

EQUIPPING MASTER OF OCCUPATIONAL THERAPY STUDENTS FOR LEVEL I
FIELDWORK PLACEMENT IN EMERGING PRACTICE SETTINGS

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 Equipping Master of Occupational Therapy Students for Level I fieldwork Placement in Emerging Practice Settings by Helen Baik, Vanessa Gubbels, Judy Lee, and Chloe Replogle, 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

Occupational Therapy Master of Science programs require 40 hours of hands-on experience in Level I fieldwork rotations that provide opportunities to apply classroom learned practices. Fieldwork rotations focus on elements of physical disabilities or psychosocial issues. Stanbridge University has started using, Illumination Foundation; a housing first program and emerging practice setting, where occupational therapy services are not provided by an occupational therapist. When an occupational therapist is not present, students feel uncertain of their role and unprepared due to the lack of guidance both prior to arriving and after completing their rotation.

This study was a project-based thesis and created a video to prepare students for their Level I psychosocial and physical disabilities fieldwork rotations at Illumination Foundation. The purpose of the video is to facilitate successful fieldwork experiences, demonstrate the role of occupational therapy in this emerging practice setting, and establish occupational therapy as a necessary interdisciplinary allied health profession at Illumination Foundation.

The model of Occupational Adaptation was used as a framework for the project as occupational therapy students must adapt externally to the new environment and internally to the roles essential for students during their fieldwork rotations. Bandura's Social Learning Theory was also used as it supported the training video production. In the video students receive instruction on professional behavior, terminology to use with staff and residents, demonstration of assessments, tips to improve learning outcomes and increase the interdisciplinary professional value of occupational therapy.

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Equipping Master of Occupational Therapy Students for Level I Fieldwork Placement in
Emerging Practice Settings

Chapter 1: Introduction

Occupational therapy is a profession that helps people across the entire lifespan participate in activities that are meaningful to them. Occupational therapists accomplish this through the use of daily therapeutic activities, also called occupations (American Occupational Therapy Association [AOTA], n.d.). The American Occupational Therapy Association Occupational Therapy Practice Framework: Domain and Process (2014) outlines the domains and processes of occupational therapy, which include occupations, client factors, performance skills, performance patterns, and context and environment (AOTA, 2014). These domains and processes help guide the profession of occupational therapy. Taking these domains and processes into considerations may allow occupational therapy to partner with organizations that strive to tackle the issue of homelessness and empower successful community reintegration. One such organization in Southern California is Illumination Foundation.

Illumination Foundation is a homeless shelter and housing first program with locations throughout Southern California (Illumination Foundation, 2018). This nonprofit organization focuses on the reduction of harm to its residents and aims to break the cycle of homelessness through providing immediate housing relief, medical care, mental health services, and workforce services (Illumination Foundation, 2018). Illumination Foundation has successfully provided over 1,000,000 nights of housing to individuals throughout Southern California, experiencing either intergenerational or chronic homelessness (Illumination Foundation, 2018). Illumination Foundation (2018),

describes intergenerational homelessness as homelessness which manifests in families, from early childhood trauma and profoundly impacts development often leading to traumatized adults who are unable to provide basic needs for their children. Families experiencing intergenerational homelessness lack access to basic needs and resources, and this childhood trauma may lead to delayed development and inability to build secure relationships (Illumination Foundation, 2018). Chronic homelessness often stems from financial insecurity and chronic health conditions due to a disability, workplace injury, loss of income, or mental illness. Resultant inability to maintain health often leads to self-medication, chemical, and substance abuse (Illumination Foundation, 2018).

Illumination Foundation strives to end the cycle of chronic homelessness through a multitude of services; such as housing, healthcare connection, recuperative care, and education, all provided within their facilities to assist individuals with establishing a life they deserve to live (Illumination Foundation, 2018).

Homelessness is a complex, pervasive issue. In 2010, the US Department of Housing and Urban Development estimated that approximately 649,000 people in the United States were homeless on a given night and one-quarter of this population was reported to have a severe mental illness (Page, Petrovich, & Kang, 2012). Recently in 2019, the Los Angeles Homeless Security Authority (LAHSA) released data indicating a significant increase of homelessness up 12 percent in the last year in Los Angeles County and up 16 percent in the city of Los Angeles. There is a total of 58,936 homeless individuals in Los Angeles County alone, and 36,300 in the city of Los Angeles, encompassing all ages and genders (Los Angeles Homeless Services Authority, 2019).

Successful community reintegration is a large area of concern for families and individuals experiencing homelessness (Page, Petrovich, & Kang 2012). Community reintegration involves not only finding permanent housing for individuals and families but also providing consistent continuum of care in preparation for such a significant transition (Page, Petrovich, & Kang 2012). Page et al. (2012) stated that assisting individuals' transition from homelessness often lacks this particular element of providing care throughout the entire process, which is where occupational therapy expertise would be most beneficial. Occupational therapists are fit to serve this population due to their unique expertise in rehabilitative services in which they help to establish meaningful occupations and assist with activities of daily living across the entire lifespan with a variety of clients and settings.

Currently, Illumination Foundation serves as an emerging practice setting for a large number of Level I fieldwork Master of Occupational Therapy students at Stanbridge University. However, to date, no supervising occupational therapist is on site. In interviews of prior students who have completed rotations at Illumination Foundation, statements of feeling ill-prepared were common and the role of an occupational therapist unclear to residents, staff, and administration. In order for students to be better equipped to positively impact the homeless population and define the role of occupational therapy at Illumination Foundation training is necessary. There is a consensus among students that once they better understand their role within Illumination Foundation, they will be able to justify and relay the need for an occupational therapist as a necessary allied health professional as part of the interdisciplinary team (C. Replogle, personal communication, July 2018).

Consideration is needed to establish an onsite occupational therapist at Illumination Foundation supported by a grant or other external funding. Such an individual would be able to assist students, residents, and staff foster successful transitions.

Statement of the Problem

The purpose of a Level I fieldwork is to introduce students to the world of occupational therapy and to develop basic level skills in understanding the needs of clients (AOTA, n.d.). Level I fieldwork rotations are typically one week of full-time (40-hours) clinical experience that includes directed observation, written and verbal communication, professional behavior, and individual and group participation with clients while under the direct supervision of a licensed occupational therapist or licensed professional designated by the facility (Stanbridge University, 2018, p.1). The Level I physical disabilities fieldwork rotation provides an opportunity for students to observe a licensed occupational therapist or another professional working with adolescents or adults in a hospital, rehabilitation, or community-based setting. The Level I psychosocial fieldwork rotation similarly provides an opportunity for students to observe an occupational therapist or another professional working with children, adolescents, adults, and older adults in a hospital, community-based setting, or other social support service, with a focus on psychological support and/or mental illness (Stanbridge University, 2018, p. 1). In both fieldwork experiences, students are provided with opportunities to observe evaluations, treatment sessions, community-focused activities, as well as, better understand the role of other professionals they may encounter at their sites.

Currently, Illumination Foundation housing first program does not provide occupational therapy services for residents transitioning from homelessness to community living. As a result, students completing their Level I psychosocial and physical disabilities rotation at Illumination Foundation do not have an occupational therapist to follow. Conversational interviews with students who have completed a Level I fieldwork rotation at Illumination Foundation express feelings of insecurity about their role as well as uncertainty on how to approach the vulnerable population (C. Replogle, personal communication, July 2018). Students also report feeling uncertain how to approach staff members at this emerging practice setting and how to communicate the role of occupational therapy within this emerging practice area. Many staff and administration have inappropriately regarded students as activity directors or recreational therapists rather than trained medical, allied health professionals (D. Tugman, personal communication, July 2018).

Students have expressed frustration that both staff and clients are unaware of the value of occupational therapy creating an unhealthy dynamic. In addition to feelings of inadequacy regarding role responsibilities students have also stated they feel a responsibility to assist resident's transition from homelessness to successful community integration but lack knowledge and experiential resources to feel confident with recommendations and education. As a result, students are feeling ill-equipped prior to the fieldwork rotation and only minimally successful at its conclusion. Overall, Stanbridge University students leave their Level I fieldwork rotation at Illumination Foundation with a sense of inefficacy and lack of confidence.

Fieldwork Preparation

Within the Master of Science in Occupational Therapy program, students are prepared for clinical rotations through lectures and coursework. However, most of the curriculum is aimed at preparing students for traditional, well-established occupational therapy settings. Students placed in non-traditional fieldwork settings in which an occupational therapist is unavailable, may lack guidance and direction, and feel unprepared, incompetent, or overwhelmed (Clarke, Visser, Martin, & Sadlo, 2014). These feelings can lead to confusion, frustration, and disappointment, which in turn may inhibit a student's ability to competently practice necessary evaluations and intervention skills.

Fieldwork preparation is essential to successful fieldwork experiences. Feeling unsure or unprepared may create a barrier to the student and diminish the learning experience. In a review of role-emerging placement settings for occupational therapy students, researchers identified several barriers that may inhibit students' learning experiences in their clinical rotations and one of those was not having a professional occupational therapist on site (Clarke et al., 2014).

Additional barriers to student learning experiences in a clinical rotation include insufficient client contact for various reasons, decreased opportunities to practice assessments and interventions, and inadequate communication between supervisor and site administration along with varying expectations between university requirements and site placements (Clarke et al., 2014). Student motivation and self-efficacy as a leader can also increase barriers to student learning experiences within an emerging practice setting (Clarke et al., 2014). These are significant barriers which may impact learning

potential and inhibit students' understanding of how to advocate occupational therapy's role in such a rich environment as an emerging practice area.

For Stanbridge University students in the Master of Science in Occupational Therapy program placed at Illumination Foundation Level I fieldwork rotation, several of these barriers were easily identified. According to C. Replogle (personal communication, July 2018), students have felt a sense of uncertainty and insecurity about developing necessary communication skills needed by health care professions. Advocating the role of occupational therapy within this emerging practice setting to staff and participants is important and also intimidating for students. It is anticipated that preparation and training of Master of Occupational Therapy students before a fieldwork rotation at a site such as Illumination Foundation will contribute to a more successful learning experience and feelings of confidence when approaching both clients and staff members.

So, what makes for a quality fieldwork setting for occupational therapy students. Rodger et al. (2011) identified not only a variety of barriers but student preferences that contributed to a quality fieldwork experience. With regard to fieldwork placements, students preferred "a welcoming learning environment, detailed orientation and clear expectations, graded program of learning experiences, quality modeling and practice, consistent approach and expectations, quality feedback, open and honest relationships and supervisor experience and skills" (Rodger et al., 2011, p.195).

Chiang, Pang, Li, Shih, and Su (2012) highlighted how a lack of preparation and structure negatively influenced learning outcomes of entry-level occupational therapy students on fieldwork. They examined students' perceptions, satisfaction, and overall quality of fieldwork outcomes for occupational therapy, and found students who

completed and considered the pre-fieldwork preparation to be beneficial reported higher satisfaction with the fieldwork experience (Chiang et al., 2012). The majority of the pre-fieldwork preparation encompassed studying professional knowledge, getting familiar with clinical practice beforehand, doing physical training, and enhancing interpersonal skills (Chiang et al., 2012). Mulholland and Derdall (2007) also identified several areas that were highlighted by occupational therapy students for a successful Level I fieldwork experience. Two themes emerged: 1) early preparation and 2) structured yet collaborative guidance, which correlates with earlier studies in which students excel in fieldwork when provided with preparation and structure.

Additionally, Dancza et al. (2013) tracked and interviewed ten occupational therapy students completing non-traditional fieldwork rotations in school-based settings and community-based reintegration programs for the homeless population. Findings emphasized the need for more support (Dancza et al., 2013). Furthermore, identifying opportunities and challenges that can arise in a new practice setting could assist students in feeling better prepared (Dancza et al., 2013).

Preparation Methods

In order to prepare students for emerging practice setting placements in a time efficient manner, an instructional video hosted by other occupational therapy students who have completed their Level I rotation with Illumination Foundation may be beneficial. Bell and Bull (2010), found that videos are increasingly a validated and primary form of learning due accessibility on portable devices such as cell phones and laptops. Everett and Wright (2012) found the use of multimedia to be an essential tool when engaging students in the process of learning the necessary skills for the clinical

practice setting. Students responded positively to instructional videos and found them useful for reviewing clinical skills (Everett & Wright, 2012). In a Master of Occupational Therapy program, Robert B. McAlister (2014) examined the use of simple, short training videos implemented within a kinesiology course for forty-three first-year students. Upon completion of the course, forty-one out of forty-three students were surveyed about the usefulness of the videos. The survey results showed that students found the videos beneficial for the course and increased their learning of manual skills while boosting their confidence in their ability to perform such skills (McAlister, 2014).

Training materials created by students were found to be helpful by their student peers, as learning from those who have firsthand experience may provide newer students the motivation and preparation needed for fieldwork rotations (Coyne et al., 2018). Coyne et al. (2018) found training videos used to teach clinical skills to healthcare students were useful and a convenient educational tool. Training videos proved to be a flexible resource that allowed for “different learning styles, repeated viewing, and enabled links between theory and practice” (Coyne et al., 2018, p.106). Additionally, Miles, Mabey, Leggett, and Stansfield (2014) examined the impact of peer-to-peer instruction on student learning for nursing students. In a simulation training video, experienced peers provided feedback and instruction to new students. This study concluded that peer-led training video recordings and simulations were a helpful educational method which assisted students in learning interpersonal communication skills and received positive feedback from the new students (Miles et al., 2014).

It is anticipated that providing a peer-led training video for students in Stanbridge University’s Master of Science in Occupational Therapy program going to Illumination

Foundation on a Level I fieldwork rotation will lead to students feeling more confident and competent. This may increase satisfaction and add to the learning experience of students at Illumination Foundation without an occupational therapist and demonstrate the importance of occupational therapy services to their staff.

Role in Emerging Settings

Holms and Scaffa (2009) investigated the necessary skills and steps for creating emerging practice settings in the occupational therapy profession; the following avenues were discovered: occupational therapy educational programs, fieldwork rotations, and continuing education venues. Educational programs are critical when it comes to developing fieldwork placements where occupational therapy services may be implemented in the future, as well as educating students in ways to identify community needs and how occupational therapy practitioners can address those needs.

Students often prefer guidance and role-modeling as they learn to practice new skills, which is often lacking in emerging niches of practice. However, students do have the opportunity to lay the groundwork for the profession and demonstrate the positive impact occupational therapy can have on the emerging practice setting of community reintegration.

Leeann Westover, an occupational therapist, employed part-time at Project Renewal, a homeless facility in New York, (personal communication, June 2018) shared how students played a vital role in highlighting the need for an occupational therapist at the facility and subsequent hiring an occupational therapist. After hosting Level I occupational therapy fieldwork students for twelve years, Project Renewal recognized the value of occupational therapy after witnessing the impact the students were making on

their residents. As a result of the fieldwork students' work at Project Renewal, the facility hired a part-time occupational therapist who can now oversee Level II occupational therapy fieldwork students (L. Westover, personal communication, June 14, 2018). The profession of occupational therapy was established in this emerging practice setting through the efforts of both Levels I and II students, as well as the part-time occupational therapist, enabling occupational therapy to provide community reintegration services for individuals experiencing homelessness.

Statement of Purpose

This project-based thesis focused on preparing a training video for Stanbridge University Master of Occupational Therapy students scheduled to complete their Level I physical disabilities and psychosocial fieldwork rotation at an emerging practice setting for homeless individuals, Illumination Foundation. This project ultimately aims to prepare Level I Stanbridge University Masters of Occupational Therapy students for their fieldwork rotation at Illumination Foundation through instruction on 1) professionalism, 2) students' roles, 3) assessments, 4) evaluations, 5) interventions, and 6) how to communicate the clinical role of occupational therapy to clients and staff. The goal is that students will learn how to competently fulfill their role in an emerging practice setting creating a sense of satisfaction and success.

Theoretical Framework

The Occupational Adaptation model was used in support of the training video, as the framework focuses on the interaction between individuals and their environment. The occupational adaptation process occurs when the person encounters an occupational challenge within the context of his or her environment (Schkade & Schultz, 2003). In

response to challenges, the person will go through a sequence of steps that influences the process of adaptation. The result is occupational mastery through the desired outcome and adapted response (Schkade & Schultz, 2003).

The four constructs in Occupational Adaptation are occupations, adaptive capacity, relative mastery, and the adaptation process (Schkade & Schultz, 2003). According to Schkade and Schultz (2003) occupations are activities and roles that an individual finds meaningful and actively participates in, that results in a product or process. One's adaptive capacity is the ability to see the need for change and adapt accordingly to ensure a successful outcome. Adaptation is the process that occurs when faced with a new challenge and the steps that are taken to adjust to and meet the new demand. Stress, impairment, or illness are all factors that affect this construct and one's ability to adapt (Schkade & Schultz, 2003). However, mastery is achieved when the individual can evaluate his or her adaptive response to the new challenge, and the response is deemed as successful if the challenge has been met or overcome.

The foundation of this theory assumes that occupations, and for the students it is the Fieldwork rotation, provide an opportunity for adaptation as a person must adjust to meet a variety of demands within the environment (the Illumination Foundation site) and begin the adaptation process (Schkade & Schultz, 2003). The environment in which occupational roles occur places demands on a person and those demands are determined by one's internal or personal perceptions, as well as external social and cultural expectations. People have a natural drive to master their occupations, roles, and environment. A person's ability to adapt determines the occupational performance level of success, which is influenced by their perception of expectations, or "press" for

mastery, of their internal and external demands (Schkade & Schultz, 2003). Success within the area of challenge occurs when one determines the adaptational response is adequate in satisfying one's expectations as well as the expectations of others.

For occupational therapy students at fieldwork, the desire to attain mastery in their environment by successfully adapting to a new environment, roles, and demands is an example of external mastery. Students face new challenges, roles, routines, and environments which require quick adaptation and a sense of mastery to be successful and balancing program expectations, site expectations, as well as personal insecurities is an example of internal mastery. To assist students in adapting to new challenges within this new environment and increase a sense of success at Illumination Foundation when working with the homeless population, preparatory and instructional measures are necessary.

The instructional method for the training video is guided by Bandura's Social Cognitive Theory, which looks at how modeling and observational learning occur. The video will allow students to learn through observation of peers and instructor who "model" appropriate behavior, provide educational tips and advice on preparation for fieldwork. Components of Social Learning Theory include learning by direct experience, observing behaviors performed by surrounding peers, and modeling of socially acceptable or unacceptable behaviors and activities (Bandura & Walters, 1977). By observing behavior within a specific environment, one can learn expectations of how to act and respond within that environment. Reinforcement plays a role in Social Learning Theory as well as external and internal reinforcement influence behavior. Reinforcement can be positive or negative and must match the needs of an individual in order to be

motivating and inspire change in behavior (Bandura & Walters, 1977). For students heading into their Level I fieldwork rotation with Illumination Foundation, observing modeled behavior by peers provides an example of expected behavior in the fieldwork environment. Students are motivated to perform well, as external reinforcement is provided by receiving a passing grade for fieldwork, while internal reinforcement may be taking pride in one's ability to adapt, learn, and perform successfully within the fieldwork environment.

The video includes students who will offer suggestions, ideas, and techniques, which newer students can use during their Level I fieldwork rotations at Illumination Foundation. It is anticipated that students will feel more comfortable approaching residents and staff, have more confidence providing assessments, and have increased abilities to adapt successfully to meet the demands of the fieldwork rotation.

Additionally, it is also anticipated that students will state that they feel more prepared and successful after the rotation secondary to viewing the video.

Chapter 2: Literature Review

Fieldwork experience is a vital part of an occupational therapy student's education and provides the opportunity for students to sharpen their clinical reasoning skills and become competent practitioners. Within the occupational therapy profession, new and non-traditional areas of practice have been identified as emerging practice settings where occupational therapists can develop and integrate different methods of service delivery within these new settings. In order to reflect this trend in the profession, as well as contribute to the expansion of occupational therapy, educational programs, such as Stanbridge University, often place students in Level I fieldwork rotation settings where a practicing occupational therapist is not on-site.

There is a lack of evidence regarding the role students play in contributing to the addition of occupational therapy services at community-based programs identified as emerging practice settings. However, evidence does exist regarding student perceptions of emerging practice settings and methods of instruction preparing occupational therapy students for fieldwork rotations at such sites.

Chapter 3: Methodology

This thesis was a project-based design, consisting of the production of a student training video to assist students with 1) professionalism, 2) students' roles, 3) assessments, 4) evaluations, 5) interventions, and 6) how to communicate the clinical role of occupational therapy to clients and staff. The video provided opportunities for students to learn how to fulfill their role in an emerging practice setting and assist in preparing students to feel more successful.

Participants

This video was created under the guidance of a thesis advisor using classroom space at Stanbridge University in Southern California, with the assistance of two videographers, and a sound technician.

Procedures

The initial planning stages of this thesis project were centered around providing support and training for Stanbridge University occupational therapy students before starting their Level I Fieldwork at Illumination Foundation. Evidence indicates that an informational training video would be the most beneficial for the students assigned to Illumination Foundation. Consultation with Caleb Krause, Media Educational Specialist at Hillsong College in Sydney, Australia, was conducted to provide information on planning and developing a training video and included topics such as video length, equipment, angles and frames, and necessary script. Additional research was conducted to determine the length of the training video for it to be most effective. Brame (2015) identified six minutes as the recommended duration of a training video in order to maintain audience attention and retain information. A meeting with Akemi Davies, Master of Science Occupational Therapy Academic Fieldwork Coordinator, was arranged to gain insight on Illumination Foundation, as well as to gather the information considered essential to include in the training video (personal communication, October 2018). After gathering the material, a video outline was created, and the script was written (see Appendix A). Stanbridge University's campus (2041 Business Center Drive, Irvine, CA 92621) was used as the filming location. Garret Replogle and Benjamin Replogle were both film directors and editors, and Nathan Krause was the sound

technician. They assisted in directing, editing, and recording sound for the video. The equipment required for both media and audio production included: 1 Canon Rebel EOS T5, 2 LED Hypertough lights, 1 Tripod, 1 Reflector Dish, 1 Pro Line Microphone Stand, 1 Omnidirectional Microphone (AKGP220), 1 Scarlett Interface, Logic Pro, and 1 MacBook (see Appendix B). Voiceovers were recorded on a later date with the assistance of the sound technician, Nathan Krause.

The training video was created by student researchers and their thesis advisor at Stanbridge University. Filming commenced on location at Stanbridge University. Upon choosing the initial introduction scenes, the video production team set up the camera tripod, camera, boomstick, microphone, lighting equipment, and then reviewed the script. Thesis members were filmed together and separately while reciting their lines. Several takes were taken, and upon gathering enough footage, the video production team and thesis members packed up the production equipment and headed upstairs.

Filming for the next scene began in a classroom, and once again, thesis members performed lines in a group shot, then they were filmed individually. As with most video productions, multiple takes of the same scenes were conducted to ensure quality options of footage. Six-hours of filming were completed on this day with additional hours for voiceover recordings with the sound technician.

The training video includes instruction on 1) professionalism, 2) students' roles, 3) assessments, 4) evaluations, 5) interventions, and 6) how to communicate the clinical role of occupational therapy to clients and staff. It also provides an orientation to Illumination Foundation for students to identify where to locate medical charts, residents, bathrooms, and other crucial areas. Key personnel within Illumination Foundation are

introduced along with the roles and responsibilities of allied professionals. The video educates viewers on how to properly approach, speak with, and listen to residents from the psychosocial standpoint.

Assessments relevant from both a psychosocial and physical disability approach are reviewed and demonstrated to prepare students to implement them during their fieldwork experience. Assessments include Montreal Cognitive Assessment (MOCA), Tinetti Balance Assessment Tool, Patient Health Questionnaire (PHQ2-9), Comprehensive Occupational Therapy Evaluation Scale (COTE), and the Goal Attainment Scale (GAS) (see Appendix C). The video also provides tips on how to lead groups and explains the dynamics of the group process as a requirement of students completing their Level I psychosocial fieldwork rotation. Direction on locating the group activity manual at Illumination Foundation is provided for students to gain further information and ideas to create and lead group therapy sessions.

On January 19th, 2019, video clips from the filming session were reviewed and edited. Thesis member, Chloe' Replogle, met with Garret Replogle to assist in video clip selection and sequencing. The creation of the video required editing software and over five-hours of labor with the assistance of professional video editors. Editing the voiceover recordings and graphics into the video added additional hours to the project. The video was reviewed multiple times by thesis member, Chloe' Replogle, and video editor, Garret Replogle, before it was finalized and uploaded to a video sharing website and stored into a digital versatile disc (DVD) (see Appendix D).

Chapter 4: Summary

The video has addressed the critical components of instruction, communication, orientation, and ideas all within a reasonable amount of time.

Discussion

Equipping Master of Occupational Therapy Students for a Level I fieldwork Placement in Emerging Practice Setting contributes to the Masters of Science in Occupational Therapy Curricular threads of transformational and lifelong learning, as well as, AOTA's arena in healthcare communication and health services research (American Occupational Therapy Association & American Occupational Therapy Foundation, 2011). Fieldwork rotations provide students with the opportunity to further their learning by practicing and applying course materials. Fieldwork rotations at Illumination Foundation provide students the opportunity to practice clinical assessments and develop clinical reasoning skills. It also develops students' critical listening skills, didactic group communication skills, and the opportunity of community program development in an emerging practice setting.

Creating a Level I Fieldwork informational training video focused on preparing students for either their psychosocial or physical disabilities rotation at Illumination Foundation will facilitate a more successful learning experience. The informational training video will demonstrate the role of occupational therapy within this emerging practice setting and help students understand the importance of establishing occupational therapy as a necessary interdisciplinary allied health profession that will benefit the homeless population at Illumination Foundation.

Limitations/Future Use

This video represents the first video creation produced by the student group, and thesis advisor. The lack of experience and skill may have limited the overall quality of the end product. Moreover, the scope of the project was small and organic, and the production team worked with limited resources and time to produce the video.

It is anticipated that the training video will be used for future students scheduled to complete a psychosocial or physical disabilities rotations at Illumination Foundation or other emerging niche practice settings.

Ethical and Legal Considerations

Beneficence is the concern, well-being, and safety of recipients who are receiving care (Occupational Therapy Code of Ethics, 2015). Within this study, students' well-being was protected by providing an informational video and manual to help prepare Level I fieldwork students. Nonmaleficence is the act of causing the least harm to patients (Occupational Therapy Code of Ethics, 2015). Preparing students for a successful Level I fieldwork rotation in a community setting such as Illumination Foundation reduces harm and increases students' ability not to place residents in harm throughout their fieldwork placement.

Autonomy or respecting the rights of others (Occupational Therapy Code of Ethics, 2015) was protected by featuring only the researchers of this thesis project in the film. Veracity is the act of providing comprehensive, accurate, objective information (Occupational Therapy Code of Ethics, 2015). Through video production, Level I fieldwork students will be provided with accurate and comprehensive information of expectations during their rotation at Illumination Foundation. The informational video

will also provide students information on how to interact with staff and the vulnerable population they encounter at Illumination Foundation.

Application to Occupational Therapy

There are several reasons as to why developing and distributing a training video will apply to occupational therapy. First, this training video will be beneficial to occupational therapy students completing Level I fieldwork at an emerging community niche such as Illumination Foundation. This training video may increase students preparedness, creating a sense of increased self-efficacy and success during the fieldwork rotations. Successful rotations at Illumination Foundation Level I fieldwork may increase the chances for Level II Fieldwork opportunities at Illumination Foundation.

Masters of Occupational Therapy students are expected to learn, gain experience, and become comfortable within clinical settings through their Level I fieldwork (Stanbridge University, 2018). Based on conversational interviews with students that have previously completed Level I fieldwork rotations at Illumination Foundation; students expressed concern they were not receiving the clinical experience expected from a Level I rotation. This may have been due to feeling disconnected from staff, communication issues, and generally not feeling prepared. The training video will allow students to prepare for their time at Illumination Foundation by introducing them to the different Illumination Foundation locations and key personnel, outlining what to expect on their first day there, showing them where to find essential documents, residents, bathrooms, and other notable areas. The video briefly introduced relevant assessments that can be used at Illumination Foundation locations. Better preparedness may assist students in feeling they had a productive fieldwork experience.

Future Implications for Occupational Therapy

This thesis project has direct implications for occupational therapy as the created video will be shown to Masters of Occupational Therapy students who will be completing their fieldwork rotations at Illumination Foundation. Future thesis groups may test the effectiveness of the training video on student preparedness using both quantitative and qualitative measures. Results from future data collection may guide revisions of the video and creation of new supplementary material to equip fieldwork students better. Further developing pre-fieldwork training to maximize chances of student competency at fieldwork will not only facilitate successful student learning experiences but also help establish occupational therapy as a necessary interdisciplinary allied health profession that will benefit the homeless population at Illumination Foundation. The hope is to bring occupational therapy one step closer to being an integral part of the multidisciplinary team that works with the homeless population to ensure successful community integration.

Chapter 5: Conclusion

Many Stanbridge University Masters of Science in Occupational Therapy students completing a Level I fieldwork rotation at Illumination Foundation expressed frustration and discouragement during the experience. Conversational interviews conducted with these students exposed various concerns including lack of direction, guidance, purpose, and role identification (C. Replogle & D. Tugman, personal communication, July 2018). Students stated they felt uncertain on how to approach such a vulnerable population as well as the staff there regarding the value in occupational therapy (C. Replogle & D. Tugman, personal communication, July 2018). Overall, students expressed that at Illumination Foundation, they felt discouraged and disregarded as allied health medical professionals (C. Replogle & D. Tugman, personal communication, July 2018). Due to the abundance of concerns, Stanbridge University Master of Science in Occupational Therapy students have stated they leave their Level I fieldwork rotation at Illumination Foundation with a sense of inadequacy rather than a sense of enrichment.

The purpose of this project was focused on improving preparation for Stanbridge University Masters of Occupational Therapy students completing their Level I physical disabilities or psychosocial fieldwork rotation with Illumination Foundation through the use of a carefully developed training video. By better preparing students for fieldwork rotations, evidence would indicate student will have a more satisfying learning experience and improved self-confidence and self-efficacy as a result. With increased confidence and competence, students will provide more competent interventions and advocate occupational therapy as a necessary interdisciplinary allied health profession at Illumination Foundation.

This training video is just a small step towards a more extensive work that will positively impact the field of occupational therapy by better preparing students to become confident professionals in emerging niches, promoting occupational therapy and its role within community-based settings, and working to establish an occupational therapist position at these types of settings. Students who have been adequately trained will be better prepared to complete their Level I Fieldwork rotations successfully, and in turn, gain the experience, knowledge, and confidence necessary for their future practices. Students in emerging community-based settings will also have the opportunity to promote the benefits of occupational therapy and lay the groundwork for establishing occupational therapy as a service in the future.

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**IRB Reviewer Feedback**

Reviewer Name: Sheryl Ryan
Student Name(s): Helen Baik, Judy Lee, Vanessa Gubbels, Chloe' Replogle
Advisor Name(s): Donnamarie Krause
Study Title: Equipping Master of Occupational Therapy Students for Level I Fieldwork
Placement in Emerging Practice Settings
Study ID: 076
Decision: Approve
 Minor Revisions
 Major Revisions

Reviewer Comments:

Reviewer agrees that this project is exempt, as there are no human subjects.

It addresses an important need and will be an extremely valuable resource for the MSOT department!

Dr. Sheryl Ryan

Please type your name as electronic signature

IRB Approval

Appendix A

Training Video Script

Introduction

***Intro screen with the info below; add music

Title of the video: Equipping Master of Occupational Therapy Students for Level I fieldwork Placement in Emerging Practice Settings - Training Video - Illumination Foundation

Thesis Name: Equipping Master of Occupational Therapy Students for Level I fieldwork Placement in Emerging Practice Settings

Member Names: Donnamarie Krause, Helen Baik, Vanessa Gubbels, Judy Lee, and Chloe' Replogle

Shot 1: Location at Stanbridge, in a large classroom

Chloe: Thank you for taking the time to watch this video to prepare for fieldwork. We are a thesis group from cohort 007, and this video is part of a large-scale project where the goal is to obtain a grant for a full-time occupational therapist at Illumination Foundation. I'm Chloe'...

Vanessa: I'm "Vanessa"

Helen: Helen

Judy: Judy

Donnamarie: Donnamarie

Vanessa: So you might be wondering why we have a training video, and why do you need to watch it? We understand as students, you're busy and your time is valuable.

Helen: We have a training video because we believe it will better prepare fieldwork students for this emerging practice setting where there is no occupational therapist to guide them through the rotation. We hope it will help students feel more successful and confident in their role at Illumination Foundation.

Donnamarie: This short-term goal starts with you, the students, that we hope will be the basis for our long-term goal: Establishing an OT at Illumination Foundation.

Chloe': Yes. For other facilities similar to Illumination Foundation that have an OT, the fieldwork students were the ones who laid the groundwork and helped the organizations see the need for OT's to help this population transition to independent living successfully.

Vanessa: So, we believe that we can accomplish this with Illumination Foundation by providing well informed and prepared students who can effectively demonstrate OT's role in the physical disabilities and psychosocial practice to the staff and administration, and also clearly exemplify what OT can do for the homeless population at IF.

Helen: By doing this, we hope to ultimately work with Illumination Foundation to submit a grant requesting to fund a full-time OT for a year at Illumination Foundation.

Where Your Fieldwork Placements May Be

***Transition screen with the title of the section (include music)

Shot 2: Shot 1: Location at Stanbridge, in a large classroom

Donnamarie: Before we go into detail about the site locations you will be at, we wanted to share what Illumination Foundation's overall goal and vision is.

***Picture of IF's logo, voiceover, face pic out back to us talking

Chloe': Illumination Foundation is a housing first program whose mission is to break the cycle of homelessness by providing targeted, interdisciplinary services for the most vulnerable clients, that enable them to transition to independent living.

Vanessa: Illumination Foundation's staff members assess clients to identify their needs and provide immediate relief when necessary, followed by the care that combines housing, case management, medical care, mental health, and workforce services to decrease community dependency.

IF Sites

***Transition screen with the title of the section (include music)

***Voiceover by Judy

Judy: Because Illumination Foundation is a growing organization, they have several sites where they host Stanbridge University Level I FW students. There are four sites that we will go over: Midway City, Santa Fe Springs, Alhambra, and Lincoln Park. All four sites are recuperative care centers that ensure that patients will have a place to stay off the streets to properly recover. Recuperative centers also help prevent patients from returning to the emergency room. Patients are provided interim housing, integrated medical oversight, intensive case management, and the opportunity to begin to re-engage in a life of self-sufficiency. Once at the sites, patients are referred to as residents. Their length of stay ranges, but the average is 45 days. The residents here are mainly adults with a history of medical/health concerns. Each site requires a referral from the hospital and residents are expected to be substance free during their stay.

Judy: The first site we will go over is in Midway City.

***Show picture(s) of Midway City

Judy: Midway City is located in Orange County. The site itself consists of multi-bed dorms and individual studios which are separated by gender. There are also communal areas for eating, relaxing, and socializing.

Judy: Our next location is in Santa Fe Springs.

***Picture(s) of Santa Fe Springs

Judy: Santa Fe Springs is located in Los Angeles County. This site also consists of multi-bed dorms that are separated by gender, as well as communal areas.

Judy: Our third location is in Alhambra.

***Picture(s) of Alhambra

Judy: Alhambra Illumination Foundation is located in Los Angeles County. The boarding situation here is small apartment-like spaces with 2-4 beds in each space.

Judy: The last recuperative care location is Lincoln Park.

***Picture(s) of Lincoln Park

Judy: Lincoln Park is also located in Los Angeles. Residents here stay in multi-bed dorms that have from 2-4 beds and are separated by gender.

Judy: Most of the sites require residents to be able to perform basic ADLs and to transfer in/out of chairs or ambulate on their own. One thing to keep in mind is that Illumination Foundation's use of the term "independent" may be different from how occupational therapists use the term, so don't assume anything with the clients.

Illumination Foundation FW Site Orientation

***Transition screen with the title of the section (include music)

Helen: When you arrive at your fieldwork site, there are several areas you'll want to orient yourself to. On your first day, check in and ask for your fieldwork instructor. He/she should give you a tour of the facility including where the bathrooms are and the spaces you can work and leave your belongings. Also be sure to sign in and out each day, as IF uses their documented volunteer hours to help them apply for grants.

Donnamarie: An important thing you will need access to are the medical charts - make sure to ask your fieldwork contact (most likely a nurse for physdys, and case manager for psychsoc) where to locate them. At Midway, the charts are electronic and you will ask the nursing staff to help you when accessing them for your case study.

Chloe': Yes, and at other sites like Santa Fe Springs, the charts are in file cabinets in an office. Again, ask your clinical instructor for access.

Vanessa: Other areas you should become familiar with is where to meet the residents. Usually, this would be in the common areas, in the men and women's dorms, or the nurse's office.

Introduction of Key Personnel & Jobs

Responsibilities of Allied Professionals in this Setting

***Transition screen with the title of the section (include music)

Helen: Because the recuperative centers have interdisciplinary teams that work with the patients, you may see different personnel during your time there. The following is an overview of potential staff members you will encounter and what their roles are.

Donnamarie: You'll meet the case managers, who assess the strengths and needs of homeless clients, link them with available resources, monitor clients' progress towards goals, and provides comprehensive services that empower clients towards self-sufficiency.

Chloe: Another member of the interdisciplinary team is the Substance Abuse Counselor, who meets one-on-one with residents who are seeking treatment/counseling for drug or alcohol addiction. They often hold group sessions for members to share their experiences and participate in educational activities.

Vanessa: An important professional during your physical disabilities rotation will be the nurses.

The CNAs, LVNs, and RNs may administer medication, make doctor appointments for the residents, and occasionally assist with wound care. The nurses' role at Illumination Foundation is limited, they are not allowed to treat patients, but instead guide patients through the medical process as laid out by their doctors, home health therapists, and wound care nurses.

Helen: Other personnel may include social workers, EMT's, and site support staff. Ultimately, be proactive in talking to the staff as they can share valuable insight about the residents that may help you in planning group activities but also enrich your fieldwork experience as you learn information that you otherwise may not have gleaned after just a week.

How to Present Yourself Professionally

***Transition screen with the title of the section (include music)

Donnamarie: When at Illumination Foundation it is imperative to present yourself professionally. Not only are your behavior and communication important, but also your physical appearance.

Chloe': Yes, make sure you dress appropriately because first impressions matter. Your MSOT Stanbridge polo may be the most appropriate. You can also ask your fieldwork contact beforehand how to dress as well. Often, FW students are allowed to wear jeans with a Stanbridge shirt. Having your Stanbridge badge is always a great idea.

Vanessa: Be sure to wear close-toed shoes. Because these are recuperative care locations, you might be exposed to a variety of conditions and be around open wounds, so exposure to bodily fluids is possible. You should wear tennis shoes or Dansco shoes for protection.

Helen: And remember professional behavior, such as being on time, being prepared, and being present. Verbal communication with the staff and residents is key - always be positive and respectful, even when they may not be. Be resourceful, but ask appropriate questions when you are unsure.

Donnamarie: By doing all of this, you will be helping to promote occupational therapy as a medical profession and increase the chances of sharing how our scope of practice fits in with Illumination Foundation.

How to Communicate OT's Role with IF

***Transition screen with the title of the section (include music)

Chloe': A key point we would like stressed at Illumination Foundation is that as occupational therapists, we are medical professionals and therefore different from the role of recreational therapists.

Vanessa: OT is often confused with recreational therapists, so it is important for students to show the true extent of what occupational therapists can do for the homeless population at Illumination Foundation. Occupational therapists are medical professionals that promote health by using meaningful activities as a means and ends of therapy.

Helen: Be sure to give specific examples of how OT can help residents with the psychosocial aspect, and also from the physical disabilities aspect. Some things an

occupational therapist can focus on from a psychosocial context are social skills, emotional regulation, coping strategies, and independent living skills. Phys Dis may focus more on physical activities to help increase strength, balance, proprioception, and range of motion, as well as medication management, assistive devices, and environmental modification.

How to Properly Approach, Speak with, and Listen to Residents

***Transition screen with the title of the section (include music)

Donnamarie: For the most part, residents have breakfast at 7 or 8am, lunch at 12:30 or 1:00, and dinner at 6:00pm. Generally, the best opportunity to approach people is during lunch, as a majority of the residents are present to eat lunch. You may choose to eat with them or sit at their lunch tables to engage in conversation and get to know them. When planning group activities, schedule them after lunch so you can use the lunch hour as a time to talk to and invite residents to attend your group sessions.

Chloe': Be sure to introduce yourself as a student from Stanbridge University MSOT program and let them know how long you'll be at the site for. You'll want to have conversations with the residents to learn more about their lives and better understand any deficits they face on a daily basis and within Illumination Foundation.

Vanessa: When speaking with residents from Illumination Foundation it is best to use active listening, a necessary skill for occupational therapists in any setting. Be sure to be

attentive, as it is easily the most important active listening component when speaking with residents.

Helen: Listen to understand, not to respond. Do your best not to cut residents off when they are speaking with you. Utilize compassionate listening and have real desire to learn about the person in front of you. You'll want to paraphrase and summarize what they are saying as it helps to both confirm you are interpreting their words correctly and demonstrate you care.

Donnamarie: Also make sure you are displaying open body language. Make eye contact and nod your head occasionally as this will help encourage the resident to continue speaking. Don't have your arms crossed or phone out as you may appear closed off or less approachable.

Chloe': Be aware of your own biases and judgments as this may come out in conversation unintentionally. You'll want to ask residents questions to clarify better or gain more insight from their responses.

Vanessa: Employ open-ended questions that give the resident the opportunity to express in detail what they want to discuss and help the continuous flow of conversation. However, always be cautious of the topics being discussed with the residents at Illumination Foundation. Know that if you ever are uncomfortable, it is

perfectly fine to state, “This topic of conversation is not appropriate at the moment” or simply excuse yourself from the conversation.

Helen: Yes, as always, your safety and the safety of the people you work with is the most important. Know you can always talk to staff members to discuss any issues or discomfort you experience.

Assessments

***Transition screen with the title of the section (include music)

***Voiceover by Judy

Judy: Before you decide to assess anyone, be sure to know what assessment to use, why you are using it, and how to interpret the results. You should always obtain your client’s occupational profile before choosing and performing an assessment. Remember that everything we do is valid for documentation and can go into the residents’ charts.

Judy: The following assessments are just suggestions for you to use during your various rotations at illumination Foundation. You don’t necessarily have to use these exact ones. However, part of fieldwork is learning how to perform them and becoming comfortable with using standardized assessments, so you might as well have several to refer to during your fieldwork rotations.

Judy: For cognition, a quick one you can use for both psychosocial or phys dis is the Montreal Cognitive Assessment (MOCA): It is a 10-minute assessment that screens for mild cognitive dysfunction. It assesses eight domains: attention and concentration, executive functions, memory, language, visuoconstructional skills, conceptual thinking, calculations, and orientation. The total possible score is 30 points; a score of 26 or above is considered normal.

Judy: An assessment you can use for phys dis is a popular balance assessment: The Tinetti Test. Tinetti's is a common clinical test for assessing a person's static and dynamic balance abilities. The test is in two short sections: one examines static balance abilities in a chair and then standing and the other section is on gait. They can be used as separate tests.

Judy: For psychosocial, you can administer the PHQ2-9, which is a questionnaire that is used to evaluate the level of depression the client may be experiencing. Another assessment you can use is the Goal Attainment Scale. This is an individualized outcome measure involving goal selection and goal scaling that is standardized in order to calculate the extent to which a patient's goals are met.

Judy: The GAS can help assess a variety of areas, such as ADL's, IADL's, Aphasia, Balance, Functional Mobility, Cognition, Behavior, Communication, Depression, mental health, quality of life, pain, social relationships, etc.

Judy: After you conduct the assessment and interpret the results, fill out a form to include in the clients' folder. (Include a screenshot of form from Akemi during this section) Talk to the nurse or case manager about the results so that they can choose to recommend specific interventions or even request occupational therapy services for the residents if appropriate.

Tips for Leading Groups

***Transition screen with the title of the section (include music)

Donnamarie: On your first day it would help to speak with a nurse or your fieldwork educators about your plans on leading groups during your week at Illumination Foundation. Ask if they have suggestions based on if any residents will be leaving IF to transition into independent housing or other factors depending on the resident population.

Chloe': If there are recommended residents that are deemed suitable to participate in group sessions, spend time getting to know them and better understand any deficits they may be facing or areas of daily life they may need assistance in. You can also take the first day or two to administer standardized assessments to better gauge residents' level of cognitive function and better grade the group activities accordingly.

Vanessa: Make sure the groups you lead are motivating to the residents because they are not required to attend them; you may decide to provide incentives for them coming to your group. For example, past groups have bought snacks at the 99-cent store as prizes for Bingo. Also keep in mind the dynamics of the group process; if you need more

guidance or past groups examples, you can also use the existing student manual at IF with further group ideas; ask your fieldwork educator where the manual is located.

Helen: After each group, be sure to debrief/check in with the case managers and staff, even if may not be required to. Tell them which residents participated in the group, how each person responded, any deficits you may have noticed, and anything else you deem important to share with the staff. You should be able to document your observations in the residents' notes. This communication with the staff will help to distinguish us from recreational therapists.

Stanbridge Student Folder Located at the IF Sites

***Transition screen with the title of the section (include music)

Helen: You have heard us mention a student manual that should be available for you to view and utilize at each IF site. These manuals include information like past group plans, a scavenger hunt list to help you locate supplies, and potential assessments and the instructions on how to administer and score them.

Donnamarie: Be sure to ask your CI where to locate this manual; however, we will add a disclaimer that not all sites may still have this manual available or any other supplies we might have mentioned. The sites are changing all the time, and it is our job as students to be aware of this and adapt as necessary.

CONCLUSION SCREEN

***Transition screen with the title of the section (include music)

Chloe': In conclusion, we'd like to thank you for taking the time to watch our video. We hope it is helpful in your preparation for your level I fieldwork rotation at Illumination Foundation.

Vanessa: We'd also like to thank you for partnering with us to establish occupational therapy as a vital and relevant profession with the homeless population and within Illumination Foundation organization. Your role as students in laying the groundwork is essential to this process, and we hope with your help, we can achieve this goal sooner than later.

Helen: We are Thesis group 007 from cohort 7, and once again, thank you for your time and we wish you the best at fieldwork!

***Credit Roll

Appendix B

Equipment List

1 Canon Rebel EOS T5, 2 LED Hypertough lights, 1 Tripod, 1 Reflector Dish, 1 Pro Line
Microphone Stand, 1 Omnidirectional Microphone (AKGP220), 1 Scarlett Interface,
Logic Pro, and 1 MacBook.

Appendix C

Assessment List

Montreal Cognitive Assessment (MOCA), Tinetti Balance Assessment Tool, Patient Health Questionnaire (PHQ2-9), Comprehensive Occupational Therapy Evaluation Scale (COTE), and the Goal Attainment Scale (GAS).

NAME : _____
 Education : _____ Date of birth : _____
 Sex : _____ DATE : _____

VISUOSPATIAL / EXECUTIVE							POINTS	
<p style="text-align: right;">[] [] [] [] []</p>	Copy cube Draw CLOCK (Ten past eleven) (3 points)					___/5		
NAMING								
<p style="text-align: center;">[] [] []</p>							___/3	
MEMORY	Read list of words, subject must repeat them. Do 2 trials. Do a recall after 5 minutes.		FACE	VELVET	CHURCH	DAISY	RED	No points
		1st trial						
		2nd trial						
ATTENTION	Read list of digits (1 digit/ sec.). Subject has to repeat them in the forward order [] 2 1 8 5 4 Subject has to repeat them in the backward order [] 7 4 2						___/2	
	Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors	[] FBACMNAAJKLBAFAKDEAAAJAMOF AAB					___/1	
	Serial 7 subtraction starting at 100 [] 93 [] 86 [] 79 [] 72 [] 65 4 or 5 correct subtractions: 3 pts, 2 or 3 correct: 2 pts, 1 correct: 1 pt, 0 correct: 0 pt						___/3	
LANGUAGE	Repeat : I only know that John is the one to help today. [] The cat always hid under the couch when dogs were in the room. []						___/2	
	Fluency / Name maximum number of words in one minute that begin with the letter F [] ____ (N ≥ 11 words)						___/1	
ABSTRACTION	Similarity between e.g. banana - orange = fruit [] train - bicycle [] watch - ruler						___/2	
DELAYED RECALL	Has to recall words WITH NO CUE	FACE	VELVET	CHURCH	DAISY	RED	Points for UNCUED recall only	___/5
	Category cue							
Optional	Multiple choice cue							
ORIENTATION	[] Date [] Month [] Year [] Day [] Place [] City						___/6	
© Z.Nasreddine MD Version November 7, 2004		Normal ≥ 26 / 30		TOTAL		___/30		
www.mocatest.org		Add 1 point if ≤ 12 yr edu						

Figure 1. Montreal cognitive assessment (MOCA). Received from <https://www.parkinsons.va.gov/resources/MOCA-Test-English.pdf> (free access)

TINETTI BALANCE ASSESSMENT TOOL

Tinetti ME, Williams TF, Mayewski R. Fall Risk Index for elderly patients based on number of chronic disabilities. Am J Med 1986;80:429-434

PATIENTS NAME _____ D.o.b. _____ Ward _____

BALANCE SECTION

Patient is seated in hard, armless chair;

		Date		
Sitting Balance	Leans or slides in chair	= 0		
	Steady, safe	= 1		
Rises from chair	Unable to without help	= 0		
	Able, uses arms to help	= 1		
	Able without use of arms	= 2		
Attempts to rise	Unable to without help	= 0		
	Able, requires > 1 attempt	= 1		
	Able to rise, 1 attempt	= 2		
Immediate standing Balance (first 5 seconds)	Unsteady (staggers, moves feet, trunk sway)	= 0		
	Steady but uses walker or other support	= 1		
	Steady without walker or other support	= 2		
Standing balance	Unsteady	= 0		
	Steady but wide stance and uses support	= 1		
	Narrow stance without support	= 2		
Nudged	Begins to fall	= 0		
	Staggers, grabs, catches self	= 1		
	Steady	= 2		
Eyes closed	Unsteady	= 0		
	Steady	= 1		
Turning 360 degrees	Discontinuous steps	= 0		
	Continuous	= 1		
	Unsteady (grabs, staggers)	= 0		
	Steady	= 1		
Sitting down	Unsafe (misjudged distance, falls into chair)	= 0		
	Uses arms or not a smooth motion	= 1		
	Safe, smooth motion	= 2		
Balance score			/16	/16

Figure 2. Tinetti balance assessment tool (1/2). Received from <http://hdcs.fullerton.edu/csa/Research/documents/TinettiPOMA.pdf> (free access)

TINETTI BALANCE ASSESSMENT TOOL

GAIT SECTION

Patient stands with therapist, walks across room (+/- aids), first at usual pace, then at rapid pace.

		Date	
Indication of gait (Immediately after told to 'go'.)	Any hesitancy or multiple attempts	= 0	
	No hesitancy	= 1	
Step length and height	Step to	= 0	
	Step through R	= 1	
	Step through L	= 1	
Foot clearance	Foot drop	= 0	
	L foot clears floor	= 1	
	R foot clears floor	= 1	
Step symmetry	Right and left step length not equal	= 0	
	Right and left step length appear equal	= 1	
Step continuity	Stopping or discontinuity between steps	= 0	
	Steps appear continuous	= 1	
Path	Marked deviation	= 0	
	Mild/moderate deviation or uses w. aid	= 1	
	Straight without w. aid	= 2	
Trunk	Marked sway or uses w. aid	= 0	
	No sway but flex. knees or back or uses arms for stability	= 1	
	No sway, flex., use of arms or w. aid	= 2	
Walking time	Heels apart	= 0	
	Heels almost touching while walking	= 1	
	Gait score		/12 /12
	Balance score carried forward		/16 /16
	Total Score = Balance + Gait score		/28 /28

Risk Indicators:

Tinetti Tool Score	Risk of Falls
≤18	High
19-23	Moderate
≥24	Low

Figure 3. Tinetti balance assessment tool (2/2). Received from <http://hdcs.fullerton.edu/csa/Research/documents/TinettiPOMA.pdf> (free access)

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns + +

(Healthcare professional: For interpretation of TOTAL, TOTAL: please refer to accompanying scoring card).

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	_____
	Somewhat difficult	_____
	Very difficult	_____
	Extremely difficult	_____

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Figure 4. Patient health questionnaire (PHQ2-9). Retrieved from <https://www.uspreventiveservicestaskforce.org/Home/GetFileByID/218> (free access)

Comprehensive Occupational Therapy Evaluation Scale (COTE)

Patient Name:

DATE

	1	2	3	4	5	6	7
I. GENERAL BEHAVIOR							
A. APPEARANCE							
B. NON-PRODUCTIVE BEHAVIOR							
C. ACTIVITY LEVEL (a or b)							
D. EXPRESSION							
E. RESPONSIBILITY							
F. PUNCTUALITY							
G. REALITY ORIENTATION							
SUB-TOTAL							
II. INTERPERSONAL BEHAVIOR							
A. INDEPENDENCE							
B. COOPERATION							
C. SELF-ASSERTION (a or b)							
D. SOCIABILITY							
E. ATTENTION-GETTING BEHAVIOR							
F. NEGATIVE RESPONSE FROM OTHERS							
SUB-TOTAL							
III. TASK BEHAVIOR							
A. ENGAGEMENT							
B. CONCENTRATION							
C. COORDINATION							
D. FOLLOW DIRECTIONS							
E. ACTIVITY NEATNESS OR ATTENTION TO DETAIL							
F. PROBLEM SOLVING							
G. COMPLEXITY AND ORGANIZATION OF TASK							
H. INITIAL LEARNING							
I. INTEREST IN ACTIVITY							
J. INTEREST IN ACCOMPLISHMENT							
K. DECISION MAKING							
L. FRUSTRATION TOLERANCE							
SUB-TOTAL							
TOTAL							

SCALE 0-NORMAL 1-MINIMAL 2-MILD 3-MODERATE 4-SEVERE

Therapist's Signature

Figure 5. Comprehensive occupational therapy evaluation scale (COTE) (1/2). Retrieved from <https://stkateonline.instructure.com/courses/660/files/902083/download?verifier=r0dlFDtOWt1wNIrg1DEAh0ZXwWd9nKodggWPP5Z5&wrap=1> (free access)

	DATE						
I. GENERAL BEHAVIOR	8	9	10	11	12	13	14
A. APPEARANCE							
B. NON-PRODUCTIVE BEHAVIOR							
C. ACTIVITY LEVEL (a or b)							
D. EXPRESSION							
E. RESPONSIBILITY							
F. PUNCTUALITY							
G. REALITY ORIENTATION							
SUB-TOTAL							
II. INTERPERSONAL BEHAVIOR	8	9	10	11	12	13	14
A. INDEPENDENCE							
B. COOPERATION							
C. SELF-ASSERTION (a or b)							
D. SOCIABILITY							
E. ATTENTION-GETTING BEHAVIOR							
F. NEGATIVE RESPONSE FROM OTHERS							
SUB-TOTAL							
III. TASK BEHAVIOR	8	9	10	11	12	13	14
A. ENGAGEMENT							
B. CONCENTRATION							
C. COORDINATION							
D. FOLLOW DIRECTIONS							
E. ACTIVITY NEATNESS OR ATTENTION TO DETAIL							
F. PROBLEM SOLVING							
G. COMPLEXITY AND ORGANIZATION OF TASK							
H. INITIAL LEARNING							
I. INTEREST IN ACTIVITY							
J. INTEREST IN ACCOMPLISHMENT							
K. DECISION MAKING							
L. FRUSTRATION TOLERANCE							
SUB-TOTAL							
TOTAL							

SCALE 0-NORMAL 1-MINIMAL 2-MILD 3-MODERATE 4-SEVERE

Therapist's Signature

Figure 6. Comprehensive occupational therapy evaluation scale (COTE) (1/2). Retrieved from <https://stkateonline.instructure.com/courses/660/files/902083/download?verifier=r0dlFDtOWt1wNIrg1DEAh0ZXwWd9nKodggWPP5Z5&wrap=1> (free access)

Goal Attainment Scaling Goals			
	Goal 1:	Goal 2:	Goal 3:
Time Line			
ICF-CY Component			
Level of Attainment			
Much less -2 than expected			
Somewhat less -1 than expected			
Expected level 0 of outcome			
Somewhat more +1 than expected			
Much more +2 than expected			
Comments:			

Source: Janette McDougall, Thames Valley Children's Centre

Figure 7. Goal attainment scale (GAS). Retrieved from http://elearning.canchild.ca/dcd_pt_workshop/assets/planning-interventions-goals/goal-attainment-scaling.pdf (free access)

Appendix D

Video Link

<https://vimeo.com/user55051734>