

OCCUPATIONAL THERAPY PROVIDERS' PERCEPTIONS ON USING
PODCASTS FOR PROFESSIONAL DEVELOPMENT

A thesis submitted to the faculty at Stanbridge University in partial fulfillment of the
requirements for the degree of Master of Science in Occupational Therapy.

by

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Certification of Approval

I certify that I have read Occupational Therapy Providers' Perceptions on using Podcasts for Professional Development by Angela Kurdzhukyan, Jessica Nathania, Nishi Parikh, Jourdan Santibanez, and in my opinion, this work meets the criteria for approving a thesis submitted in partial fulfillment of the requirements for the degree of Master of Science in Occupational Therapy at Stanbridge University.

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Abstract

The purpose of this study was to examine the perceptions of occupational therapy providers (OTPs) in regards to using podcasts for earning continuing education units (CEUs). The study included 106 participants from various backgrounds who completed an online, 18-question survey. The findings concluded that most OTPs (83%) were unaware of the option of podcasts as a way to earn CEUs. However, practitioners of all ages, years of experience, and practice settings were willing to use podcasts. Additionally, they found podcasts to be valid, effective, and convenient. The overall positive perceptions about the research question suggest that creating additional podcasts to OTPs' liking may increase utilization of evidence-based practice. Additionally, for a population with dense workloads and increasing burnout rates, further research is needed to explore podcasts as a potential avenue to alleviate these burdens.

Table of Contents

Statement of Problem.....	2
Literature Review.....	3
Podcast History.....	3
CEU History.....	4
Burnout and EBP Consumption.....	5
Effectiveness and Perceptions of Online Learning.....	6
Statement of Purpose.....	8

Theoretical Framework.....	9
Methodology.....	11
Design.....	11
Participants.....	12
Conflict of Interest.....	13
Data Collection.....	13
Data Analysis.....	14
Results.....	14
Demographic Data.....	14
Overall Survey Results.....	15
Chi-Square Results.....	16
Discussion.....	17
Awareness.....	17
Age as a Factor.....	18
Perceived Benefits and Willingness.....	18
Limitations.....	19
Ethics.....	19
Recommendations.....	20
Conclusion.....	21

References.....	22
Appendix A: Survey on Podcasts for Continuing Education	26
Appendix B: Institutional Review Board Approval.....	34

List of Tables

Table 1: Practice Setting	35
Table 2: Demographic Questions	35
Table 3: Formats to Obtain CEUs	36
Table 4: Satisfaction with Current Ways to Obtain CEUs	36
Table 5: Factors Influencing Decision of Choosing CEUs	37
Table 6: Reasons for Not Listening to Podcasts	37

List of Figures

Figure 1: Current Formats Used to Obtain CEUs	38
Figure 2: Satisfaction with Current CEU Options	38
Figure 3: Most Influential Factors When Choosing CEUs	39
Figure 4: Awareness of CEU Podcasts	39
Figure 5: Perceptions on the Effectiveness of Podcasts as CEUs	40
Figure 6: Willingness to Listen to Podcasts	40
Figure 7: Perceived Benefits of Using Podcasts to Earn CEUs	41

PODCASTS AND PROFESSIONAL DEVELOPMENT

Occupational Therapy Providers' Perceptions on Using Podcasts for Professional Development

The American Occupational Therapy Association (AOTA) asserts that continuing professional development is necessary for the advancement of the profession and for the practitioners themselves (2017a). Continuing education facilitates the growth of therapists' knowledge of evidence-based practice and ensures client-centered occupational therapy services are being implemented. In recent years, the AOTA has made it a priority to make the field of occupational therapy science driven and widely recognized (AOTA, 2017b). Furthermore, the National Board for Certification in Occupational Therapy (NBCOT) shares AOTA's vision as they wish to "serv[e] the public interest by advancing client care and professional practice through evidence-based certification standards and the validation of knowledge essential for effective practice in occupational therapy" (NBCOT, 2020). To abide by this vision, it is necessary for health care providers to incorporate evidence-based practice to ensure optimal quality of care.

Although there is a push from occupational therapy organizations to keep the practice evidence-based, occupational therapy practitioners (OTPs) have several barriers that prevent them from achieving this goal. In 2017, McCluskey and Taylor found that many OTPs do not use evidence-based practice due to barriers such as time constraints, access to materials, or limited critical appraisal skills (2017, p. 62). However, podcasts may serve as an effective facilitator for the consumption of evidence-based practice due to their increased popularity in educational health care settings. Podcasts can help health care providers consume research with more ease, portability and allow them to multitask while learning (Cho, Cosimini, & Espinoza, 2017).

PODCASTS AND PROFESSIONAL DEVELOPMENT

This research aims to understand the perceptions of OTPs and their willingness to use podcasts as a means for continuing education units (CEUs). By understanding their perceptions, CEU providers can better cater to OTPs' needs and preferences.

Statement of the Problem

OTPs are expected to keep up-to-date with the current research to employ the best interventions for their clients. However, Gupta, Paterson, Lysaght, and Von Zweck (2012) found that occupational therapists are burdened with a heavy workload and experience burnout. Work related stress can thus lead to job dissatisfaction and high turnover rates. Stress also has other consequences; it affects teamwork, client care, social life, and the physical and mental well-being of the practitioner (Gupta et al., 2012). Increased leisure time was the number one coping skill in which OTs use to manage burnout (Gupta et al., 2012). Having additional outlets for OTPs to attain CEUs can ease the demands of the profession and increase leisure time.

There has been extensive research on the effectiveness of podcasts in education. Professional health care fields that have successfully incorporated learning through podcasts include nursing, pharmacology, and medicine (Govranos & Newton, 2014; Micallef & Kayyali, 2019). For example, research shows that podcasts allow learning to be a form of education and entertainment, ultimately increasing physicians' overall knowledge of the medical literature (Malecki et al., 2019). Additionally, nursing students found podcasts to be a useful studying tool (Abate, 2013). However, there has been little research done on the effectiveness of podcasts for the field of OT specifically. This study will provide insight on how podcasts can facilitate the use of continuing education in the field of occupational therapy.

PODCASTS AND PROFESSIONAL DEVELOPMENT

Literature Review

Podcast History

A podcast is a digital audio file, usually in episodic form, that is placed on the Internet for people to subscribe and listen to. Podcasts are created through recording audio content, which can be done in a variety of ways. Listeners can access these audio files through a computer, their phones, or a portable media player. Internet entrepreneur Adam Curry and software developer Dave Winer developed podcasting in 2004, and the format has seen rampant growth in listeners (Brown & Green, 2008). According to Infinite Dial's Podcast Insights, 55% (155 million) of the Americans have listened to a podcast—an increase from 51% in 2019 (Winn, 2020).

Podcasts are increasingly being used not only as a form of leisure activity, but for education. Cho et al. (2016) found 84 articles that included the use of podcasts in health care education. Furthermore, the study results indicated that learners found podcasts to be a feasible tool for learning due to its ease of use. The popularity of podcasts in education that resulted from its convenience has led to the integration of this tool in different aspects of health care such as continuing education.

CEU History

Continuing education (CE) is a post-licensure requirement for practicing OTPs in the United States (AOTA, 2017a). The National Board for Certification in Occupational Therapy (NBCOT) recognizes lifelong learning as an essential tool to advance one's continuing competence and professional journey (NBCOT, 2020). CEUs are a nationally recognized measurement of participation in an accredited continuing education activity (AOTA, 2017a). Each accredited CE activity must meet the AOTA Approved Provider

PODCASTS AND PROFESSIONAL DEVELOPMENT

Program criteria, which includes guidelines that ensure the relevance of each CEU to the profession. Continuing education serves to maintain and enhance the knowledge, performance skills, and critical reasoning abilities throughout one's professional career (Micallef & Kayyali, 2019). By doing so, OTPs are using evidence-based practice to provide optimal patient care and outcomes.

In 2016, all OTPs renewing their license were mandated by their regulatory boards to obtain professional development units (PDUs; Hall, Crifasi, Marinelli, & Yuen, 2016). To ensure OTPs are maintaining their professional competence, regulatory board implement continuing education requirements, standards which vary from state to state (Hall et al., 2016). In order to receive licensure to practice, OTPs must take the NBCOT for certification. Once granted, providers have a three-year period before it is time to renew and must remain in active good standing during this time. Certificants must acquire at least 36 units for their certification renewal requirements (NBCOT, 2020). To obtain the units, CEUs can be converted into PDUs. PDUs were established by the Project Management Institute (PMI) as a measure used to quantify hours spent towards professional development activities like learning, volunteering, or teaching (PMI, 2020). AOTA uses the internationally recognized CEUs, whereas NBCOT uses PDUs. According to NBCOT's certification renewal handbook, 0.1 CEU is equivalent to 1 PDU (NBCOT, 2020). Furthermore, 1 CEU is equivalent to ten contact hours of participation in an organized CE activity, which equals ten PDUs (NBCOT, 2020).

OTPs are currently receiving CEUs through a variety of platforms. NBCOT recognizes conferences, workshops, seminars, lectures, online courses, providing fieldwork supervision, publishing, presenting, and reviewing articles as relevant CE

PODCASTS AND PROFESSIONAL DEVELOPMENT

activities (2020). Although not as widely recognized compared to other traditional forms of CEUs, podcasts are another way to earn PDUs through third-party entities. According to the NBCOT guidelines, third-party entities fall into the approved list of qualified providers for NBCOT renewal (NBCOT, 2020). However, an OTP must check with their state's regulatory board to check for approval of the third-party entities.

Burnout & EBP Consumption

AOTA's vision and continuing education units were created to ensure that OTPs were using research to guide their clinical reasoning. Although the demand for EBP is on the rise, the implementation of EBP by practitioners does not follow the same trend. It is found that practitioners are often failing to abide by the standard of science-driven treatment. It was found that OTPs who had been practicing for over 15 years preferred to rely on clinical experience rather than refer to research; they found that the more educationally advanced a practitioner becomes, the less likely they are to use evidence-based practice (Dysart & Tomlin, 2002; Cameron et al., 2005). In comparison, newer OTPs used more interventions that are science-based (Dysart & Tomlin, 2002). A similar finding showed that 35% of all practitioners were not implementing research (Cameron et al., 2005). This lack of evidence-based practice is an issue in all practice areas of occupational therapy. For instance, it was found that providers who worked with adult stroke patients and providers who worked in a mental health setting both struggled with barriers that prevented them from using evidence-based practice (Sweetland & Caik, 2001; Lloyd, Bassett, & King, 2004).

Despite these identified barriers, the majority of OT practitioners view evidence-based practice as important and a necessary direction the field must be taken (Salls,

PODCASTS AND PROFESSIONAL DEVELOPMENT

Dolhi, Silverman, & Hansen, 2009). The top barrier found was a lack of time for research (Salls et al., 2009). While many organizations and work departments allotted time on the job to receive continuing education, 45% still felt that they did not have enough time to access research (Dysart & Tomlin, 2002). Other barriers identified include poor critical appraisal skills and inapplicable research (Lloyd et al., 2004; Sweetland & Craik, 2001). These barriers have translated into a high burnout rate for OTPs. Of all the health care professions reviewed, Painter, Akroyd, Elliot, and Adams (2003) found that OTPs have the highest percentage of burnout. A survey examined the reasons for burnout and it was found that stress, workload, and a lack of support were the top factors (Edwards & Durette, 2010). The demand from AOTA and employers to be evidence based while also maintaining work productivity can be overwhelming. Regardless, there are available resources in place that may help OTPs carry the burden of evidence-based practice and continuing education in a timely fashion.

Effectiveness and Perceptions of Online Learning

Continuing education is mandated by the national board of most health care professions. Therefore, it is important to understand the willingness of professionals to comply with this standard. Although there is a lack of available literature for occupational therapists in this regard, other medical professions have looked into this area of continuing professional development more extensively. Govranos and Newton (2014), found that nurses perceived continuing education to be necessary to maintain their overall knowledge, and to ensure they were upholding their duty of optimal patient care. However, participants in the study felt as though time was their greatest barrier to the consumption of continuing education, a feeling shared by OTPs.

PODCASTS AND PROFESSIONAL DEVELOPMENT

Although the idea of podcasting is comparatively new in education, there have been many studies that have looked into its use in this field. Overall, perceptions of students and health care professionals regarding podcasts as an educational tool seem to be positive. A systematic literature review of 84 articles found that a majority of learners reported podcasts to be easy to use and useful for learning. Additionally, the participants liked podcasts because of their repeatability and convenience. They found that using podcasts were either better than or no different from classroom lectures (Cho et al., 2017). Other research has verified these findings. Multiple articles found that residents, students, physicians and nurses preferred podcasts over traditional educational tools due to portability, ease of use, and the ability to multitask while listening to them. They also agreed that the use of podcasts was beneficial for keeping up with current literature (Riddell et al., 2017; Abate, 2013; Govranos & Newton, 2014). Although podcasts were favored by the majority of learners, some individuals had opposing views; the inability to ask questions, technical barriers, poor audio quality, and lack of live group discussions were amongst some of the reasons why others thought differently about the use of podcasts (Kratochwill et al., 2016). Nevertheless, podcasts show potential to be a favorable method in health care education.

Additional research has found that the information learned through this medium has been found transferable to the clinical setting. In a study conducted by Malecki et al. (2019), practicing medical professionals who listened to a medical podcast felt that, over time, it helped them increase their overall knowledge. One participant claimed that they thought it made them an open-minded and well-rounded clinician (Malecki et al., 2019). This shows that information received through podcasts can be retained and applied in

PODCASTS AND PROFESSIONAL DEVELOPMENT

clinical practice.

This review of literature finds that health care professionals consider continuing education to be necessary and important. An online learning format is also favored by many due to various reasons such as repeatability and convenience. Similar to OTPs, other professionals in the health care system find time to be their biggest enemy (Govranos & Newton, 2014).

Statement of Purpose

This study aims to explore the perceptions of actively practicing OTPs on current methods for obtaining CEUs and their perspectives of using podcasts as a means for continuing education. Many health care professionals have perceived podcasts to be a useful learning tool in their own fields. Considering many OTPs work in interdisciplinary teams and in many of the same settings as other health care professionals, there is hope that perceptions of OTPs about the use of podcasts for CEUs will be similar to those of other disciplines mentioned. The following themes are hypothesized to emerge from the survey results:

1. Few OTPs are aware that podcasts can be used as a means for earning CEUs.
2. Younger practitioners will be more willing to use podcasts to obtain CEUs.
3. Older providers will be less likely to use podcasts to obtain CEUs.
4. The greatest perceived benefit for using podcasts for CEUs compared to other methods is convenience.
5. OTPs will be willing to use podcasts as a means to earn CEUs.

PODCASTS AND PROFESSIONAL DEVELOPMENT

Theoretical Framework

To better relate the study to the field of occupational therapy, the Occupational Adaptation (OA) theoretical framework was used. The OA model looks at the readiness of an individual and sees how an adaptation to the environment can result in increased function (Schkade & Schultz, 1992). Although there may be similarities to previously existing models, such as the Occupational Behavior Model or the Person-Environment-Occupation Model, the OA model was created to emphasize the relationship between occupation and adaptation. There are several guiding assumptions presented in this model by Schkade and Schultz (1992):

1. Demands to perform occur naturally.
2. Occupation is a lifelong process of adaptation to internal and external demands to perform.
3. When an increase in demands occurs in a person's environment, the process of adapting becomes more challenging.
4. Dysfunction occurs when a person's ability to adapt has been challenged.
5. Physical or emotional disabilities and stressful events are barriers to adaptation.
6. Sufficient mastery and ability to adapt result in success in occupational performance.

According to the OA model, a person's press for mastery of their occupations is created by the interaction of a desire and demand for mastery, which in turn creates a need to adapt to challenges (Cole & Tufano, 2008). In the case of this study, OTPs wish to excel at their jobs, and there is also a demand for them to stay current with the latest

PODCASTS AND PROFESSIONAL DEVELOPMENT

research through continuing education (AOTA, 2017a). Although these demands exist, they are unable to create adaptive responses to the challenges, which creates disability (Salls et al., 2009; Lloyd et al., 2004; Sweetland & Craik, 2001).

In the OA model, disability can be seen when the individual is unable to show competent occupational performance (Cole & Tufano, 2008). As previously mentioned, OTPs find it difficult to carry out their role as distributors of evidence-based practice. In the lens of this model, the OTPs' disability includes their shortcoming of staying current with new and effective research. OTPs have also repeatedly brought up their difficulties in the workplace and personal lives. It is evident that their current responses to their environmental stressors are not leading to self-satisfaction in their occupations and yet most of these individuals do not know how to adjust. This occupational imbalance leads to decreased quality of life for both the provider and their clients. When left untreated, providers will face increased stress from higher demands in the workplace, greater rates of burnout, lack of mastery, and lowered self-efficacy (Cole & Tufano, 2008). Consequently, dysfunction will occur when an individual is not able to adapt, and OTPs are unable to meet the standards of AOTA's vision, which aims to advance the profession through the use of evidence-based practice.

Furthermore, this model explains the proportional relationship between individuals and occupations. As people become more adaptive, they become more functional. Function is apparent in this model when a person can engage in their occupations with a feeling of achievement and mastery (Cole & Tufano, 2008). Efficient use of time, energy, and personal resources are considered skills that help a person adaptively respond. However, many providers are unable to utilize these skills as they

PODCASTS AND PROFESSIONAL DEVELOPMENT

have to obtain CEUs in addition to work-related demands. With increasing demands placed on providers, more convenient and efficient ways to stay up-to-date with research are needed.

We hypothesized that podcasts can serve as a way for OTPs to stay current and adapt to technological advancements. It is not that the OTPs do not want to adapt rather, the issue is that they do not know *how to* adapt. Being able to adapt to novel technologies such as podcasts can allow them to save time and energy. Podcasts allow OTPs to optimize their time spent earning CEUs and thus allow them more time outside of work. Helping providers adapt may allow them more time to rest, perform their occupations, and increase their quality of life.

Methodology

Design

For this mixed-methods study, a Google Forms survey was sent to OTPs consisting of both quantitative and qualitative questions. Prior to finalization and dissemination of the survey, we piloted the questionnaire by having Stanbridge University faculty take the survey and provide feedback. The faculty consisted of licensed occupational therapists. The survey incorporated a total of eighteen questions. The questions included a combination of multiple choice and Likert-scale questions. Of the eighteen, five offered a fill-in-the-blank as an additional answer option. These fill-in-the-blank options provided an alternative in case the participants' responses were not listed; additionally, it contributed to the qualitative data. Demographic questions were placed at the end due to not wanting to lose the participants' interest as they are personal and do not have much to do with the study's purpose (Fanning, 2005). A mixed-methods

PODCASTS AND PROFESSIONAL DEVELOPMENT

survey was the optimal method to use for a topic that did not have much prior research, as it allowed us to quickly gather an ample amount of information on a large population while maintaining anonymity.

Some factors taken into consideration when forming this survey were questionnaire length and cognitive strain. Rolstad, Adler, & Rydén (2011) found that surveys were more likely to be completed and of greater quality when there was less response burden. Burden is defined as the effort that participants undergo to complete a survey. Therefore, it was a priority to decrease the effort required from the participants, so the majority of the questions were designed to be multiple choice. Additionally, sequencing questions into a logical flow was prioritized and only pertinent information was asked.

Participants

The target population surveyed was OTPs, including both occupational therapists and occupational therapy assistants. Participants were recruited based on convenience sampling and via social media outlets. Convenience sampling allowed for a large amount of responses to be gathered within a limited four-week time frame. After collection of data, participants were included in the study if they were practicing providers in the United States. Their responses were excluded from the study if they were not an occupational therapist or an occupational therapy assistant, if they were practicing outside of the United States, or if the provider was not currently practicing. A total of 125 responses were collected, and of the 125, 19 responses were discarded as these respondents did not meet the inclusion criteria. Considering the lack of prior research surrounding this topic in the field of OT, the study's sample size was sufficient as the

PODCASTS AND PROFESSIONAL DEVELOPMENT

research aimed to build a foundation. The information gathered was from a diverse population of providers with different years of experience, age, and practice settings.

Conflict of Interest

In accordance with the ethical obligation of researchers, a conflict of interest was presented. The thesis advisor of this research study hosts and profits from his own podcast series for PDUs. Considering that development and that data analysis will be conducted by the same team of researchers, there is a possible conflict of interest in regards to interpreting the result themes. Potential conflicts of interest were minimized by eliminating direct contact with participants and by consulting with an independent statistician.

Data Collection

The survey participants were recruited through social media outlets. The participants were recruited from Facebook groups and pages, Instagram pages, and Twitter posts specific to the provision of occupational therapy services. Other participants were recruited through institutional programs and a private clinic. The web postings included a recruitment statement which also contained a link to the survey hosted by Google. The recruitment link was active for four weeks. Google Forms was used to collect data and Google Sheets was used to store the information. Participant data will be kept for one year under a secure Stanbridge affiliated email address.

Data Analysis

The data from the questionnaire was transferred to a Microsoft Excel spreadsheet and was coded from categorical to numerical values for the purposes of future analysis. For open box questions, responses that did not fall into the choices provided were

PODCASTS AND PROFESSIONAL DEVELOPMENT

organized into themes. The majority of the data was analyzed using descriptive statistics. Means and frequencies were used to evaluate perceptions. Data was also analyzed using the SPSS software. Chi squared tests were performed to evaluate whether or not statistical significance was present when two questions were compared. Additionally, pie charts and histograms were created to visually represent the similarity and variability among responses.

Results

Demographic Data

Of the participants, 87.7% were occupational therapists and 12.3% were occupational therapy assistants. After excluding those not fitting the inclusion criteria, in total there were 100 female and 6 male survey participants. The greatest number of OTPs (38.7%) have practiced between 0-2 years while the least amount (9.4%) have been practicing for 6-10 years. There were only 2 participants who were aged 65 years or older. The rest were aged 26 or younger (19.8%), 27-34 years (37.7%), 35-50 (29.2%), and 50-65 (9.4%; see Table 2). The most common practice settings of the OTPs surveyed were: hospital (32.1%), school/pediatrics (31.1%), home health (19.8%), skilled nursing facility (17.0%), and early intervention (16.0%; see Table 1).

Overall Survey Results

In order to not limit the responses, some questions were allowed multiple answer choices. To maintain clarity, if a participant selected more than one answer, each of their responses were coded as individual data. Thus, for some questions the number of responses exceeded the total number of participants (n=106).

PODCASTS AND PROFESSIONAL DEVELOPMENT

For example, Q3. *What formats do you use to obtain continuing education units (CEUs)?* allowed participants to select all the formats they currently use to obtain CEUs (see Table 3 and Figure 1). reported using recorded online courses, 64.2% reported using conferences, 62.3% reported using live/interactive courses, 40.6% reported using one day seminars, 17.0% reported using reviewed articles, and 4.7% of the participants reported using podcasts to obtain their CEUs. Participants were also asked about their satisfaction regarding current CEU options. More than half of all participants (75.5%) were either “moderately satisfied” or “very satisfied” (see Table 4 and Figure 2).

When asked about the participants’ familiarity with podcasts, 43.4% rarely listened to podcasts, 19.8% routinely listened to podcasts, 18.8% knew what podcasts were but did not listen to them, 15.1% often listened to podcasts, and only 2.8% did not know what podcasts were. However, when asked if participants knew that podcasts have been designed for OTPs to earn CEUs, it was found that 83% of the total participants were unaware that podcasts were available as a method to earn CEUs (see Figure 4). Of the 5 participants reported to be using CEU podcasts, 80% were either “moderately satisfied” or “very satisfied” with the current ways available to earn CEUs. Additionally, when asked about their willingness to listen to a podcast to earn CEUs, 79 out of the 106 participants (74.5%) reported that they were either “moderately willing” or “very willing” (see Figure 6).

Another question examined the effectiveness of podcasts. 63% found that podcasts were either “moderately effective” or “very effective” means to earn CEUs (see Figure 5). Additionally, participants determined that the most common perceived benefit

PODCASTS AND PROFESSIONAL DEVELOPMENT

of using podcasts to earn CEUs was convenience (79%). Ease of access was found to be the second most popular perceived benefit (75%; see Figure 7).

Participants were also asked what factors they thought to be most influential in choosing their CEU format. Of the 106 participants, 73 ranked “topic” as the most influential factor. The second most popular factor reported was price (49%; see Table 5 and Figure 3). For participants who did not listen to podcasts, the most common reasons for not listening to podcasts included lack of interest (17.9%), lack of time (16.9%), and unfamiliarity with any podcasts (17.9%; see Table 6).

Additionally, participants reported that a CEU podcast should include handouts (77.4%), PowerPoint slides (50.9%), and/or speaker notes (40.6%). Only 7.5% of participants reported that they felt there was no need to include any supplemental materials with a podcast CEU. Findings also suggest that participants felt that knowledge from a CEU podcast was best assessed through exams (72.6%). Other probable options for assessments were less popular but included reflection assignments (16.0%) and a case study submission (5.66%).

Chi-Square Results

A statistical significance of $p=.002$ was found between *Q17. What is your age?* And *Q7. What is your familiarity with podcasts?* The age of participants determined their familiarity with podcasts. Specifically, participants younger than 50 were more likely to routinely listen to podcasts (10+ per month), compared to participants aged 50+ (13.2%).

Several chi-square tests of independence were performed and found to have no association between the variables. When compared there was no relationship between the participants' age and their willingness to listen to podcasts to earn their CEUs ($p = .687$).

PODCASTS AND PROFESSIONAL DEVELOPMENT

Additionally, the number of years they had been practicing also did not influence their willingness to listen to podcasts ($p = .752$). Likewise, an OTP's years of practice did not influence their willingness to listen to a podcast to earn their CEUs ($p = .752$).

Discussion

Perceptions of OTPs Using Podcasts to Earn CEUs

Awareness

We found that 78% of participants already listen to podcasts. Additionally, 2.8% of participants did not know what podcasts were and 17.9% did not know about any existing podcasts. This latter percentage could account for the 22% of individuals who were not currently listening to podcasts. Considering many OTPs already listen to some form of podcast, this familiarity could potentially make practitioners more inclined to use podcasts as a method to earn CEUs.

While a majority of practitioners were unaware that podcasts exist as a format to earn CEUs, a vast majority (74%) would be open to the idea of earning CEUs via podcasts. Participants of the study who did report using podcasts to obtain CEUs were satisfied with the current CEU methods available to them. Based on these results, it may be beneficial to increase OTPs' awareness that podcasts are an available method to earn CEUs. In turn, because those that already listen to CEU podcasts are satisfied, OTPs that have yet to try this method may also find the same satisfaction in this format.

Additionally, the results of this survey showed that most participants used online recorded courses as a format to obtain CEUs. Since podcasts are similar to online recorded CEUs, there is a likelihood that podcasts could follow this trend.

PODCASTS AND PROFESSIONAL DEVELOPMENT

Age as a Factor

It was originally hypothesized that more experienced OTPs would be less likely to venture into new CEU outlets due to having already preferred methods. On the contrary, the results showed that years of experience did not attribute to time spent engaging with podcasts. Prior to this study's findings it was additionally hypothesized that younger practitioners would be more willing to use podcasts. However, although younger practitioners were more familiar with podcasts, age did not influence practitioners' willingness to use this format.

Perceived Benefits and Willingness

Our survey results found that practitioners are willing to listen to podcasts as a valid and effective form to earn CEUs. OTPs preferred the podcast to be of a topic of interest and expressed exams to be the best form of assessment to test their knowledge after the course. Therefore, podcast providers should tailor material to the practitioners to assist in engagement of the content being taught. If individuals are interested and find an outlet that is favorable and easy to use, this may increase utilization of evidence-based practices.

Other health care fields have found that podcasts allow ease of access, accessibility, and portability. Our results parallel those findings as OTPs believed the greatest benefit of podcasts is convenience. Considering OTPs have busy schedules and experience high rates of burnout (Gupta et al., 2012), creation of additional podcasts by third-party entities can lead to greater occupational balance. In summary, our results suggest that the most beneficial advantages for using podcasts as a professional development platform are portability, less travel, less time from work, and cheaper price.

PODCASTS AND PROFESSIONAL DEVELOPMENT

Providers will find it easier to be in accordance with NBCOT certification and state licensure requirements since podcasts are an outlet that can provide unique advantages over other CEU formats.

Limitations

This research study focused specifically on the perceptions of OTPs, which limits the generalizability of the study to other disciplines. Additionally, this research only sought to understand the perceptions of practitioners within the US and excluded data from providers outside of the US. Thus, the research findings are not generalizable to other countries. The survey was distributed through online platforms, which creates a limitation as it may neglect a population of OTPs that experience digital divide. Since the exclusion criteria included those that are not currently practicing, it is possible that potential data was disregarded, as practicing providers might have selected “I am not currently practicing” due to the COVID-19 pandemic. Furthermore, convenience sampling was utilized when disseminating the survey. Organizations in close physical proximity were contacted, making the data not representative of all OTPs.

Ethics

Prior to dissemination of the survey, consent was approved from the Institutional Review Board of Stanbridge University (see Appendix B). A thorough notice of potential risks, benefits, and participants’ rights were displayed in the consent form at the beginning of the survey. A potential risk is loss of participants’ time. Another unlikely consequence and potential harm would be emotional distress. However, participants could choose to exit the survey at any time.

PODCASTS AND PROFESSIONAL DEVELOPMENT

A consent statement was included in the introduction of the survey, and by continuing the survey, participants acknowledged their agreement. Participants' computerized survey data remained anonymous and stored under a Stanbridge email account. Anonymity was ensured as the only perusal of participant answers was the research team. Participant identities were not collected, and thus kept separate from participant data. To ensure confidentiality, no personal identifying information was collected from participants, including but not limited to names and date of birth.

Recommendations

Due to the novelty of research regarding podcasts in occupational therapy, there is a wide range of potential future topics that have yet to be looked into. Further studies are necessary to determine the receptiveness of OTPs regarding podcasts being implemented on a wider scale. Additionally, research is needed into OTPs' knowledge retention to determine whether information gained through podcasts is transferable to practical application.

It would be beneficial to evaluate the effectiveness of listening to podcasts in comparison to in-person lectures for occupational therapy students. Health care settings have found information retained from podcasts to be comparable to information retained from traditional classroom lectures (Cho et al., 2017). However, there is limited research available to confirm whether this trend exists in occupational therapy. Comparing classroom lectures to podcast lectures would be helpful to determine if the same positive attitude persists among OT/OTA students.

Finally, this research focused primarily on OT providers within the United States, but little is known whether international OTPs have the same issues and challenges

PODCASTS AND PROFESSIONAL DEVELOPMENT

obtaining CEUs. The AOTA currently has 72 member countries representing 350,000 practitioners internationally (2020). Further studies should look into the perceptions of international OTPs as they have yet to be examined. This is important because other countries have different CEU requirements, health care practices, and processes for renewing licensure.

Conclusion

The results of this study set the foundation for numerous research studies yet to come. Shortly after podcasts were created, it transformed from a leisure activity to being utilized for academia and professional purposes. Additionally, podcasts as an instructional method and CEU format quickly made its way to many different health care disciplines. However, this did not occur for the field of occupational therapy. Podcasts are currently available for OTPs to use as a form of earning CEUs, but a majority of practitioners are unaware that they exist. Furthermore, it is well known that OTPs have heavy workloads, experience high rates of burnout, and have decreased use of evidence-based practice. This study revealed that practitioners from all settings, years of practice, and age are willing to listen to and benefit from podcasts. Likewise, a majority of OTPs reported podcasts to be valid, effective, and convenient as a form of continuing education. In order to help OTPs' overall well-being, an increase in CEU podcasts could potentially improve occupational balance for OTPs in the future. These podcasts should take into account that practitioners prefer podcasts to be a topic of interest and concluded with an examination. Further research is necessary to reinforce these findings and also examine podcasts' role in a variety of contexts.

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PODCASTS AND PROFESSIONAL DEVELOPMENT

Appendix A

Stanbridge University: Survey on Podcasts for Continuing Education



Stanbridge University: Survey on Podcasts for Continuing Education

You are invited to participate in a research study on perceptions of OT providers on podcasts and continuing education. You will be asked to complete a 18 question survey. No personal information will be collected. Your answers will be collected.

Time involvement- 5-10 minutes

Risks and Benefits- There are no known risks to this study. An unlikely consequence is emotional distress from answering the survey questions. By completing this survey, you will be benefitting the occupational therapy community by contributing to the literature.

Participants rights- If you have read this entire introduction you are consenting to participate in this study. Participation in this study is voluntary and you have the right to withdraw at any point without penalty. Your alternative is to not participate in this study. You have the right to refuse to answer specific questions. Your identity will not be disclosed at any time. The results of this study may be disseminated at Stanbridge University and to OTAC.

Contact information- If you have any questions about this study please contact thesis advisor Jayson Davies at jdavies@stanbridge.edu.

* Required

PODCASTS AND PROFESSIONAL DEVELOPMENT

1. What type of occupational therapy provider are you? *

- Occupational Therapist (OT)
- Occupational Therapy Assistant (OTA)
- Neither

2. Do you currently practice in the United States? *

- Yes
- No
- I am currently not practicing.

3. What formats do you use to obtain continuing education units (CEUs)? Select all that apply. *

- Online courses- live/ interactive
- Online courses- recorded
- Conferences
- One day seminars
- Reviewing articles
- Podcasts
- Other...

PODCASTS AND PROFESSIONAL DEVELOPMENT

...

4. Are you satisfied with the current ways to obtain CEUs? *

- 1: Not satisfied at all
- 2: Slightly satisfied
- 3: Moderately satisfied
- 4: Very satisfied

5. What factors influence your decision-making when choosing CEUs? Please rank your preferences from most to least influential. *

	Most Influential...	2	3	4	Least influentia...
Price	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time commitm...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Distance to con...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Convenience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Topic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PODCASTS AND PROFESSIONAL DEVELOPMENT

6. What is your practice setting? Select all that apply. *

- Home Health
- Early Intervention
- Mental Health
- Schools/Pediatrics
- Community Health
- Skilled Nursing Facility
- Hospital
- Hand Therapy
- Academia
- Other...

...

7. Which of these statements best describes your familiarity with podcasts? *

- I do not know what podcasts are
- I know what podcasts are but I do not listen to podcasts
- I rarely listen to podcasts (1-4 per month)
- I often listen to podcasts (5-9 per month)
- I routinely listen to podcasts (10+ per month)

PODCASTS AND PROFESSIONAL DEVELOPMENT

8. If you do not listen to podcasts or do not access them often, why not? *

- No interest
- No time
- Do not know of any podcasts
- Do not know how to access podcasts
- Other...

9. Do you know that podcasts have been designed for occupational therapy providers to earn CEUs? *

- Yes
- No

...

10. Do you agree that podcasts are a valid and effective means to earn CEUs? *

- 1: Not effective at all
- 2: Slightly effective
- 3: Moderately effective
- 4: Very effective

PODCASTS AND PROFESSIONAL DEVELOPMENT

11. How willing would you be to listen to a podcast to earn your CEUs? *

- 1: Not willing at all
- 2: Slightly willing
- 3: Moderately willing
- 4: Very willing

...

12. What do you perceive are the benefits of using podcasts to earn your CEUs compared to other formats? Select all that apply. *

- Cheaper price
- Less time commitment
- Ease of access
- Convenience
- I am unsure what the benefits would be
- I do not believe that podcasts would be beneficial

PODCASTS AND PROFESSIONAL DEVELOPMENT

13. What supplemental material(s) do you feel should be included with a continuing education podcast? Select all that apply. *

- Handouts (e.g. checklists, info sheets, etc.)
- Powerpoint slides
- Speaker notes
- I do not feel podcasts need any supplementary materials
- Other...

14. How long do you think a CEU podcast should be? *

- <15 min
- 15-30 min
- 30-60 min
- 60 min+

⋮

15. What do you think is the best form of assessment to test your knowledge after a CEU podcast course? *

- Exam/test
- Reflection assignment
- Case study submission
- Other...

PODCASTS AND PROFESSIONAL DEVELOPMENT

16. What is your gender? *

- Male
- Female
- Prefer not to say

17. What is your age? *

- 26 or younger
- 27-34
- 35-50
- 50-65
- 65+


18. How many years have you been practicing? *

- 0-2
- 3-5
- 6-10
- 10+

PODCASTS AND PROFESSIONAL DEVELOPMENT

Appendix B

Institutional Review Board Approval

IRB Application Number	MSOT009-006
Date	03/30/2020
Level of Review	Exempt
Application Approved	X
Conditional Approval	
Disapproved	
Comments	Minor changes have been reviewed and completed. Revised IRB application submitted and approved on 04/17/2020
Signature of IRB Chair	

PODCASTS AND PROFESSIONAL DEVELOPMENT

Table 1: Practice Setting

<i>Q6. What is your practice setting?</i>	<i>N</i>	<i>%</i>
Home Health	23	21.7
Early Intervention	17	16.0
Mental Health	9	8.5
Schools/Pediatrics	33	31.1
Community Health	5	4.7
Skilled Nursing Facility	18	17.0
Hospital	34	32.1
Hand Therapy	10	9.4
Academia	5	4.7
Other	13	12.3

Table 2: Demographic Questions

<i>Variables</i>	<i>N</i>	<i>%</i>
<i>Q1. What type of occupational therapy provider are you?</i>		
Occupational Therapist	93	87.7
Occupational Therapy Assistant	13	12.3
<i>Q16. What is your gender?</i>		
Male	6	5.7
Female	100	94.3
<i>Q18. How many years have you practiced?</i>		
0-2	41	38.7
3-5	25	23.6
6-10	10	9.4
10+	30	28.3
<i>Q17. What is your age</i>		
26 or younger	21	19.8
27 - 34	40	37.7
35 - 50	31	29.2
50 - 65	12	11.3
65+	2	1.9

PODCASTS AND PROFESSIONAL DEVELOPMENT

Table 3: Formats to Obtain CEUs

<i>Q3. What formats do you use to obtain continuing education units?</i>	<i>N</i>	<i>%</i>
Online courses- live/interactive	66	62
Online courses- recorded	89	84
Conferences	68	64
One day seminars	43	40
Reviewing articles	18	17
Podcasts	5	5
Other	10	9

Table 4: Satisfaction with Current Ways to Obtain CEUs

<i>Q4. Are you satisfied with the current ways to obtain CEUs?</i>	<i>N</i>	<i>%</i>
Not satisfied at all	2	1.9
Slightly satisfied	24	22.6
Moderately satisfied	60	56.6
Very satisfied	20	18.9

PODCASTS AND PROFESSIONAL DEVELOPMENT

Table 5: Factors Influencing Decision Making When Choosing CEUs

Q5. What factors influence your decision making when choosing CEU's?

	<i>N</i>	<i>%</i>
Price	52	49.0
Time commitment	29	27.4
Distance to conference	34	32.1
Convenience	36	34.0
Topic	73	69.0

Note- Only the responses that ranked these factors as “most influential” (Option 1) are presented in this chart and participants were able to select multiple answers. Therefore, the total number of participants (n) will exceed the 106 participants in the study.

Table 6: Reasons for Not Listening to Podcasts

Q8. If you do not listen to podcasts or do not access them often, why not?

	<i>N</i>	<i>%</i>
No interest	19	17.9
No time	18	17.0
Do not know of any podcasts	19	17.9
Do not know how to access podcasts	5	4.72

PODCASTS AND PROFESSIONAL DEVELOPMENT

Figure 1: Current Formats Used to Obtain CEUs

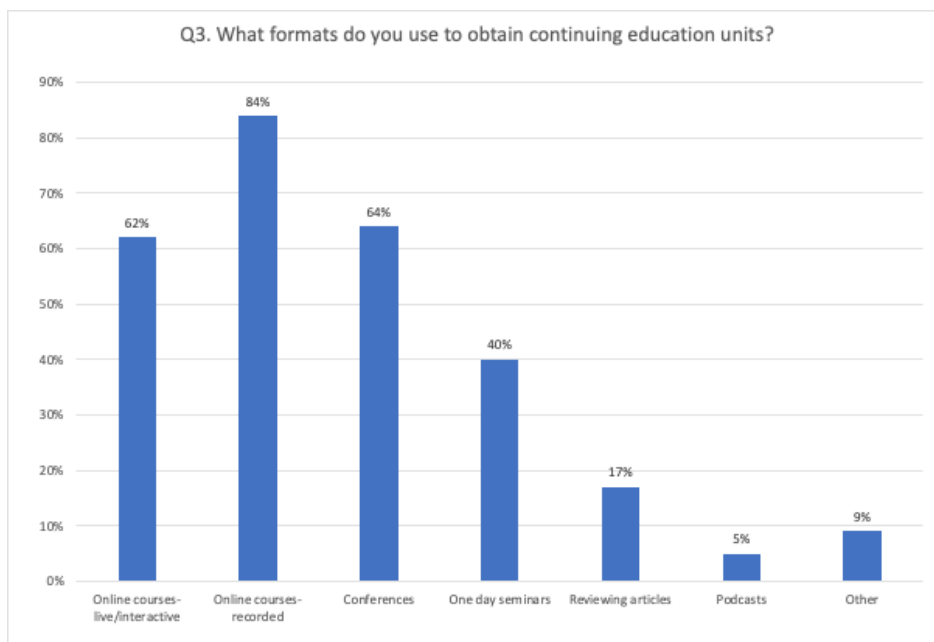


Figure 2: Satisfaction with Current CEU Options

PODCASTS AND PROFESSIONAL DEVELOPMENT

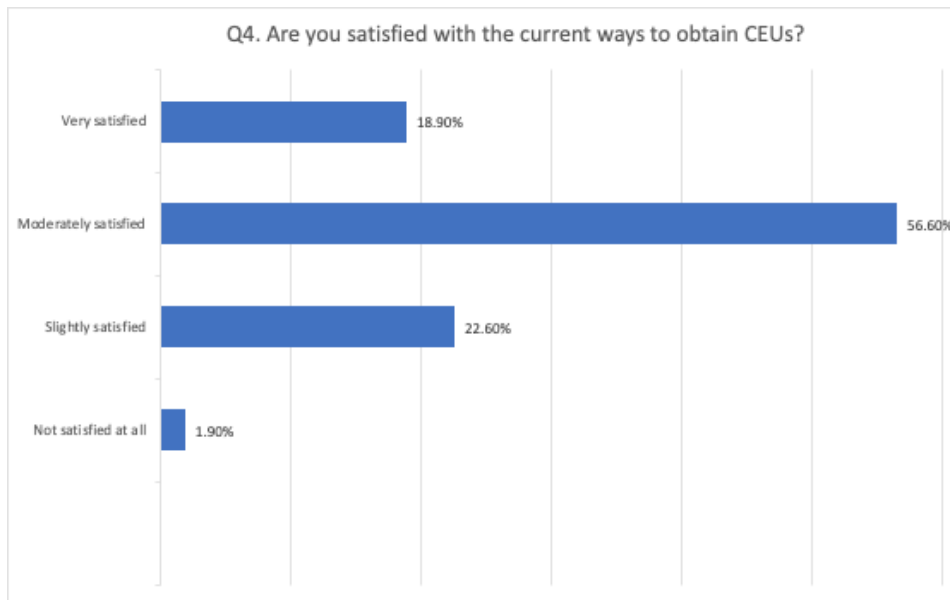


Figure 3: Most Influential Factors When Choosing CEUs

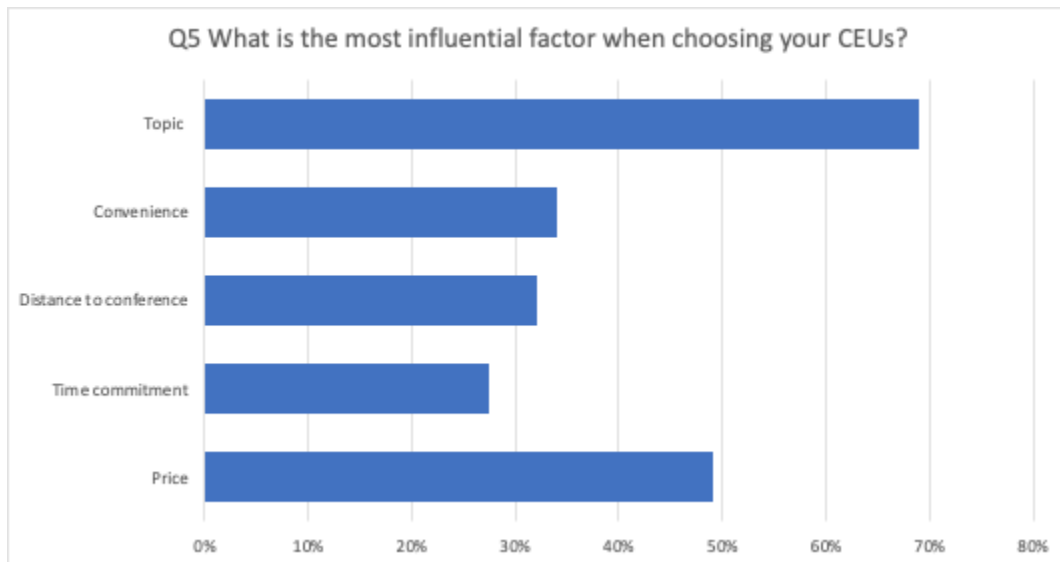


Figure 4: Awareness of CEU Podcasts

PODCASTS AND PROFESSIONAL DEVELOPMENT

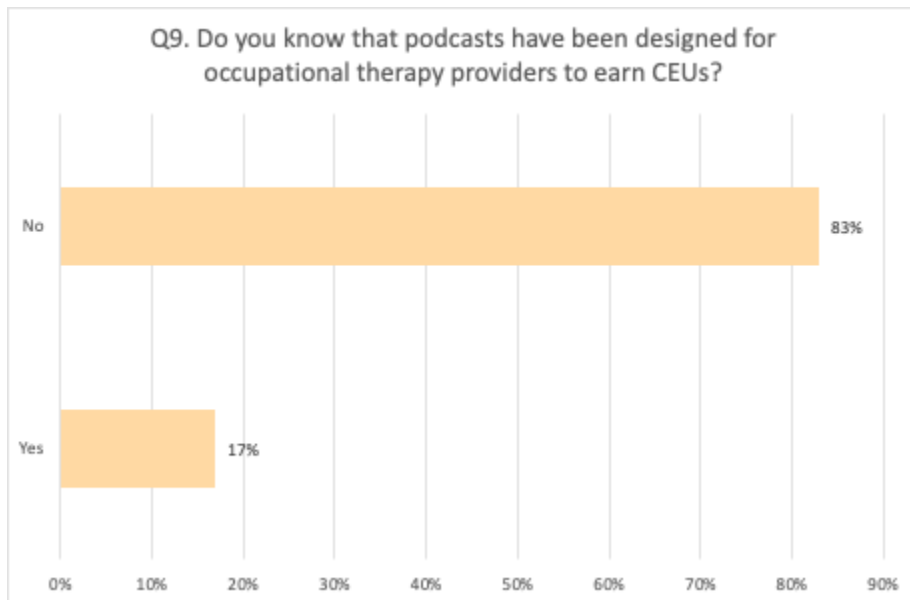
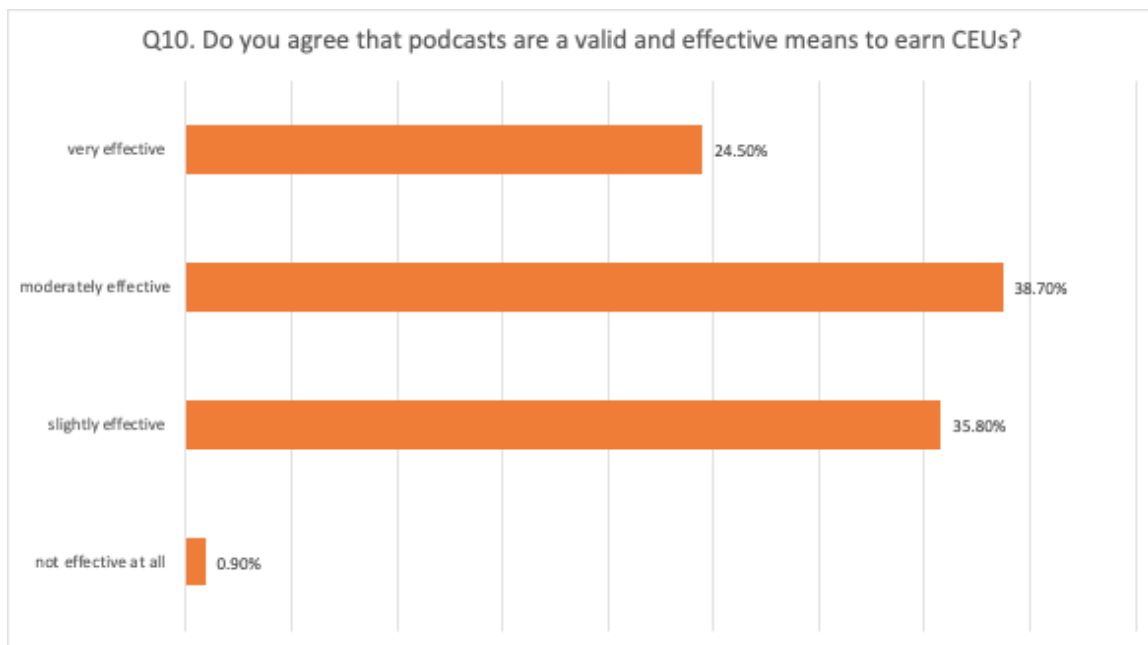


Figure 5: Perceptions on the Effectiveness of Podcasts as CEUs



PODCASTS AND PROFESSIONAL DEVELOPMENT

Figure 6: Willingness to Listen to Podcasts

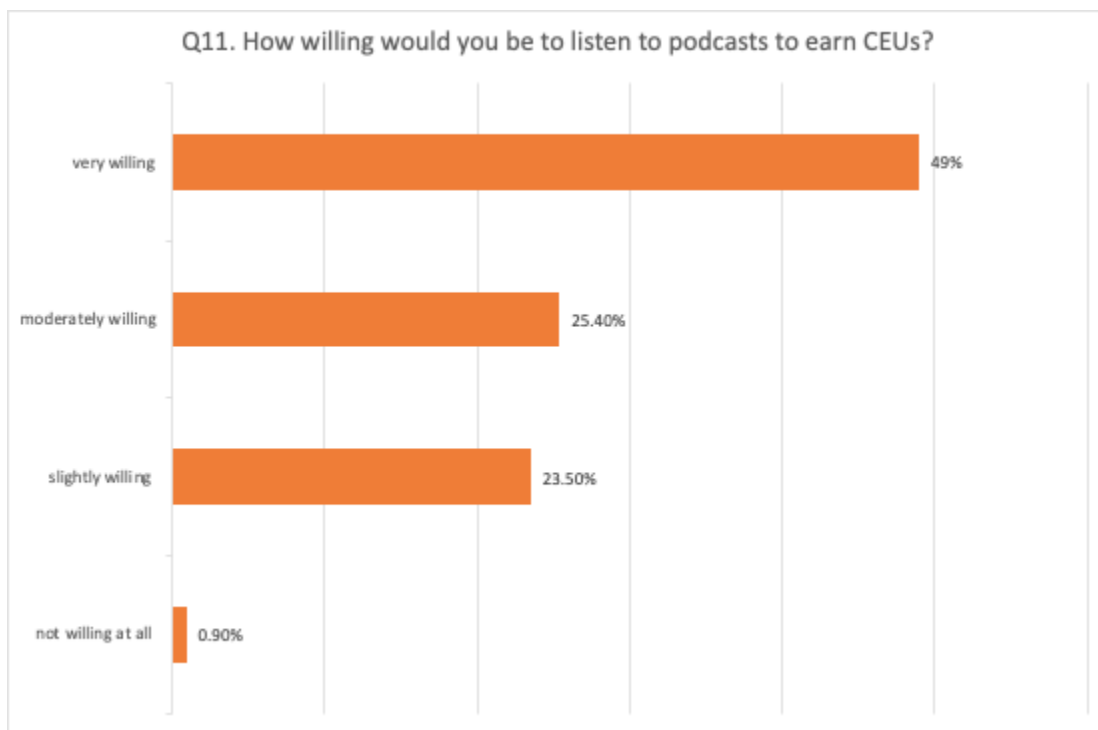


Figure 7: Perceived Benefits of Using Podcasts to Earn CEUs

PODCASTS AND PROFESSIONAL DEVELOPMENT

