006). New graduates' experiences of learning to practice occupational therapy. *British Journal of Occupational Therapy*, 69(11), 513-524.

Van Stormbroek, K., & Buchanan, H. (2018). Hand health for all: do undergraduate occupational therapy hand curricula respond to the call?. *South African Journal of Occupational Therapy*, 48(3), 3-11.

Walder, K., & Molineux, M. (2017). Occupational adaptation and Identity Reconstruction: A grounded theory synthesis of qualitative studies exploring adults' experiences of adjustment to chronic disease, major illness or injury. *Journal of Occupational Science*, 24(2), 225–243. <https://doi.org/10.1080/14427591.2016.1269240>

What Is Constructivism? (2020, October 21). Western Governors University. Retrieved October 9, 2022, from <https://www.wgu.edu/blog/what-constructivism2005.html>

Curriculum Vitae

RONELL MATTHEW SUENO

Email: ronell.sueno@gmail.com

A motivated and skilled learner with a multitude of experience in customer and client care. Currently a graduate student that is well versed in adapting to different situations and has a strong drive to graduate and increase research on Occupational Therapy's role in the homeless population.

EDUCATION

OTD University of Nevada, Las Vegas June 2020 - Present
Doctor of Occupational Therapy Student

BS University of Nevada, Las Vegas August 2016 – May 2020
Bachelors of Kinesiological Sciences
Graduated with a 3.4 GPA

AWARDS AND CERTIFICATIONS

APIASF Scholarship May 2016
One-time award given to Asian Pacific Islanders
based off community service and academic achievement

Rebel Scholarship September 2016 – May 2020
Awarded based off a 3.25 GPA and an ACT score of 23

Nevada Millennium Scholarship

CPR/AED Certification November 2020 – November 2022
Basic Life Support

WORK EXPERIENCE

Desert Orthopaedic Center January 2019 – April 2020
Physical Therapy Technician

- Assist physical therapists in providing patient care and rehab to patients
- Assist patients with exercise technique and document progress
- Clean tables, replace pillow linens, and make sure treatment rooms are tidy

Japanese Curry Zen January 2018 – December 2018

Server

- Answer phone calls, take orders, address customer complaints, serve food on time
- Communicate with kitchen and other servers to assure customer satisfaction

Bob Price Recreation Center June 2014 – December 2018

Program Assistant

- Guide children on how to make optimal use of various summer activities
- Coach children how to play many sports, encourage teamwork, and have fun
- Work front desk to answer phone calls and give information about events and classes

COMMUNITY AND SCHOLARLY WORK

VO2 Max Research Study November 2018

Research Participant

- Walked at different speeds and intensities on treadmill while connected to a VO2 max machine to gather data on amount of O2 needed while running, jogging, and walking

UNLV Community Clinic January 2021 - Present

Volunteer

- Currently preparing to train in vision and pain management patient pods

UNLV Contact Tracing January 2021 - Present

Student Worker

- Calling potential COVID clients to gather information on their symptoms, exposures, and isolation guidelines to help better contain the spread of the virus in our city.