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The Impact of Educating Interprofessional Healthcare Workers on the Role of Occupational Therapy in the Cardiac Acute Care Setting

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THE IMPACT OF EDUCATING INTERPROFESSIONAL HEALTHCARE WORKERS ON
THE ROLE OF OCCUPATIONAL THERAPY IN THE
CARDIAC ACUTE CARE SETTING

By

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A doctoral project submitted in partial fulfillment
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Post-Professional Occupational Therapy Doctorate

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Doctoral Project Approval

The Graduate College
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Abstract

The acute care setting has been a vastly growing practice area for the occupational therapy profession. Occupational therapists assist clients in the acute care setting with activities of daily living retraining and functional transfer training to increase independence. Each client demonstrates a different discharge course from the acute care setting and occupational therapists play a key role in assisting the clients the most appropriate rehabilitative setting. All professionals in the acute care setting work cohesively to provide clients with the best outcome.

The doctoral project explored the importance of interprofessional healthcare worker education about occupational therapy practices in the acute care setting. Healthcare workers were provided with an informational session reviewing the role of occupational therapy in the rehabilitation process for acute care patients with a cardiac related diagnosis. The use of professional feedback and surveys were utilized to gather healthcare workers' insights on the benefits of the informational session and education. The implementation of this project was created to explore the educational knowledge of interprofessional healthcare workers on the role of occupational therapy in the acute care setting. Additionally, the implementation of the project was created to gain insight about the efficacy of educational advocacy for occupational therapy.

Keywords: acute care, cardiac, occupational therapy, advocacy

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My family, thank you for believing in my goals and aspirations. Thank you for supporting me unconditionally and providing with words of encouragement throughout this process.

Dedication

To my wife, Michelle Prakash Gandhi– thank you for your unwavering patience, your compassion and unconditional love throughout this process and throughout all my accomplishments. I would not have been able to complete this without you.

To my heart, my daughter, Eleanor Devi Taosuvanna Gandhi - you are my motivation, my whole world, my drive and my existence. I started and completed this for you.

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Table of Contents

Abstract.....	iii
Acknowledgements.....	iv
Dedication.....	v
Chapter I: Introduction.....	1
Background and Need.....	1
Chapter II: Literature Review and Purpose Statement	4
Problem Statement	4
Purpose Statement.....	4
PICO Question	5
Evidence-Based Literature Review.....	5
Theoretical Frame of Reference.....	10
Chapter III: Capstone Process and Methods.....	13
Capstone Process	13
Capstone Goals	14
Chapter IV: Project Implementation.....	16
The Educational Presentation	16
Interprofessional Healthcare Worker Survey.....	17
Chapter V: Results and Evaluation.....	18
Application of Educational Presentation	18
Survey Results	18
Chapter VI: Discussion.....	20
Impact	21

Sustainability.....	22
Chapter VII: Conclusion.....	23
Appendix A: Educational Handout for Interprofessional Healthcare Workers	24
Appendix B: Follow Up Survey for Healthcare Workers.....	25
Appendix C: Question1 of Survey/Identify Profession	26
Appendix D: Questions 2 of Survey/Formal Education	27
Appendix E: Questions 5 of Survey/Additional Education Needed.....	28
Appendix F: Question 6 of Survey/Years of Experience.....	29
References.....	30
Curriculum Vitae	35

Chapter I: Introduction

Interprofessional healthcare workers (HCW) require proper training and education to perform their involved roles with caring for patients in need (Beam et al., 2020). Appropriately training healthcare workers on the role of each professional and utilizing various training methods can benefit current healthcare workers in the field and their future peers (Nayahanga et al., 2021). Although the occupational therapy profession has been present in the healthcare field for over 100 years, many health professionals currently struggle to identify the role of occupational therapists in the clinical field (Walsh, 2018).

The role of occupational therapy in the acute care cardiac setting has continued to grow and develop with the rise of the elderly population. However, many healthcare workers continue to struggle with understanding the impact the occupational therapy profession has on the rehabilitative course for patients in the acute care cardiac setting. Therefore, it is vital to understand the role of occupational therapists in the acute care setting and continue to educate healthcare professionals to advocate occupational therapy services for recovering patients in the acute care setting (Myszanski et al., 2021). Patients in the acute care setting require immediate medical care due to trauma and injury and require rehabilitative care that occupational therapy provides.

Background and Need

The purpose of this capstone project was to develop an education resource for interprofessional healthcare workers in the acute care setting regarding the role of occupational therapy for cardiac patients. The targeted population consisted of healthcare professionals including nurses, physicians, social workers, nursing assistants, physical therapists, dietitians, and hospital administration staff. In the past, allied health professionals had a difficult time with

understanding the role of occupational therapy services in acute care setting (Leveille et al., 2020). By enhancing the knowledge of occupational therapy for interprofessional healthcare workers, multidisciplinary team members can help clients with the recovery process (Mosely et al., 2004). Therefore, the capstone project of educating interprofessional healthcare workers on the role of occupational therapy can help bring awareness and knowledge about occupational therapy services to future multidisciplinary team members in the acute setting.

When a patient has been admitted to the hospital due to an unexpected illness or even, the patient would first be admitted to the emergency room and assessed by the physician and nurses. The definition of acute care refers to the hospital setting from a patient receiving care in the emergency room to needing more complex medical care such as the intensive care unit. Occupational therapists have an important role in the entire spectrum of acute care services for patients (Jonsson et al., 2017). Patients in acute care hospital settings require acute medical attention and the occupational therapist plays a vital role in providing an evaluation and intervention strategies (Jonsson et al., 2017). In addition, occupational therapy clinicians provide clients in the acute care setting with interventions catered to the client's situation and need.

Healthcare worker knowledge and awareness about occupational therapy services in the acute care setting is essential for the administration of quality of care for recovering patients in the hospital setting (Sarak, 2022). In addition, occupational therapy services has a vital role in reducing readmission for clients seen in the acute care setting (Jonsson et al., 2017). In a study by Jonsson et al. (2017), older people who were readmitted to the hospital reported having a higher dependency on activities of daily living and decreased cognitive function. Patients who received occupational therapy services in the acute care setting were found to have increased

activities of daily living performance and occupational therapists provided patients with appropriate support and intervention (Jonsson et al., 2017).

Chapter II: Literature Review and Purpose Statement

Problem Statement

Interprofessional healthcare workers do not have appropriate education and knowledge about the occupational therapy role in the cardiac acute care setting.

Purpose Statement

The purpose of this capstone project was to develop an education resource for interprofessional healthcare workers in the acute care setting regarding the role of occupational therapy for cardiac patients. The targeted population consisted of healthcare professionals including nurses, physicians, social workers, nursing assistants, physical therapists, dietitians, and hospital administration staff. In the past, allied health professionals had a difficult time with understanding the role of occupational therapy services in acute care setting (Leveille et al., 2020). By enhancing the knowledge of occupational therapy for interprofessional healthcare workers, multidisciplinary team members can help clients with the recovery process (Mosely et al., 2004). Therefore, the capstone project of educating interprofessional healthcare workers on the role of occupational therapy could bring awareness and knowledge about occupational therapy services to future multidisciplinary team members in the acute setting.

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PICO Question

How does education on occupational therapy's role for cardiac patients in the acute care setting contribute to enhanced awareness for interprofessional healthcare workers?

Evidence Based Literature Review

The Acute Care Setting

Patients experiencing hospitalization are faced with decreased performance of activities of daily living and a decreased ability to care for oneself (Eyres & Unsworth, 2005). Occupational therapists assisting patients in the acute care setting can provide a safe discharge plan, education on resources needed for discharge and provide activities of daily living retraining. Acute care rehabilitation services contribute to improving activities of daily living function which can shorten length of stay and limit hospital admissions (Eyres & Unsworth, 2005).

Many acute cardiac care patients in a hospital setting are comprised of older adults with comorbidities. The hospital environment is comprised of the intensive care unit where critical patients need monitoring for respiratory status and vital signs. Additionally, patients in the intensive care unit may require complex oxygen support with a ventilator or supplemental oxygen provided through a nasal cannula. The acute care setting also contains telemetry units where patients' heart rates and rhythms are continuously monitored.

Interprofessional healthcare workers are comprised of different professionals including nurses, certified nursing assistants, physicians, social workers, physical therapists, speech therapists and dietitians. Interprofessional healthcare workers all play a specialized role in the acute care setting, contributing to the recovery process for patients. Although, each professional has their own unique role, all healthcare workers come together as a multidisciplinary team, providing support, and advocating for services when appropriate (Mosley et al, 2004). Therefore, advocacy and educating interprofessional healthcare workers on occupational therapy services in the acute care setting benefits patients in need (Sarak, 2022).

Role of Occupational Therapy

During hospitalization many older adults become weak, deconditioned, and lose their ability to maintain independence (Eyres & Unsworth, 2005). In the acute care setting, patients often spend the majority time in bed, leading to decreased overall occupational performance and a decline in performing activities of daily living (Eyres & Unsworth, 2005). Occupational therapy services in the acute care setting have assisted with decreasing hospital acquired delirium, increasing participation in activities of daily living retraining and overall increasing independence for patients (Lee et al., 2020). Initiating early occupational therapy intervention for clients in the acute care setting initiates rehabilitative services, providing adequate time for

occupational therapists to provide a formal evaluation, plan interventions and recommend appropriate discharge settings (Eyres & Unsworth, 2005). Occupational therapists can play many different roles of rehabilitation in various settings.

Occupational therapists present and provide services in various settings including acute care, acute rehabilitation, outpatient, community, and home health setting. The main intervention strategy for occupational therapy services focuses on occupational performance (Mosely et al., 2004; Siebens et al., 2000; Soderback & Paulsson, 1997). Occupational therapists are focused on optimizing a patient's quality of life, assisting with occupations and activities that one desires to perform (Soderback & Paulsson, 1997). Occupational activities consist of personal hygiene, housework, education, leisure activities in addition to emotional health, intellectual function, and sensor-motor functions (Sodderback & Paulsson, 1997).

Occupational Therapy Services in Acute Care

Occupational therapists play a vital role in the acute care setting often being the first allied professional to initiate rehabilitative services. Approximately 27% of the occupational therapy workforce in the United States are employed in the acute care hospital setting, making hospital settings one of the larger employees of the occupational therapy profession (Mozafaripour, 2020). The acute care setting for occupational therapists becomes a unique setting for the profession due to its diversity with providing rehabilitative services for a variety of diagnosis. Myszenski et al. (2021) examined the influence of occupational therapy services for patients undergoing a transcatheter aortic valve replacement and found that initiating occupational therapy services post procedure led to increased independence for patients upon discharge. Occupational therapists in the acute care setting have developed specialized programs that provide services to a specific diagnosis, including phase one cardiac rehabilitation,

specialized orthopedic programs for hip and knee replacements and energy conservation programs for clients with decreased respiratory status (Myszanski et al., 2021).

The need of occupational therapy services in the acute care setting has grown from the initial birth of the occupational therapy profession. Patients who are admitted to the hospital require rehabilitation services due to trauma and injury. Additionally, patients want to remain independent and ultimately return home. Therefore, occupational therapy continues to be a growing need in the acute care setting. Occupational therapy services provide patients in the acute care setting with education for discharge, instructions on durable medical equipment, family training and interventions catered to the individual's needs (Alheresh & Nikopoulos, 2011).

In the acute care setting, occupational therapists provide services for various units. For example, occupational therapy services are offered in the intensive care unit for early mobility patients, the general medical units, the telemetry units, and behavior health acute services. All occupational therapy services offered in the acute care setting provide client centered services and interventions improving a patient's quality of life with the goal of discharging home or back to the community (Mosley et al., 2004; Siebens et al., 2000).

Interprofessional Education

The healthcare profession functions as a team that provides specialized care for each professional involved. Specialized training and education for healthcare workers provides professionals with the knowledge and skills necessary to advocate for the wellbeing of their patients (Nayahangan et al., 2021). Patients who have suffered traumatic injuries affecting their overall independence require a comprehensive rehabilitation course. Therefore, it is beneficial for healthcare workers to have educational background and training with multidisciplinary roles

in the healthcare field. Interprofessional healthcare workers (HCW) benefit from education and training throughout their profession. All methods of educational delivery are beneficial for HCW, including didactic instructions, simulated instruction, and online instructions (Nayahangan et al., 2021).

In the acute care setting, referrals for occupational therapy services originate from a physician order and nursing recommendation (Jamnadas et al., 2001). Although, other healthcare professionals can advocate and recommend occupational therapy services, evaluation orders to initiate services must be sent from a physician, nurse practitioner or a physician assistant (Jamnadas et al., 2001).

Cardiac Acute Care Services

Cardiac conditions and acute cardiac injuries result in patients feeling debilitated, experiencing immobilization, and struggling with decreased quality of life. Patients that survive cardiovascular events are often left with chronic conditions affecting their ability to function (Berardo & Mussa, 2019). Patients that suffer a cardiac event do not often receive education on lifestyle modifications and education on maintaining independence (Berardo & Mussa, 2019). Physicians, nurse practitioners and physician assistants rely on prescribing medication or performing a cardiovascular intervention and assuming the clients will return to baseline function. However, patients in the acute care cardiac setting are left with physical and emotional distress and debilitation.

Cardiovascular procedures in the acute care setting are comprised of coronary artery bypass graft surgery, aortic valve replacement surgery, pacemaker placement, and aortic dissection repair. Patients may undergo a sternotomy or additional invasive cardiac procedures that leave them feeling immobile and struggling with pain management. Patients who received

cardiovascular procedures spend a prolonged time in bed and become more sedentary due to pain and immobility. Post-operative and post-injury cardiac patients may have difficulty with discharging home or back to the community after being discharged from the hospital (Nallamotheu et al., 2005).

Theoretical Frame of Reference

For my capstone project, I will be using the person-environment-occupation (PEO) model and the andragogy learning theory. The PEO model consists of the relationship between the person, environment, and occupation (Law et al., 1996). The person domain consists of the role, personality, self-reflection, cultural background, and physical aspect (Law et al., 1996). The environment domain consists of the physical, social, socio-economic environment and the occupation refers to the tasks that the person engages in (Law et al., 1996). All three elements are dependent on one another, and all three elements influence occupational performance (Law et al., 1996).

The PEO model serves as guidance for the capstone project by providing the connection of the healthcare workers (HCWs) in the acute care environment with understanding the role of occupational therapist. The main challenge for HCWs in their individual roles consists of helping their patients increase their recovery process and increase independence to return home. Therefore, by providing patients in the acute care setting with occupational therapy services, HCW will be able to fulfill their occupational role by providing services to improve patients' overall well-being.

The PEO model has been utilized as a framework that analyzes and identifies solutions to occupational performance issues (Broome et al., 2009). Interprofessional healthcare workers in the acute cardiac care setting are trained to treat patients with medication from physician orders

and provide basic care. However, cardiac patients that have suffered an acute injury and have impaired activities of daily living and reduced self-care require more assistance and rehabilitation. Therefore, the PEO model provides the ability for HCW to receive proper training and education on occupational therapy services and make appropriate recommendations to incorporate occupational therapy interventions for clients in need. With the utilization of the PEO model, HCW understand the important role occupational therapy has in the rehabilitation of cardiac clients by providing education for safe functional transfers, instructions on precautions, instructions on energy conservation and pacing techniques when performing self-care activities.

Adult learning differs vastly from traditional learning theories taught in primary schools. The andragogy learning theory promotes self-directed learning for adults and a teacher as a facilitator (Birzer, 2003). The andragogy learning theory differs from the traditional pedagogy learning theory, identifying that children learn differently from adults (Birzer, 2003). Older learners have more life experience that contribute to the learning process. Therefore, using andragogy learning theory when providing training for interprofessional healthcare workers in the acute cardiac care setting provides the opportunity to incorporate life experience and learning.

The andragogy learning theory provides the opportunity in my capstone project for interprofessional healthcare workers to receive educational resources and incorporate it with their experience. Healthcare workers would be able to reflex on the patients they have seen, the patient's overall presentation and needs and recommend occupational therapy services in the acute cardiac setting. Additionally, with the training provided to interprofessional healthcare workers on the role of occupational therapy in the acute cardiac setting, adult learners would be

able to apply information learned from the capstone presentation to their immediate job roles, advocating for occupational therapy services and recognizing the need for occupational therapy.

Chapter III: Capstone Process and Methods

Capstone Process

My project idea first developed from a meeting with my committee chair. I had always had passion for advocacy for occupational therapy services in the acute care setting. As a new graduate occupational therapists entering the acute care setting, I have struggled to identify myself when working around interprofessional healthcare workers. I would frequently be misidentified as a nurse or physical therapist. I quickly learned in the acute care setting that many health professionals were unaware of the role of occupational therapy. Therefore, when my committee chair recommended exploring the ability to educate interprofessional healthcare workers in the acute care setting, I was driven to the idea of providing educational services to this specific population.

I began my capstone project by formulating a plan on the process and delivery of information to interprofessional healthcare workers in the acute cardiac care setting. I currently worked at a hospital in the Los Angeles area in on the cardiac unit. I initially approached my direct supervisor and explained my capstone project. She encouraged me to provide an educational presentation to healthcare workers on the cardiac units of the hospital and she agreed that educating interprofessional healthcare workers would bring more awareness to rehabilitative services.

I began creating an educational handout and PowerPoint slide I would present to healthcare workers and staff on the cardiac unit. I create a brief handout that individuals can quickly read and prepared an oral presentation. Additionally, I asked the cardiac unit nursing manager at Adventist Health Glendale Hospital for permission to present to staff members about the role of occupational therapy services in the acute cardiac setting. The nursing manager

approved my educational presentation and we agreed upon two different days to present information.

I select a day in February 2024 and March 2024 to provide an educational presentation to staff in the cardiac interventional telemetry unit at Adventist Health Glendale. The original presentation consisted of an educational handout provided to interprofessional healthcare workers, a brief PowerPoint presentation and oral presentation about the benefits and role of occupational therapy. The presentation upon the second attempt evolved into an oral presentation and educational handout for healthcare workers. I needed to make modifications to my presentation due to the limited time I had to present to individuals as many needed to attend to urgent patient care needs.

I developed a post-presentation feedback survey comprised of six questions for all healthcare workers to complete. The questions focused on the profession of the healthcare worker, the years of service in their profession. Additionally, I included questions asking interprofessional healthcare workers if they had received formal training on the role of occupational therapy. Individuals were asked if they found the presentation to be helpful in their field of work and asked if they would like to see further educational resources.

Capstone Goals

1. To establish a clear and thorough approach to educate interprofessional healthcare workers on acute care occupational therapy services.
2. Create a media resource and QR code link to an informative video on acute care occupational therapy services.
3. Increase rapport and connection with interprofessional healthcare workers on the cardiac unit at Adventist Health Glendale.

4. Gain the knowledge and confidence to advocate for occupational therapy services in acute care.

Chapter IV: Project Implementation

The capstone project was implemented at Adventist Health Glendale Medication Center in Glendale, California over the course of 2 weeks in February and March of 2024. The implementation of the capstone project took place on the cardiac interventional telemetry unit of the hospital. There were 25 participants consisting of interprofessional healthcare workers who participated in an educational presentation on the role of occupational therapy in the cardiac acute care setting. The interprofessional healthcare workers were comprised of registered nurses, physicians, certified nursing assistants, dietitians, social workers, case management team members and one monitor technician for telemetry units.

The Educational Presentation

The educational presentation consisted of an educational handout with information on the benefits of occupational therapy services in the acute cardiac care setting. The informational session took place in the conference room of the nursing station on the third floor of the west tower at Adventist Health Glendale Hospital on the cardiac interventional telemetry unit. As each healthcare professional arrived, they were given a handout (Appendix A) and a survey (Appendix B) to fill out after the presentation. The educational presentation was scheduled last approximately 5-7 minutes, however, the presentation needed to be shorter due to nurses leaving to attend to their patients.

The informational session reviewed the importance of occupational therapy and increasing a patient's independence before discharging from the acute care setting. Additionally, healthcare workers were provided with information regarding the role of an occupational therapy and the importance of increasing self-care training for patients in the cardiac acute care setting.

Interprofessional Healthcare Worker Survey

After the conclusion of the informational session, participants were asked to fill out the survey that asked questions regarding their education on occupational therapy services in their formal education. Additionally, participants were asked to identify their profession and their years of practice. Participants were asked if the informational session was helpful in their understanding of the occupational therapy profession and if they would like to have more formal educational training on the benefits and role of occupational therapy.

The implementation of the informational session needed to be repeated in smaller groups of healthcare workers throughout the morning in the conference room due to healthcare professionals' busy schedules. The multiple presentations of the educational session were a deviation from the original plan. However, with this adjustment healthcare workers were willing to come and listen, participate, and complete a survey. In addition, healthcare workers in the acute care setting had difficulty originally using the QR code to scan and access the survey due to the demand of their workday in the first implementation phase. Therefore, during the second implementation phase the survey questions were transferred to a separate document and printed for the healthcare workers' convenience.

Chapter V: Results and Evaluation

Application of Educational Presentation

The application of the educational session for interprofessional healthcare workers was collected and a total of 22 healthcare workers participated in the post-presentation survey at Adventist Health Glendale cardiac interventional telemetry nursing unit. Participants were provided with a QR code linked to an online survey and provided with a paper survey to complete when unable to utilize electronic methods. Participants of the survey and presentation included professionals from nursing staff, physicians, case management team, social workers, certified nursing assistance and physical therapy. The educational session included a 5-7 minute speaking presentation with visual aids followed by time to fill a survey regarding occupational therapy services in acute care.

The educational presentation for interprofessional healthcare workers at Adventist Health Glendale cardiac interventional telemetry unit consisted of 2 days of educational presentations to the healthcare staff. The first educational segment resulted in 15 participants, however, none of the participated completed the online survey linked to the QR code. The second educational presentation resulted in 23 participants and a total of 22 surveys were completed and returned.

Survey Results

Data from the educational presentation survey was collected and inputted into Survey Monkey providing information on the participants (Appendix C). As shown in Appendix C, 11 of the participants were registered nurses (50%), 5 participants were certified nursing assistants (23%), 1 participant was a medical doctor (5%), a social worker (5%), a dietitian (5%), 2 were physical therapists (9%), and a monitor technician (5%).

The second question of the survey asked participants if they have ever received formal education on the occupational therapy profession during their formal educational training. The 22 participants indicated that 19 participants (86%) did not receive formal education or training on the occupational therapy profession (Appendix D). Additionally, 3 participants indicated they did receive educational training on the occupational therapy profession in their formal education (14%).

The third question of the survey asked participants if they felt the informational session was helpful in their overall learning as a healthcare worker. All 22 participants indicated the information provided to them was helpful to their profession. The fourth question of the survey asked participants if they had a better understanding about the occupational therapists' role in acute cardiac care after the presentation and 100% of participants stated they did.

The fifth question of the survey asked participants if they felt more information and education is needed for healthcare workers to understand occupational therapy's role in the acute cardiac care setting (Appendix E). The results indicated 95% of participants stated more information and education is need on the role of occupational therapy, 5% stated more information is not needed, and 5% stated they were unsure how to answer the questions.

The last and sixth question of the survey asked each participant the number of years they have been a healthcare professional in their setting. All 22 participants indicated the number of years they have been working in their role (Appendix F). The mean number of years of service was 11.5 years for all participants combined.

Chapter VI: Discussion

The results of the educational survey for healthcare workers revealed a majority of interprofessional healthcare workers in the acute cardiac care setting lack fair knowledge on the role of occupational therapy in the acute setting. In addition, interprofessional health care workers that participated in the survey indicated more information and education is needed to educate colleagues on the important role occupational therapy possess in the rehabilitation process in the acute cardiac care setting.

Results of the study indicated most participants did not receive formal education on the role of occupational therapy. Therefore, more formal education and training is vital for the future of healthcare professionals. Participants indicated their formal education was minimal or a friend provided education and training on the role of occupational therapy services. The role of occupational therapy professionals remains relatively vague in different settings, including mental health practices, rehabilitative settings, and school settings (Alheresh & Nikopoulos, 2010). Therefore, more education and training continue to be important for professionals.

Many of the participants in the education presentation found the information helpful for the future of their profession. Overall, the enthusiasm and willingness to learn from colleague health professionals indicates providing educational information in the future can increase multidisciplinary teamwork. Providing educational training helps increase knowledge and benefits both the healthcare worker and patients (Nayahangan et al., 2021). Nayahangan et al. (2021) examined the use of didactic learning strategies, e-learning strategies and simulated based learning. The results indicated all forms of learning were beneficial for healthcare workers. Therefore, creating an e-learning module would be a beneficial and effective method to educate future healthcare professionals about the role of occupational therapists in the acute care setting.

Participants of the educational presentation indicated more information and educational training would be needed for the future to understand occupational therapy's role in acute cardiac care. The healthcare field has been rapidly changing and growing. The concept of prolonged bedrest in the hospital has been an outdated recommendation. Physicians and nursing care presently promote patients to recover with moving more and performing self-care activities. Therefore, the growth and expansion of the occupational therapy profession continues.

In addition, the participants were asked to provide the years of service they have worked in their profession. The average numbers of years in the healthcare profession for all participants indicated 11.5 years. The most experienced healthcare worker reported 25 years of service and the least number of years of service reported 4 years of service. The results indicate the reality of healthcare professional education training and lack of knowledge about occupational therapy services present today compared to previous years of education.

Impact

The profession of occupational therapy has been in existence for well over 100 years in the health and medical field. However, the role of occupational therapy and the profession continues to have difficulty being identified by interprofessional healthcare workers. In addition, the acute cardiac care setting continues as a growing field and specialty for occupational therapy. Healthcare workers in the acute cardiac care setting have difficulty with identifying occupational therapy services and identifying deficits their patients exhibit to recommend occupational therapy.

The capstone project I conducted at Adventist Health Glendale provides interprofessional healthcare workers with knowledge and training to advocate for occupational therapy services in the acute cardiac care setting. Interprofessional healthcare workers have a

better understanding about the role of occupational therapy services and will advocate for services for their future patients. As education and awareness progresses in the future, interprofessional healthcare workers such as physicians can continue to immediately recognize deficits in their patients that warrant occupational therapy services.

Sustainability

The creation of an educational component for interprofessional healthcare workers in the acute cardiac care setting at Adventist Health Glendale plays a vital role for advocacy for the occupational therapy profession. Therefore, creating an easily accessible recorded presentation on the role of occupational therapy the acute cardiac care setting would promote sustainability my project. A learning module can be distributed to local hospitals for all healthcare workers to review as currently employees and new hire employees. In addition, an accessible learning module or live presentation could also be used to educate current health professional academic programs. For example, collaborating with a local nursing program in the Glendale, CA area to provide an educational segment to educate nursing students about occupational therapy services.

Chapter VII: Conclusion

This study showed the interprofessional healthcare workers at Adventist Health Glendale cardiac interventional telemetry unit lacked understanding about the role of occupational therapy in the acute cardiac care setting. In addition, providing interprofessional healthcare workers with a didactic educational training enhanced their understanding of the occupational therapy profession and role in the rehabilitative process of cardiac patients. For the future, it is imperative to continue to educate and inform healthcare workers on the role of occupational therapists. The impact of educational training for future healthcare professionals serves as an impact for the occupational therapy profession overall. As awareness continues to spread about occupational therapy services, other areas of practice can be impacted including home health services, outpatient occupational therapy services and private practice.

Creating universal methods and utilizing strategies to reach healthcare professionals and healthcare professionals students with an e-learning educational module on the role of occupational therapy would benefit the professional of occupational therapy and spread awareness. Additionally, with the growing need for occupational therapy services and the aging population, rehabilitative services continue as necessary services to increase independence and reduce patient debilitation.

The Benefits of Occupational Therapy

in the acute cardiac setting



Increase Independence

Occupational therapy increases independence for cardiac patients with the goal of getting them home.

Self-Care Training

- OTs work on self-care training (dressing, toileting, bathing)
- Education on pacing and energy conservation
- Teach techniques for performing self-care activities with independence



Education for Discharge

- Provide discharge instructions for home exercises program.
- Provide instructions on safe functional transfers and self-care performance.

Caregiver Education

- Provide caregiver training to assist patient with self-care tasks
- Provide caregiver support and resources for discharge home



Please scan the QR code and fill out a survey.

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Appendix B: Follow Up Survey for HealthCare Workers

Cardiac Acute Care Healthcare Worker Survey

1. Please circle your profession:

Nurse Physician
CNA social worker
Dietitian case management
SLP PT

Other: _____

2. In your formal education, did you receive training on the profession of occupational therapy? (please circle)

Yes No Unsure/NA

3. Do you feel that this informational session was helpful? (please circle)

Yes No Unsure

4. Do you feel that you have a better understanding of occupational therapy's role in the acute cardiac care setting? (Please circle)

Yes No Unsure

5. Do you feel that more information and education is needed for healthcare workers to understand occupational therapy's role in acute cardiac care? (Please circle)

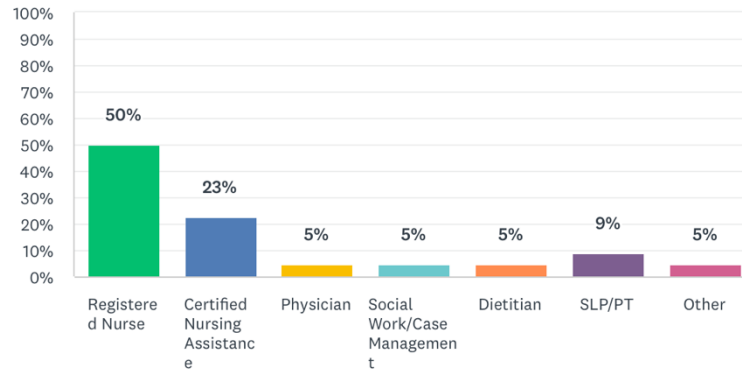
Yes No Unsure

6. Years of practice? _____

Appendix C: Question 1 of Survey/ Identify Profession

Please Identify your profession

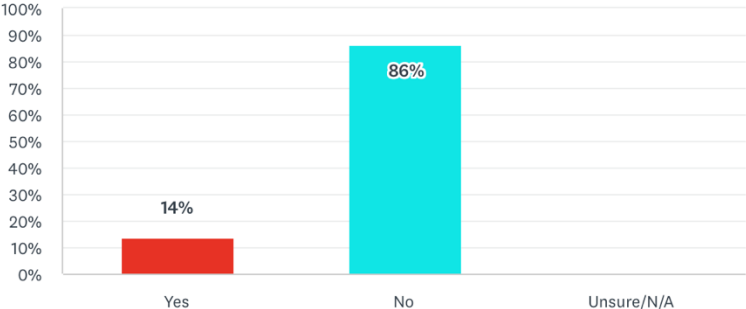
Answered: 22 Skipped: 0



Appendix D: Question 2 of Survey/ Formal Education

In your formal education, did you receive training on the profession of Occupational Therapy?

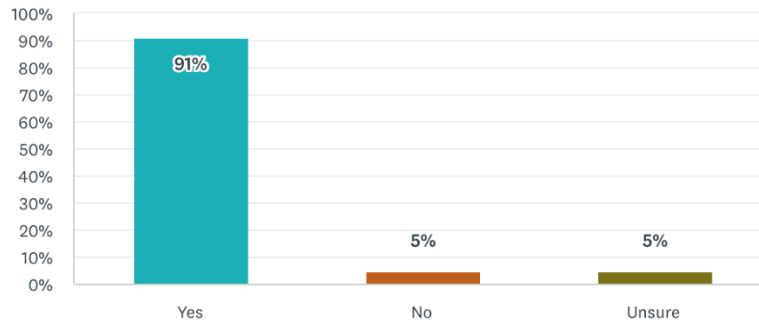
Answered: 22 Skipped: 0



Appendix E: Question 5/ Additional Educational Needs

Do you feel that more information and education is needed for healthcare workers to understand occupational therapy's role in acute cardiac care?

Answered: 22 Skipped: 0



Appendix F: Question 6 of Survey/ Years of Experience



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Curriculum Vitae

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Education

University of Nevada Las Vegas

Est. May 2024

Occupational Therapy Doctorate Candidate

California State University, Dominguez Hills

May 2012

Masters of Science, Occupational Therapy

University of California, Irvine

Bachelor of Arts in Sociology

June 2008

Minor in Cognitive Science

Academic and Clinical Experience

California State University, Dominguez Hills:

Master of Science Occupational Therapy Program

Faculty Lecturer: OTR 512 Human Anatomy

January 2017-January 2023

- Provide full section lecture on Anatomy review.
- Provide case study and lab for students to understand the covered concepts in relation to Occupational Therapy intervention.
- Created assessments for students focused on subjects covered in Anatomy lectures.

Adjunct Faculty: OTR 595 Acute Care Workshop

September 2019- Present

- Developed course syllabus and content including lectures and labs for entry level master's degree courses.
- Administered lectures and lab instructions to student.
- Topics included: medical diagnosis seen in acute care, the role of occupational therapy in acute care, critical care, medical/surgical unit, common medications in acute care, review of hospital equipment.

Adjunct Faculty: OTR 595 Functional Mobility and Safer Patient Handling for Adults and Geriatric Populations

September 2023-Present

- Co-developed course syllabus and content including lecture and labs for entry level master's degree students.
- Administered lecture and lab instructions to students.
- Topics included: types of transfers, body mechanics, functional equipment for functional transfers.

**Adjunction Faculty: OTR 561 Conditions Affecting Health III- Adults
OTR 563 Case Seminar III- Adults**

January 2024- Present

- Developed course syllabus and content including lectures, assignments, organizing guest speakers and exams.
- Administered lectures of topics related to adult conditions including cerebral vascular accident, progressive neurological disorders, burns, amputation and cardiac conditions.
- Completed grading of assignments throughout semester

Adventist Health Glendale

May 2012- Present

Senior Occupational Therapist

- Case management of patients in the Cardiac Interventional Telemetry Unit, Cardiac Telemetry Unit, Coronary Intensive Care Unit and Surgical Intensive Care Unit
- Provide Occupational Therapy services to patients who have suffered a myocardial infarct, underwent pacemaker, and underwent coronary artery bypass graft.
- Created and implemented discharge protocols for patients status post cardiothoracic surgery.
- Perform formal assessments and carry out interventions for patients, including instructions on activities of daily living retraining and durable medical equipment management.
- Instructed and guided fieldwork level 1 and 2 students in the acute care setting

Accredited: Home Health Therapy Services

September 2017-June 2018

Occupational Therapist

- Case manages patients with various diagnosis (CHF, orthopedic surgery, coronary artery bypass graft, cerebral vascular accident)
- Perform initial assessment on patients in home, provide home safety assessment.
- Perform intervention for in home patients, providing instructions on safe transfers, energy conservation and therapeutic exercises to strengthen the patient for functional activities.

Feldcare Connects Home Health
September 2016- June 2018

Occupational Therapist

- Case manages patients with various diagnosis (CHF, orthopedic surgery, coronary artery bypass graft, cerebral vascular accident)
- Perform initial assessment on patients in home, provide home safety assessment.
- Perform intervention for in home patients, providing instructions on safe transfers, energy conservation and therapeutic exercises to strengthen the patient for functional activities.

Certifications

California State Occupational Therapy Licensure: CBOT Licensure
2012

National Certification: NBCOT
2012

Certification Course in Neuro-IFRAH®
October 2014

Certified Kinesio Taping Practitioner
July 2015

Certified Fieldwork Educator
October 2013