Online course to expand occupational therapy practice: education and implementation of occupational therapy in primary care

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Doctoral Project

ONLINE COURSE TO EXPAND OCCUPATIONAL THERAPY PRACTICE:
EDUCATION AND IMPLEMENTATION OF OCCUPATIONAL
THERAPY IN PRIMARY CARE

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ABSTRACT

Primary care within the United States’ health care system is evolving to address
increases in chronic conditions across the lifespan that impact individuals’ daily lives,
and the health care system’s performance and cost. Even as interprofessional primary
care teams aim to manage a large majority of health needs over time, these teams often
lack the skilled professionals necessary to address function in daily life. Occupational
therapy’s distinct value as experts in evaluation and intervention for health-related
occupational development, adaptation, prevention and management can address this
problem. However, continued education and additional tools are necessary in order for
occupational therapists to increase their knowledge of the profession’s role in primary
care, increase self-efficacy in promoting occupational therapy to stakeholders, and
increase self-efficacy to utilize resources for research and establishing occupational
therapy in primary care settings. The proposed online course *Occupational Therapy in
Primary Care: What, Why, Where, & How?* is specifically targeted to occupational
therapists to addresses these outcomes. Theoretical and historical evaluation of
occupational therapy in primary care in the United States and Canada supports
understanding the problem and mechanisms that can help navigate efforts to include occupational therapy in primary care. Diffusion of Innovations and Adult Learning Theory guide the course’s two-phases of development and dissemination. This project is a timely contribution to the emerging area of occupational therapy in primary care that supports the Institute for Health Care Improvements’ (IHI) Triple Aim to improve the individual experience of care, health of populations and reduce per capita cost of care.
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CHAPTER ONE - Introduction

Occupational therapy is a therapeutic process utilizing every day activities, known as occupations, to enhance or enable participation in life for individuals, groups and populations (American Occupational Therapy Association, 2014a). The profession of occupational therapy is abundant with a diverse workforce in various settings, from inpatient care to the school system. Often, occupational therapy practitioners work on interprofessional teams. Articulating occupational therapy’s distinct value is necessary to communicate with clarity to those outside of the profession. According to the American Occupational Therapy Association (AOTA), “Occupational therapy's distinct value is to improve health and quality of life through facilitating participation and engagement in occupations, the meaningful, necessary, and familiar activities of everyday life. Occupational therapy is client-centered, achieves positive outcomes, and is cost-effective” (American Occupational Therapy Association, 2015a, para. 6).

In 2014, the American Occupational Therapy Association (AOTA) released an official position paper asserting that “occupational therapy practitioners are well prepared to contribute to interprofessional care teams addressing the primary care needs of the individuals across the lifespan, particularly people living with one or more chronic conditions” (p.1) This potential area of occupational therapy practice was identified in response to the current health care climate and the lack of specifically trained professionals on primary health care teams to address occupational development, adaptation, prevention and management. Without occupational therapists to address these needs, there is a continued gap between primary care providers and the social
determinants of health, potentially creating barriers to wellness for individuals and populations. Occupational therapists’ comprehensive education and training from prevention to intervention within the framework of human development can enhance primary care services (American Occupational Therapy Association, 2014a; Killian, Fisher, & Muir, 2015; Lamb & Metzler, 2014). As part of interprofessional primary care teams, occupational therapists can be a vital component in primary care, defined as “the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community” (Metzler, Hartmann, & Lowenthal, 2012; Patient protection and affordable care act, 2010).

Despite the goal for occupational therapy to be practiced as part of primary health care, it is not yet an established practice setting. Occupational therapy is not yet adopted as a service in primary care due in part to a lack of understanding of the role and scope in this emerging area of practice. Incorporating occupational therapy as an essential component of interprofessional primary health care will become possible when practitioners increase their knowledge about their role and are able to communicate occupational therapy’s distinct value to primary care stakeholders. Stakeholders include primary care providers, staff, managers, agencies, health care organizations, and legislatures. This doctoral project describes the development of an online educational course to meet these needs. The course, Occupational Therapy in Primary Care: What, Why, Where, & How? focuses on the role of occupational therapy in primary care and is
targeted to occupational therapists. The course will also provide marketing templates to communicate the profession’s distinct value to primary care stakeholders. Expanding occupational therapy practice to primary health care will promote service delivery system redesign and contribute to meeting the goal of the Institute for Healthcare Improvement’s (IHI) Triple Aim to improve the individual experience of care, improve the health of populations, and reduce the per capita cost of care (Arbesman, Lieberman, & Metzler, 2014; Berwick, Nolan, & Whittington, 2008).

*Occupational Therapy in Primary Care: What, Why, Where, & How?* addresses many factors contributing to the problem of the lack of occupational therapy in primary care. The first contributing factor is that primary care is an emerging practice area for occupational therapy. There is a lack of awareness, understanding, and relevant resources pertaining to the professions’ role to empower occupational therapists to pursue this new practice area. Second, there is a lack of a comprehensive collection of educational materials for occupational therapists on the topic of occupational therapy in primary care. A comprehensive and up-to-date educational resource like this course is necessary for occupational therapists to enhance their knowledge of the profession’s distinct value in primary care. Lastly, there is a lack of appropriate marketing materials for primary care audiences about occupational therapy’s professional role. This course facilitates the skills needed by occupational therapy professionals to complete the provided marketing templates. These materials can then be utilized to articulate and promote occupational therapy’s distinct value to primary care stakeholders.

This course aims to be a resource for occupational therapists to engage in
developing professional roles in primary care, as part of AOTA’s Centennial Vision to be a “powerful, widely recognized, science-driven, and evidence-based profession with a globally connected and diverse workforce meeting society's occupational needs” (The American Occupational Therapy Association, 2006).

The guiding theory of the Diffusion of Innovation will shape the development and dissemination of the course. Adult Learning Theory principles will also be utilized to create a course appropriate for the targeted audience of occupational therapy practitioners. Relevant evidence-based research and thought leaders within AOTA and the occupational therapy profession will contribute to course content. Thought leaders will be a part of course evaluation and development, and provide multimedia content. Consultation with a marketing professional will contribute to the process of creating the marketing templates.

In Chapter 2, the theoretical framework is discussed in relation to identifying the problem and guiding the creation of the course as a feasible solution. Next, an evidence-based review of previous approaches to identifying needs and implementing occupational therapy in primary care in the United States and Canada is examined. Previous approaches contribute to identifying areas of ineffective dissemination, and key features that may be beneficial in this course. Chapter 3 introduces the two phases of development presented in this proposal: Phase 1: Course Development and Phase 2: Implementation. Program features are highlighted alongside guiding theories. Chapter 4 describes the model and the purpose for evaluation plans in development and implementation. A logic model is provided to outline important features of the course. Chapter 5 outlines a
funding plan for all phases of this course; it is complimented with a budget developed
with researched costs. Dissemination of the course to consumers, occupational therapists,
is discussed in Chapter 6. Conclusions are made in the final chapter, emphasizing the
innovativeness of this course for influencing expansion of occupational therapy practice
through education and implementation of occupational therapy in primary care.
CHAPTER TWO – Theoretical Framework and Evidence Base

Overview of the Problem

Primary health care service delivery systems have been in an active state of change over the last decade. This has been precipitated by an increase in aging adults with multiple chronic conditions such as arthritis, chronic obstructive pulmonary disorders, diabetes, hypertension, coronary heart disease and chronic pain syndromes (Gerteis et al., 2014; Vogeli et al., 2007). Approximately 71% of the total health care spending in the United States is allocated for care for individuals with more than one chronic condition (National Center for Chronic Disease Prevention and Health Promotion, 2016). Concurrently, there is an increase in services needed for children living with chronic conditions requiring access to varying levels of health care services and medical technology (Kuo, D. Z. et al., 2015). Together, the needs of children and adults with chronic conditions amount to a significant necessity for services provided by the health and insurance system. This has created an environment of unsustainable spending. Occupational Therapy in Primary Care: What, Why, Where, & How? was created to address the need for occupational therapy to be included in the primary health care arena to address this growing societal need (American Occupational Therapy Association, 2014b, 2015b).

Devereaux & Walker (1995) highlighted occupational therapy’s role in primary care as an opportunity for change:
In crisis and in chaos, there is opportunity. The crisis, of course, is health care for the American people; the chaos is that created by the health care reform efforts and the implementation of those reforms once a plan is adopted. (p. 392) The national response to this health care crisis was the creation and implementation of PL 111–148, the Patient Protection and Affordable Care Act of 2010 (ACA). The ACA has introduced refined approaches towards care in response to the needs of the patient population and financial responsibility for health services (Killian et al., 2015). Implementation of the ACA has contributed to addressing the continued need for quality improvement in primary care; although, its’ statutes do not specifically define how to improve health and daily functioning for people living with chronic illness across the lifespan (Killian et al., 2015; Lamb & Metzler, 2014; Patient protection and affordable care act, 2010). The inclusion of occupational therapy into primary care as a vital part of primary care service delivery fills this gap. Occupational therapy in primary care has a distinct value in addressing the primary needs of clients across the lifespan, especially those with multiple chronic conditions (American Occupational Therapy Association, 2014b). Occupational therapy in primary care can contribute to meeting the Institute for Healthcare Improvement’s (IHI) Triple Aim to improve the individual experience of care, improve the health of populations, and reduce the per capita cost of care (Arbesman et al., 2014; Berwick et al., 2008).

Currently, there are few primary care occupational therapists to fill this profound need. Traditionally, occupational therapy services are accessed through specialty referrals, or as a result of acute changes in health status rather than long term care for
chronic conditions. Although occupational therapists work in a variety of practices areas, the majority of primary care health professionals have a narrow view of occupational therapy’s role in primary care; this may be attributed to limited experiences with occupational therapists.

In a study by Goldberg and Dugan (2013), of new models of primary care delivery, key informants were interviewed to explore potential occupational therapy roles and contributions. Individuals interviewed were executives in associations related to primary care delivery, and health care providers in primary care practice, integrated delivery systems, and academic medical centers. In the interviews, primary care physicians reported that they were “not aware of the training and complete skills of OTs” and they were most familiar with occupational therapy outpatient services connected to a hospital (p. 48). The review highlights:

One provider described the typical complex patient in primary care as an “overweight male with congestive heart failure, Type 2 diabetes, hypertension, and hyperlipidemia, who doesn’t follow his diet. He becomes ill and goes to the ED and is admitted to the hospital. This is a cycle that happens 2 or 3 times a year.” This provider, as well as others, questioned whether OTs had the right training and skills for treating this patient population. (Goldberg & Dugan, 2013, p.48–49)

Occupational therapists alike question the roles, goals and scope of practice in primary care (Letts, 2011). Primary care calls for occupational therapists to work as generalists, rather than exclusively with specialty populations (Burson & Synovec, 2016).
Occupational therapy practice in primary care expands the scope of assessments and interventions to encompass medical, behavioral and social determinants of health to engage in meaningful occupations (Burson & Synovec, 2016). This framework of practice is fundamental to occupational therapy, and practicing as generalists fulfills the professions’ overarching domain, stated as “achieving health, well-being, and participation in life through engagement in occupation” (American Occupational Therapy Association, 2014a, p.S2). The shift to understanding occupational therapists as generalists challenges the schema of practice for many practitioners whom have been working with specialty populations. Muir (2012) asserts that practicing in primary care is not a practice area suitable for all occupational therapists.

It is vital that occupational therapists and primary care health professionals are educated on the importance of interprofessional roles when occupational therapy is part of primary health care teams. Letts (2011) identifies a risk of engaging in primary health care as the uncertainty of roles within and across disciplines on interprofessional teams. For instance, it may be unclear if nursing or occupational therapy is to address diabetes education and management, or if the primary care occupational therapist or home health occupational therapist is to address home safety. As in many practice areas, it is vital to clarify and communicate roles, and avoid encroachment reciprocally between professions to meet the goals of the primary health care team (Muir, 2012). The current climate of healthcare calls for occupational therapists and primary care health professionals to reconceptualize their understanding of and interaction with occupational therapy (American Occupational Therapy Association, 2014b; Muir, 2012).
In order to communicate well on a primary care health team, all professions must utilize shared definitions of vital health terms (e.g., *function*) and educate each other as needed. This will allow for clarity and reduce risk of services being negatively impacted by misunderstanding. For instance, a primary care provider may remark that a hand has healed and is *functional*, meaning that wounds are healed and the hand can move within full range of motion; whereas the primary care occupational therapist may only classify the hand as functional when the patient is able to complete vitally important tasks such as using needles to complete blood glucose testing and insulin injections for diabetes management. On a primary health care team, occupational therapists may be considered the most qualified to recommend effective solutions that facilitate participation in everyday living (Arbesman et al., 2014; Burson & Synovec, 2016). Occupational therapy’s distinct value is in addressing occupations, the meaningful and necessary activities of everyday life (American Occupational Therapy Association, 2015a). Recognition of interprofessional needs is vital for clarity to enhance client experience of primary health care.

The main focus of *Occupational Therapy in Primary Care: What, Why, Where, & How?* is to fulfill the need to educate occupational therapists on occupational therapy’s role in primary health care (American Occupational Therapy Association, 2015b). Marketing templates and guidelines for the promotion to primary care stakeholders will also be provided. Figure 2.1 illustrates the problems as described previously, and highlights the problem addressed by this course.

In summary, the lack of occupational therapy in primary health care contributes to
problems in the current climate of the health care system. Without occupational therapists in primary care, interprofessional primary care teams lack a skilled professional to address health-related occupational development, adaptation, prevention and/or management (The American Occupational Therapy Association, 2014). This is fueled by a reciprocal relationship with the lack of understanding among occupational therapists and primary care health professionals of interprofessional roles and shared health language. Overall, these factors contribute to a lack of resources focused on educating, marketing, and implementing occupational therapy in primary health care settings.

Figure 2.1. Model of the Problem
Theoretical framework to understand the problem

Diffusion of innovations theory (DOI) informs the development and dissemination of this course. Historically, DOI has been applied to many disciplines including anthropology, sociology, education, public health, communication, and marketing and management (Roberts, 2003). DOI is a framework to understand factors leading to creation of an innovative idea, such as primary care, and factors impacting understanding, acceptance, and implementation of the innovative idea. This is referred to as the innovation-decision process. The innovation-decision process demonstrates the progression of a decision-making unit making a variety of actions and choices resulting in either adoption or rejection of the innovation (Rogers, 2003). In this case, the decision-making unit is comprised of occupational therapists, and occupational therapy in primary care is the innovation in consideration. Occupational therapists will progress through the stages of the innovation-decision process: Knowledge, Persuasion, Decision, Implementation, and Confirmation. Appendix A illustrates the fundamental propositions of DOI in the innovation-decision process, and how the problem addressed in this course relates to the process (Rogers, 2003). Although the process is graphically presented as linear, occupational therapists may alternate between stages throughout their decision process.

Diffusion of innovations facilitates understanding of the problem being addressed in this doctoral project. The problem described previously and represented in Figure 2.1 corresponds to previous conditions (i.e. the current problem) impacting the introduction of occupational therapy in primary care. According to DOI, prior to the introduction of an
innovation, conditions exist that impact why and how the innovation is created (Rogers, 2003). Previous conditions include relevant practices, perceived needs and problems, innovativeness and norms of the social system (Rogers, 2003). Together, these conditions create a climate of need and appropriateness based on the practices and society at that time, and, in this case, lead to creation of occupational therapy in primary care.

Diffusion of innovations guides the solution as well. After an innovation is introduced, the characteristics of the decision making units impact how they will perceive information about the innovation (Rogers, 2003). In *Occupational Therapy in Primary Care: What, Why, Where, & How?*, occupational therapists are the decision-making units. They will receive information from all communication channels while participating in this online educational course. In the Knowledge Stage, participants will learn about occupational therapy in primary care, how it is applicable to the current health care climate, and evidence-based examples of its effectiveness (Rogers, 2003). The next stage in the innovation-decision process is Persuasion; that is, when occupational therapy practitioner participants actively seek information and begin forming an opinion about occupational therapy in primary care (Kaminski, 2011; Rogers, 2003). One of DOI’s key elements is that perceived attributes of innovations impact the rate of adoption of the innovation (Rogers, 2003). Course development will be guided by the theory that if the inclusion of occupational therapy in primary care is perceived as being an easy to understand, positive addition, compatible with current practice, able to be trialed, and produce observable results, then it will be adopted as an area of practice at a fast rate (Rogers, 2003).
Diffusion of innovations’ theory regarding communication channels will also be utilized in development of the course content. DOI’s key elements include (1) that diffusion occurs within a social network, and (2) that opinion leaders influence the decision-making unit’s attitude and behavior related to the innovation (Rogers, 2003). Opinion leadership is the degree to which an individual is able to influence others; often, opinion leaders can be change agents in a network of individuals. That is, they can promote the innovation-decision process and influence decision makers’ attitudes toward adoption of the innovation. For the purpose of applying DOI to educational and clinical practice, opinion leaders will be referred to as thought leaders in this project. Thought leaders for this project are AOTA board members, therapy managers, or primary leaders in organizations. These thought leaders influence occupational therapists’ decisions to adopt or reject occupational therapy in primary care as an acceptable area of practice. Thought leaders are part of occupational therapists’ social network. This course will include statements and communication from occupational therapy thought leaders, and encourage course participants’ engagement in sharing their knowledge about occupational therapy in primary care with other stakeholders. If occupational therapy in primary care is a topic of discussion within a social network then occupational therapists will communicate, share and influence each other’s likelihood of adoption. This online course feature will be guided by the premise that if thought leaders participate in the educational course, then occupational therapy in primary care will be more likely adopted by occupational therapists and stakeholders.

Overall, diffusion of innovations guides the development of Occupational
**Therapy in Primary Care: What, Why, Where, & How?** to expand the schema of occupational therapy practice. Applying key elements of diffusion of innovations theory increases the likelihood that participants will adopt and implement occupational therapy in primary care. Incorporating occupational therapy services in primary care will increase presence of a skilled, occupation-based provider and, ultimately contribute to addressing some of the current limitations within primary health care services.

**Historical Evidence**

A review of the evidence-based literature was completed to investigate the need and identify effective approaches to eliciting adoption of occupational therapy in primary care among occupational therapists. Two main questions were asked: (1) Is there evidence of the diffusion processes for occupational therapy in primary care in other countries and (2) What is the evidence supporting the dissemination process in the United States to date? Growing evidence regarding the impact of applicable occupation-based interventions on primary care outcomes is present in the literature. Examples include community-based outcomes for patients with multimorbidity, fall prevention, and self-management of chronic symptoms (American Occupational Therapy Association, 2014b; Canadian Association of Occupational Therapists, 2013; C. Donnelly, Brenchley, Crawford, & Letts, 2013; Hart & Parsons, 2015; Mackenzie, Clemson, & Roberts, 2013; Moore, 2013). This review expands the focus from intervention research to synthesizing the approaches to disseminate material promoting occupational therapy in primary care in the United States and Canada. The principal theme is that dissemination is more likely to occur with the provision of resources to educate occupational therapists and market
occupational therapy in primary care. There is an opportunity to apply diffusion of innovations theory’s key elements to strengthen and expedite adoption and implementation of occupational therapy in primary care in both countries.

**Occupational Therapy in Primary Care in the United States**

In the United States, there is little historical evidence of diffusion of occupational therapy in primary care. A need for occupational therapists appears to be first identified by thought leader Elizabeth B. Devereaux, MSW, ACSW, OTR/L, FAOTA and Robert B. Walker, MD in 1995 (Devereaux & Walker, 1995). Devereaux & Walker (1995) summarized the health care climate of the time, identified need and potential for occupational therapy in primary care. Devereaux & Walker (1995) argue to focus on occupational therapists’ role as generalists and provide examples in practice. Searches within occupational therapy literature and AOTA official documents provided no notable follow-up responses or calls to action in the 1990’s or the following decade. Since then, occupational therapy in primary care has once again been introduced as an innovation to fill important gaps in health care (American Occupational Therapy Association, 2014b). Currently, there is preliminary literature from occupational therapy thought leaders identifying need and providing examples of occupational therapy in primary care. Six articles, not including AOTA’s position paper, specifically discussing need and examples of occupational therapy in primary care were published in the *American Journal of Occupational Therapy* (AJOT) from 2012 to date (Arbesman et al., 2014; Lamb & Metzler, 2014; Leland, Crum, Phipps, Roberts, & Gage, 2015; Metzler et al., 2012; Moyers, Metzler, & Metzler, 2014; Muir, 2012). Two of which are included in the nine
featured resources on AOTA website’s “Primary Care” webpage. There are some additional articles and resources published in journals, practice magazines and websites. There is one continuing education (CE) article available through AOTA on the topic. The continuing education article *OT in Primary Care: An Emerging Area of Practice* by Muir, Henderson-Kalb, Eichler, Serfas, & Jennison (2014) calls for readers to identify opportunities for establishing occupational therapy in primary care, and to recognize funding opportunities. The article goes beyond only identifying need, however the format does not elicit communication and engagement among occupational therapists interested in primary care; the information is present but the delivery is missing vital factors in innovation diffusion.

AOTA’s primary care strategic goals created by the Primary Care Team and Facilitating Team in 2014 illustrated a lack of previous resources to educate and empower occupational therapists to engage in primary care practice. Two of the nine action items highlight a need to:

“Disseminate information to members and external stakeholders highlighting OT practitioners currently in primary care and how OT skills add value in order to encourage understanding and recognition of the potential for occupational therapy in primary care.” (American Occupational Therapy Association, 2015, p.1)

And

“Incorporate the role of OT in primary care into appropriate continuing education materials.” (American Occupational Therapy Association, 2015, p.1)

*Occupational Therapy in Primary Care: What, Why, Where, & How?* contributes to
addressing these action items. This educational course will utilize the recent publications by thought leaders in the field such as Dr. Amy Jo Lamb, AOTA President-Elect, Heather Parsons, AOTA Director of Legislative Activity, Christina Metzler, AOTA Chief Public Affairs Officer, and Sherry Muir, MOT, OTR/L, faculty at Saint Louis University, to educate on scope of practice within our current health care system and current examples of practice. It will also capitalize on the growing literature informing occupational therapy in primary care with different populations and needs. In this course, adoption of occupational therapy in primary care will be promoted by way of an online educational environment with participant interaction, evidence from research and case studies, and influence of colleagues and thought leaders (Rogers, 2003).

**Occupational Therapy in Primary Care in Canada**

Occupational therapy in primary care in Canada provides insight into types of educational materials that may promote understanding and adoption of the practice area. Among the countries researched, Canada provides the largest volume of written material on the topic and has a comparable national organization and practice process framework to the United States (American Occupational Therapy Association, 2014a; Canadian Association of Occupational Therapists, 2006; Fazio et al., 2008). Canada operates within a publicly funded, or universal, health care system (Health Canada, 2012). Within this system, primary care is accessible to all citizens and encompasses “direct provision of first-contact health care services…and, it coordinates patients' health care services to ensure continuity of care and ease of movement across the health care system when more specialized services are needed” (Health Canada, 2012, para. 34). This service delivery
model is a part of Canada’s *previous conditions*, as described by Diffusion of Innovations, which led to introducing occupational therapy practice in primary care. Practicing within a universal health care system increases the likelihood that occupational therapy is adopted into primary health care interprofessional teams because the concept of chronic disease management, prevention, and health coordination is already within the scope of team-based primary care practice. Nevertheless, implementation is limited by funding to support this occupational therapy role (Canadian Association of Occupational Therapists, 2013; Klaiman, 2004; Letts, 2011). In response, over the last decade the Canadian Association of Occupational Therapists (CAOT) has collected examples of current practices, collected efficacy research, and provided resources for occupational therapists in Canada to advocate for occupational therapy’s role on primary health care teams (Canadian Association of Occupational Therapists, 2013).

Canadian-based literature demonstrates how accessible written materials can influence the innovation-decision process outlined by Diffusion of Innovations. Identification of the need for occupational therapy in primary health care followed a similar trajectory to that of the United States: it occurred in response to the health care climate and need for addressing chronic conditions across the lifespan (Canadian Association of Occupational Therapists, 2006). Information was created and distributed through the national occupational therapy association and occupational therapy leaders. In addition to publications in the *Canadian Journal of Occupational Therapy* (CJOT), a special issue of *Occupational Therapy Now* (2013) presents practice information for all primary health care stakeholders as well.
The effect of the literature goes beyond the Knowledge stage, as indicated by DOI, by providing tools for occupational therapists to integrate occupational therapy into primary health care. Mary Ann McColl, PhD, Lori J. Letts, PhD, FCAOT, OT Reg. (Ont.), and Catherine Donnelly, PhD are leaders in the field who have collaborated or published a majority of the literature corresponding with the Persuasion, and Implementation stages. For instance, their work highlights the “optimal positioning of occupational therapy” and “assembling the pieces…to build your own practice in primary health care” (Donnelly, Brenchley, Crawford, & Letts, 2014; Donnelly & Letts, 2013; Letts, 2011; McColl, 2008a, 2008b). Tip sheets and “How To” documents add to the toolbox for occupational therapists in their implementation of occupational therapy in primary care (Donnelly & Letts, 2013; McColl, 2008a). The CAOT’s website also features resources such as a calendar, vignette, factsheet and e-card for occupational therapists to use in promotion of the practice (Canadian Association of Occupational Therapists, n.d.). Unpublished presentations are available, however they do not provide a guided educational experience like an online course.

It is unclear how direct communication occurs between occupational therapy thought leaders and occupational therapists in order to educate, inquire and collaborate ideas in real time. As suggested by applying the Diffusion of Innovations theory, a platform for this communication across all channels is likely to further impact adoption and implementation of occupational therapy in primary care (Rogers, 2003).
Key features and Conclusion

The United States and Canada illustrate different stages in diffusion of occupational therapy in primary care across a national community of occupational therapists. Occupational therapy in primary care in both countries is currently developing, therefore there is not determinate evidence of completed diffusion on the national level. Even though the practice models are in a state of change, key features can be extracted and utilized to create an effective educational program for *Occupational Therapy in Primary Care: What, Why, Where, & How?*. Both national organizations, AOTA and CAOT, provide position statements and assert their role in fulfilling next steps for diffusion of occupational therapy in primary care. They also utilize a key feature of education through published material with case examples and research evidence. Figure 2 illustrates their shared process, and highlights the need for tools to promote and implement occupational therapy in primary care. In Canada, the literature goes a step beyond identification and education. A unique key feature is the use of Fact Sheets and “How To” guides. Explicit guides set the stage for occupational therapists to integrate into primary health care; they inspire and provide realistic tools. Marketing materials are also provided by CAOT. *Occupational Therapy in Primary Care: What, Why, Where, & How?* will utilize these key features: evidence-based recommendations and case studies for adoption and implementation with stakeholders; and templates to market to primary care stakeholders. Figure 2.2 illustrates this process and consequent tools for adoption and implementation.
Beyond written materials, *Occupational Therapy in Primary Care: What, Why, Where, & How?* will create a professional social network. It will be an opportunity for real-time interaction between course participants and thought leaders in the field. This will allow for questions and concerns to be addressed and new ideas to be formed. Direct communication as an added key feature will elicit participant investment in occupational therapy in primary care and facilitate the Persuasion and Decision stages (Rogers, 2003). These key features will be coordinated to meet the goals of participants’ increased knowledge, and provide occupational therapists with the tools necessary to make an informed decision about adopting occupational therapy in primary care as a practice area.
CHAPTER THREE – Description of Proposed Course

Program Overview

Improving resources that support occupational therapists who choose to assert their professional role in primary care is an essential aspect of promoting engagement in this emerging area of practice. The online course *Occupational Therapy in Primary Care: What, Why, Where, & How?* will be developed to educate about occupational therapy’s role in primary care and provide marketing templates for the promotion of occupational therapy. Approval from the Institutional Review Board (IRB) must be obtained prior to engaging with participants in the course; necessary consent paperwork will be included for all participants discussed in the timeline of this project. The overall objective is that occupational therapy professionals that complete the course will gain knowledge and skills that will enable them to effectively and clearly promote occupational therapy’s distinct value to primary care stakeholders. Research-based evidence and practice samples will guide course material and promotion (Arbesman et al., 2014). The course supports occupational therapists’ engagement in developing professional roles in primary care, as part of AOTA’s Centennial Vision to be a “powerful, widely recognized, science-driven, and evidence-based profession with a globally connected and diverse workforce meeting society's occupational needs" (AOTA, 2006).

Phase 1: Course Development

Phase 1 is a soft launch of the online course and is intended to contribute to course development. The course will be launched to a select group of participants, who will then provide qualitative and quantitative feedback. The feedback will be used to
improve the course before it is available to the public. The soft launch will be measured by a formative and descriptive evaluation. The goal is to gather data to improve content, accessibility, participant satisfaction and measurement methods. The results of the survey, along with data from well-developed focus groups, will inform a Circle of Advisors of opinions and perspectives on the accuracy of the educational material and effectiveness of the marketing material.

The Circle of Advisors in the course will be engaged in course development in Phase 1. They are the intended users of the data collected. The Circle of Advisors will include the author’s occupational therapy doctorate program advisors and the American Occupational Therapy Association’s (AOTA) primary care committee and continuing education committee. AOTA’s primary care committee and continuing education committee are established groups necessary for development and dissemination of online educational courses through the organization. Together, the Circle of Advisors and this author will make decisions on improving the course prior to formal launch. This process is driven by applying a diffusion of innovation theory (DOI) key concept: thought leaders’ input in development will increase likelihood of adoption by the course participants in the formal launch.

Participants

A convenient sample of approximately 10 participants will complete the course during the soft launch in Phase 1. Participants include occupational therapists, professionals in online education, and primary care health professionals who have experience working with occupational therapists in primary care settings. Participants
will be recruited by the author and members of the Circle of Advisors through professional and academic networks; potential participants will be interviewed to review qualifications and to assess availability. This recruitment format is driven by DOI’s theory that the thought leaders have an understanding of the needs of the target audience (i.e. occupational therapists as adult learners). Participants will receive credit incentives for online continuing education through AOTA, and a formal letter of gratitude. Credit incentives will be equivalent to $100 and are exchangeable for partial of full payment of AOTA Continuing Education products and courses. AOTA will provide credit incentives at no cost to this program.

Methods

The soft launch of *Occupational Therapy in Primary Care: What, Why, Where, & How?* will include a full, working version of all educational material. Phase 2, described next will provide more specific course features. The survey and focus groups will explore aspects of the course that are successful and those that need improvement. Participants will be asked to complete the survey after they have demonstrated the completion of the entire course through internal tracking. The survey will take place online in the course learning management system (Digital Ignite- Crowd Wisdom™) within a week of the course completion to encourage timely responses. The focus groups will occur within three weeks of course completion. Focus groups will be conducted in an online live conference platform provided by the unbiased focus group moderator. Two groups of approximately five people will be held to facilitate thorough discussion and input from all participants. The focus groups will be designed to elicit collaborative discussion amongst
the participants to result in applicable recommendations. Technical requirements for survey completion will be consistent with that of the course: internet capabilities, online access to Digital Ignite- Crowd Wisdom™, scroll and typing capabilities. Details of evaluation with the survey and focus groups are available in Chapter 4: Evaluation Plan.

**Phase 2: Implementation**

Phase 2 is the full formal launch of *Occupational Therapy in Primary Care: What, Why, Where, & How?* The online course will be developed utilizing current evidence-based literature on occupational therapy in primary care and occupational therapy outcomes applicable to primary care, evaluation outcomes from Phase 1, and the theoretical guidelines for adult education and the diffusion of innovations theory. The immediate goals of the course are for participants to increase their knowledge of the profession’s role in primary care, improve their ability and self-efficacy in promoting occupational therapy to primary care stakeholders and effectively use resources for research and establishing occupational therapy in primary care settings. Self-efficacy is the perceived capability that a person can do a given task (Bandura, 2006). Figure 3.3 highlights these outcome goals. Intermediate outcomes are to increase the number of occupational therapists in primary care settings. The long-term impact of occupational therapy in primary care would be to improve efficacy, cost-effectiveness and clinical outcomes in primary health care. *Occupational Therapy in Primary Care: What, Why, Where, & How?* addresses a need that will contribute to the goals of the Institute for Health Care Improvements’ (IHI) Triple Aim: improving the individual experience of
care, improving the health of populations, and reducing the per capita cost of care (Berwick et al., 2008).

<table>
<thead>
<tr>
<th>Course Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Knowledge of professions’ role in primary care.</td>
</tr>
<tr>
<td>✓ Self-efficacy in promoting occupational therapy to primary care stakeholders.</td>
</tr>
<tr>
<td>✓ Self-efficacy to utilize resources from the evidence-based literature to establish occupational therapy in primary care.</td>
</tr>
</tbody>
</table>

**Figure 3.3. Course Outcomes**

**Participants**

Participants are self-selected AOTA member or non-member occupational therapists. Enrolling in the course will give them access to the AOTA online continuing education platform. Each group will be composed of ten participants. Participants will be asked to report if they identify as working in primary care or are planning to pursue occupational therapy in primary care, for output data evaluation.

**Methods**

The course will be presented online using Digital Ignite- Crowd Wisdom™, the learning management system (LMS) currently used for AOTA’s continuing education courses. This platform allows for multimedia presentation, social learning and sharing, survey analysis and reporting. The 5-week course will be offered four times per year during fall and spring academic semesters, consecutively. These staggered start dates will create groups among the participants and encourage social networking through communication and sharing features (e.g. file sharing, discussion boards). The course
content will be reviewed and updated quarterly by this author and AOTA primary care and continuing education committees. Two key course features are multi-media, evidence-based, and theory driven education; and, marketing templates to promote to the stakeholders of primary care occupational therapy.

- The online educational course will demonstrate occupational therapy’s distinct value in primary care through the following collection of media driven by the diffusion of innovation theory and relevant evidence-based research:
  - Official AOTA and CAOT position statements on primary care and video interviews asserting occupational therapy’s professional role in primary care.
  - Evidence-based research outcomes relevant to occupational therapy’s scope of practice in primary care.
  - Testimonials of clients and occupational therapists currently practicing in primary care.
  - Case studies in the form of text descriptions or electronic simulations that include the six broad areas of practice (i.e. Children & Youth, Health & Wellness, Mental Health, Productive Aging, Rehabilitation & Disability, & Work & Industry).

- Marketing templates based on marketing principles for occupational therapists to communicate occupational therapy’s distinct value to primary care stakeholders, including physicians and organizations.
  - Provide marketing templates to disseminate information to critical primary care audiences.
- Provide cross-disciplinary definitions of key language, necessary for clear communication with the target audience (e.g. occupational therapy practice vs. medical model definition of function).

**Course Features**

Course features are based on theory and created with available evidence-based research on occupational therapy in primary care. The course consists of five modules, each corresponding to questions in the title: *What, Why, Where, & How?* The last module summarizes information learned, facilitates continued networking with group participants, and encourages continued practice of new skills to promote occupational therapy in primary care. Each module includes the following:

- Knowledge quizzes for participants to self-check their progress
- Discussion board assignments to apply knowledge learned, and interact with fellow participants
- Opportunities to review relevant literature from leaders in occupational therapy in primary care
- Opportunities to hear from colleagues in occupational therapy in primary care, thought leaders in occupational therapy in primary care and AOTA, primary care service providers and/or recipients of primary health care

Multimedia technology is utilized to present the educational material for clarity and interest. This includes video recordings, figures, illustrations, and text. Participants are more likely to adopt occupational therapy in primary care as a new practice area if they perceive it as easy to understand, and compatible with providing primary health care
(Rogers, 2003). Organization and content in the course is guided by Adult Learning and Diffusion of Innovations theories. A course outline and brief explanation of module content is provided in Appendix C. Module examples are available in Appendix D.

**Adult Learning Theory**

Adult learning theory (ALT) or andragogy, will be used to inform the development of the activities in the course. In 1984, Knowles completed his identification of six assumptions of adult learners (Henry, 2011). According to Knowles, adult learners: (1) are self-directed (*Self-concept*) (2) need to understand why they are learning (*Relevance*) (3) are self-motivated to learn (*Motivation to learn*) (4) learn through problem-solving (*Orientation to learning*) (5) learn when the topic is timely (*Readiness to learn*), and (6) learn experientially (*Experience*) (Henry, 2011; Keesee, 2011). Each assumption will be utilized as a teaching tool in the development of course content. For instance, self-selection to participate in this course depends on the assumption that the participants are self-directed and motivated to learn about occupational therapy in primary care. Participation also assumes a readiness to learn and understanding or interest in the relevance of occupational therapy in primary care. Additionally, relevance will be demonstrated through explanations of the current state of health care, population needs and occupational therapy practice strengths. Participants’ experience will be highlighted by activities to illustrate how their current skills are related to occupational therapy practice in primary care settings; and, through case study examples. Course activities create opportunities for participants to problem-solve and apply new knowledge, shown in Table 3.1. Knowles’ assumptions also guide a recommended activity in this course:
participants will be asked to identify and reflect on individual learning goals for the course.

Table 3.1. Problem-solving Activities based on Adult Learning Theory

<table>
<thead>
<tr>
<th>Problem</th>
<th>Activity</th>
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<tbody>
<tr>
<td>Difficulty in describing occupational therapy in primary care</td>
<td>Utilize knowledge gained to create and practice an “elevator speech”</td>
</tr>
<tr>
<td>Limited marketing materials currently available for occupational therapy in primary care</td>
<td>Develop contents for marketing template based on new knowledge</td>
</tr>
<tr>
<td>Lack of relevant research demonstrating occupational therapy’s role in primary care</td>
<td>Search, summarize and present research article to class discussion board</td>
</tr>
<tr>
<td>Lack of information on what problems primary care providers and care recipients are facing in primary health care</td>
<td>Interview community member and/or PCP about their primary care experience and practice identifying OTs role in their healthcare experience</td>
</tr>
</tbody>
</table>

**Diffusion of Innovations**

Course content will be guided by key elements from Diffusion of Innovations theory (DOI). The format, language and sources used to present course materials will influence participants’ perception of the content and impact their likelihood of adopting occupational therapy in primary care as a practice area. This is referred to as perceived attributes by DOI (Rogers, 2003). Specifically, occupational therapy in primary care will be presented in ways that are intended to increase the perception that it is easy to understand, compatible with current practice, able to be trialed, produce observable results, and is overall a positive addition to primary health care. This will be attained by clarifying definitions of occupational therapy in primary care, citing current research, and presenting case studies demonstrating significant health outcomes. DOI also asserts that
diffusion of an innovation occurs within a social network (Rogers, 2003). The course will emphasize the opportunities to connect with colleagues in each group, via interactive activities on discussion boards. The influence of thought leaders is key to DOI; thought leaders influence the decision making unit’s attitude and behavior related to the innovation (Rogers, 2003). Thought leaders are highly utilized in course. Participants will be informed that leaders in the American Occupational Therapy Association (AOTA) and occupational therapists practicing in primary care settings were a part of the development of the course. In addition to AOTA staff as part of the Circle of Advisors for Phase 1, a video of Amy Jo Lamb, president of AOTA, speaking about primary care practice will be part of the course content. Participants will also be taught in the course to target primary care thought leaders when marketing and advocating for occupational therapy in primary care practice. Communication channels, another key element of DOI, are vital to the innovation-decision process at all stages. The course will create the opportunity for participants to engage in a communication channel with each other, and content will invite them to communicate with leaders in the field. Communication channels also play a role in advertising the course: the course will be disseminated through mass media social channels (e.g. AOTA website, state associations), and through interpersonal interactions with colleagues and participants who have completed the course. In this course implementation, communication is tailored to different stages of adoption to increase likelihood that occupational therapists will adopt primary care as a practice area.
Barriers to Implementation

The innovative nature of occupational therapy in primary care creates inherent barriers to course implementation. Firstly, occupational therapy in primary care is not currently a well-understood practice area by occupational therapists, primary care health professionals or care recipients. This creates both a high need and significant barrier for this course. Similarly, if occupational therapists are not interested or invested in learning more about the subject, there may not be enough participants to fill course groups. There must be an investment by AOTA to collaboratively create and promote this course, including course content and providing access to a learning management system. Without AOTA and Circle of Advisors’ investment, the project could not involve a Phase 1 course development evaluation, or be implemented.

Accessibility of course content and software can also be barriers. Participants must have access to a compatible computer, internet, and have the financial means necessary to purchase the course. The online learning management system must operate successfully in order for the course modules to be delivered as intended, and for participants to engage with their colleagues in the group through discussion boards. Course content must also be accessible to a variety of learning styles and abilities. For instance, the videos will need to be subtitled to increase access for people living with hearing impairments, or using computer systems without audio software. Although adaptation is possible for most material, not all course content can be adapted for all learning styles (e.g. reading a research article), creating a barrier for some participants.

Utilizing communication channels for teaching, and advertising the continuing
education course also presents barriers. For instance, using thought leaders in the modules assumes that the participants appreciate the perspective of those particular leaders in the occupational therapy profession. If the participants do not perceive the presenters as thought leaders or respected guides on the subject, then they are less likely to value the content of their presentation. Advertising the course to occupational therapists directly is a barrier; there is not one clear way to reach the majority of occupational therapists through mass media. Interpersonal communication may also be a barrier, as some occupational therapists interested in the course may not have a local community to talk to about occupational therapy in primary care. Diffusion of Innovations assumes a social network, and without it, the innovation is less likely to be adopted.
CHAPTER FOUR – Evaluation Plan

Course evaluation is an effective process to increase understanding of a course’s content, organization, and anticipated outcomes. A course evaluation is necessary to understand and improve course development and to provide short-term outcome information during the formal launch (Newcomer, Hatry & Wholey, 2010). Evaluation plans for both Phase 1: Course Development and Phase 2: Implementation are described. A logic model of Phase 2 is presented to illustrate the relation of factors contributing to the course as well as anticipated outcomes. The logic model is found in Appendix B. The main components of the logic model are: (1) inputs and resources, (2) the nature of the problem and applicable theories, (3) intervention and activities; and program outputs, and 4) anticipated short-term, intermediate and long-term outcomes. External environmental resources impact both inputs and outcomes. It is anticipated that given the conditions outlined in the model, this course will ultimately contribute to improving the individual experience of care, improving the health of populations, and reducing the per capita cost of care (Arbesman et al., 2014; Berwick et al., 2008).

Phase 1: Course Development

The core purpose of the evaluation is formative and descriptive; that is, to accurately know what is occurring in the course and gather information to improve the course. It is vital to know what activities in the course (i.e. presentation of educational materials) are most & least effective. The evaluation methods of surveys and focus groups will provide insight into what specific activities contribute to the overall desired short-term outcomes outlined in the logic model, such as increased understanding of
primary care occupational therapy. Additionally, the descriptive evaluation will provide information on participants’ experience and satisfaction in the course. For example, after evaluation, the Circle of Advisors may find out that one lesson is particularly difficult to understand or that participants are dissatisfied with it because of a lack of interactive activities; this may prompt further investigation and improvement on that particular lesson. By knowing what is occurring in the course, the author and Circle of Advisors will have more information to consider for further development of the course.

Scope of the Evaluation

The evaluation of the limited launch of the primary care occupational therapy continuing education course will take place online over 5–8 weeks. Approximately ten occupational therapists familiar with primary care occupational therapy and/or online clinical professional continuing education will participate in completing the online course, evaluation surveys and focus group. Data for participants who do not complete the course will be considered because the reason for drop-out, if related to course content or structure, will be important to know for the evaluation. Participants may be associated with AOTA but not privy to course development, and clinicians whose case studies and/or videos are used in the course will be excluded to prevent bias.

Evaluation Questions

Evaluation information users are course development Circle of Advisors: AOTA’s primary care and continuing education committees and this author. The author and Circle of Advisors present the following evaluation questions:
• Is the course accurately, effectively and satisfactorily presenting the intended information?

• Is the approach to measurement appropriate for the course and applicable to groups of participants across time?

Methodology and Measures

A survey and two focus groups will be utilized to collect qualitative and quantitative data for evaluation. Coverage analysis will be completed to highlight participant satisfaction of the course with fixed-choice and open-ended questions in a survey. Satisfaction is especially important to consider for the final launch of the course because occupational therapists will be choosing to participate as continuing education. If they are not satisfied, they may drop-out and not reach the goals of the course. Satisfaction ratings from the participants in the limited launch will help identify areas that are working well, areas that may need improvement, and help predict satisfaction on factors for future participants. Additionally, analysis of participant feedback will be an integral part of understanding if the course is meeting the participants’ expectations, desired outcomes, and guide specific areas for improvement. Although this type of analysis is often completed in summative evaluation, the goals align with information needed in this formative evaluation. Example survey questions in the above domains can be found in Appendix E.

The focus groups will be conducted for component analysis. Two groups of approximately five people will meet for 60 minutes. The focus groups will help determine if the course is being implemented as planned; they will assess the accuracy
and thoroughness of the educational material, and effectiveness of the marketing material templates. All participants will be invited to join the focus group to encourage sharing of all opinions and perspectives. It is anticipated that the participants, being practitioners and professionals in online clinical education, will have a rich collaboration during the focus groups and valuable themes will emerge to enhance the course.

**Data Collection and Management**

Surveys and focus groups result in data for collection and management in this evaluation. The survey will provide quantitative and qualitative data; qualitative data from open-ended questions will be coded by an unbiased occupational therapy student volunteer. Coding will be descriptive and pattern-based, to find themes within and across surveys. The results of the survey will show areas of satisfaction, effectiveness and improvements for the course. Data from the focus group will be recorded, transcribed by the independent focus group host (i.e. Frieden Qualitative Services). A trained observer (i.e. OT student volunteer) will review the transcript, complete ratings on answers (e.g. compliment, suggested change, criticism), and participant participation in discussion (i.e. attribute coding). Participants will be assigned random numbers for confidentiality in analysis and use of data such as quotes for future use. They will also analyze the transcribed text for themes on the accuracy and thoroughness of the educational material, and effectiveness of the marketing material templates (i.e. descriptive coding). The data from the focus groups will be utilized in discussions regarding need for improvement, and which recommendations from the professionals to incorporate into the course.

Data from the survey and focus groups will be collected and stored electronically
on the learning management system as well as in cloud-based secure data storage (i.e. tresorit). Secure data storage will allow for mobile management by the additional personnel completing data collection and analysis. The focus group will be recorded online by the independent host with video, audio and text recording, and will be compiled in a coded transcript ready to be analyzed; this digital information will also be stored in the cloud-based secure data storage.

Data Analysis

Phase 1 data is collected and analyzed in one stage, after participation in the course. Qualitative data collected from the survey and focus group will be completed as descriptive, attribute and pattern coding as appropriate. Coding and open-ended questions will be analyzed through computer aided qualitative data analysis software (CAQDAS). Fixed-choice and rating questions will result in quantitative data that will be analyzed on the learning management system, as well as downloaded and analyzed through data analysis software such as Statistical Package for the Social Sciences (SPSS). The mean will be analyzed to gauge responses overall, and outliers will be further investigated for cause. Data will be compared within the participant group to determine themes for what is working well in the course and what can be improved, on the basis of content and presentation effectiveness, and satisfaction. Pre- and post-analysis is not appropriate for this evaluation study. Capacity to manage survey data from the evaluation will be considered to determine future launch ability or need to reassess resources. The data will be communicated to the Circle of Advisors, prioritized, and the course will be adjusted accordingly to improve the factors considered.
Phase 2: Implementation

The purpose of the evaluation of the formal launch of the course is summative, although the information can be used for ongoing updates and improvements to the course. Outcome evaluation will also be completed to measure the course outputs and short-term outcomes described in the Logic Model in Appendix B. Course outputs are: number of participants in the course, and number of participants who identify as working in primary care or are planning to pursue OT in primary care. Short-term outcomes are: knowledge of occupational therapy in primary care and self-efficacy to utilize resources and promote occupational therapy to primary care stakeholders. Course evaluation includes coverage analysis and component analysis as it did in Phase 1. Repetition of these analyses may demonstrate change and provide insight into results from different participants (i.e. participants familiar with occupational therapy in primary care and/or online adult education in Phase 1 compared to occupational therapists without prior knowledge in Phase 2). Both coverage and component analysis are important to provide information to update the course based on participants’ perspectives. In addition, analysis of participant feedback will be utilized in the implementation phase to obtain results that will inform the author and AOTA continuing education committee if the course is meeting participants’ expectations and desired outcomes. In order to promote further discussion about occupational therapy in primary care, it is vital that the participants perceive that this is a valuable course and for them to meet the intended short-term outcomes.
Scope of the Evaluation

The course evaluation of the formal launch will take place online over the five weeks length of the course. Short-term outcomes of knowledge and self-efficacy will be measured before and after the course (i.e. pre-post), whereas course evaluation surveys will be administered after completion or dropout of the course. Approximately ten occupational therapists will complete the course, evaluation surveys, and outcome measures. Course output information will be collected through participant data: number of participants in the course, number of participants who identify as working in primary care and, those planning to pursue occupational therapy in primary care.

Evaluation Questions

Evaluation information users are course development Circle of Advisors: AOTA’s primary care and continuing education committees and this author. The author and the Circle of Advisors present the following evaluation questions:

Course Evaluation

- Does this multimedia, online continued education course meet participant expectations?
- Is the course effectively and satisfactorily presenting the intended information?

Short-term Outcome Evaluation

- Does a multimedia, online continued education course increased knowledge of occupational therapy profession’s role in primary care?
• Does a multimedia, online continued education course enhance participants’ perception of their self-efficacy in utilizing resources, and in promoting occupational therapy in primary care?

Methodology and Measures

All Phase 2 evaluation surveys and outcome measures will be completed in the learning management system, Digital Ignite- Crowd Wisdom™. The surveys and outcome measures will produce qualitative and quantitative data for analysis. Course evaluation surveys will answer the evaluation questions regarding participant expectations, satisfaction and course effectiveness in presenting the intended information. Updated evaluation surveys from Phase 1 will be utilized; they will be administered at completion of the course. See Appendix E for example survey questions. Short-term outcome evaluation will also be completed through the learning management system, as pre-post measures. Pre-post measures will provide information to demonstrate if change has occurred in the following areas: knowledge of occupational therapy’s role in primary care, and self-efficacy in utilizing resources, and self-efficacy in promoting occupational therapy in primary care. See Appendix E for an example of self-efficacy questions. Participants will also be prompted to a recommended activity to create learning and skill-building goals in the beginning of the course and review progress at the end; this activity is to promote learning and an open ended question will be asked for outcome measurement to gain an additional understanding of effectiveness in meeting participants’ expectations and desires.
Data Collection and Management

Data from course evaluation and short-term outcomes will be collected on the online learning management system for each course group. Data will also be downloaded to an outside cloud-based secure data storage server; this will allow for continued and cumulative online analysis of the data. As in Phase 1, qualitative data from open-ended questions will be coded by an unbiased occupational therapy student volunteer. Coding will be descriptive and pattern-based, to find themes within and across surveys and measures. Results will inform course strengths and improvements, and participants’ progress in knowledge and self-efficacy. Participant entry data will provide demographics and output information.

Data Analysis

Phase 2 course evaluation survey data will be analyzed utilizing the same software and process as Phase 1. Quantitative data from evaluation surveys will be analyzed on the learning management system and SPSS. Together with coded qualitative data using CAQDAS, analysis information will be compiled to contribute to a continued, cumulative report for course improvement recommendations. Outcome measures of knowledge and self-efficacy will provide pre- and post- data to analyze. Pre- and post-data will be compared among individuals using a matched-pairs t-test. T-test results will demonstrate significance of change in participants’ knowledge and self-efficacy. Results across groups will also be combined to monitor potential of larger effects. This will inform utility of this multimedia, online continuing education course; data can also be analyzed and interpreted in relation to diffusion of innovation theory.
Limitations

Limitations are present in this course model and evaluation. Many online AOTA courses are self-sustaining, that is, they are available to an unlimited number of participants and open to enrollment anytime. On the other hand, this course has a limited enrollment and is offered during specified dates to create a social group among the participants. Although this is a strength rooted in diffusion of innovations theory, it requires that there is a professional tracking the course, so content does not reach as many people as it would otherwise. The innovative information in this course requires that it be updated quarterly as well; this maintains continued costs for the authors to update it. A small participant size also contributes to gathering data in evaluation of course effectiveness. A higher number would yield more descriptive information applicable to a larger population. One evaluation limitation is in not using standardized tests for knowledge or self-efficacy, decreasing application of results outside of the course. Another limitation is pre-post test content for statistical analysis in course implementation. For instance, if the knowledge test is not scaled appropriately (i.e. is too easy) there may be a ceiling effect, and the resulting data will be null. With a limited number of participants, it will take longer to collect the amount of data necessary to know if this is a problem. Overall, these limitations may impact the statistical outcomes and long-term budget of the course.
Conclusion

Evaluation of the course in two phases allows for thorough development and implementation of evaluation and outcome measures. The limited launch in Phase 1 aims to gather information to improve the course and analyze effectiveness of data management. Results from the evaluation will guide the author and Circle of Advisors’ decisions to improve content quality, accuracy and effectiveness, data management capacity, and overall satisfaction for participants in preparation for launching the course to all occupational therapists. Phase 2 repeats course evaluation of analysis of feedback, component and coverage analysis. The formal launch also administers outcome measures to all participants in each group. Data will demonstrate effectiveness of the course material in meeting short-term outcome goals and provide output data, as described in the Logic Model in Appendix B. Cumulatively, evaluation and outcome data collection and analysis will increase likelihood that the course is being delivered as satisfactorily and effectively as intended.
CHAPTER FIVE – Funding Plan

Course development and evaluation relies on technology and time investment by a Circle of Advisors, and volunteers. A budget is necessary to determine needed resources and potential funding sources. The budget helps to assess the feasibility of the course. Appendix F Budget displays cost considerations for development, evaluation, implementation and dissemination of this online course for occupational therapists about occupational therapy in primary care. Justification for costs and funding sources are described below.

Development

The author will collaborate with American Occupational Therapy Association’s (AOTA) primary care and continued education committees to develop the course content. AOTA is invested meeting their action items, as described in Chapter 2, and this course provides a means to disseminate information on occupational therapy’s role in primary care. AOTA’s investment assumes that their services will be at no cost to the author. AOTA will provide access at no cost to the learning management system currently used for continuing education courses, Digital Ignite- Crowd Wisdom™. Digital Ignite will put the course material into their class format, at no cost to the author. The author’s flat rate will be the cost for initial course development in collaboration with AOTA. Visuals for educational materials will be created by a user interface designer; this designer is the author’s personal connection and has agreed to volunteer their time to this course. Finally, the marketing template will be created by the author, in collaboration with AOTA committees, and in consultation with a mentor in marketing from SCORE
Association, a free mentoring program for small businesses (Score Association, 2015); the cost is only for the author’s salary in creation and facilitation of the marketing template.

Phase 1 Evaluation

Phase 1 Evaluation generates the largest expenses for this course. Participants in Phase 1 are volunteers with experience in primary care and/or adult education. For their 5–8-week commitment and professional recommendations, an incentive equivalent to $100.00 for each of the 10 participants will be offered in the form on AOTA CE credits, and a certificate of appreciation. AOTA will provide the incentive credits and the author will create the certificate of appreciation. The focus groups require an independent focus group moderator. Frieden Qualitative Services proposed services including hosting, moderating and transcribing the two 60-minute focus groups with approximately 5 participants for $3,100.00. This service includes consultation for creating the discussion guide, and hosting on the Focus Vision Platform. After the video recording and transcript is provided, an occupational therapy graduate student volunteer will complete qualitative coding and data entry of the focus groups and evaluation survey written responses. The course information will be accessible from cloud-based secure data storage so the graduate student can be at any university willing to partner with the author and AOTA. The author will complete data analysis with SPSS and CAQDAS software accessed by university services; the cost will be the author’s salary for approximately 10 hours of analysis and reporting work.
**Phase 2 Implementation**

Phase 2 Implementation costs are the author’s salary for hours necessary for quarterly course updates and data analysis after each group completes evaluations. The course will be reviewed and updates will be provided as applicable two quarters in the first year for approximately two hours and four hours in year two; the budget for the third and consequent years will allot two hours per quarter for review and updates because more information will likely be available. As with Phase 1, a graduate occupational therapy student will be recruited to volunteer hours for qualitative coding and data entry but it will only be for evaluation survey written responses.

**Dissemination**

Promotional materials and target marketing will be created by the author in collaboration with AOTA committees. The author’s salary for 5 five hours will be the expense in year one and one hour for material review and update in year two. AOTA has the resources and motivation to promote this course; they will provide promotional materials at no cost to the author. The author will facilitate targeted marketing to non-AOTA members via email using MailChimp, an email marketing company (mailchimp.com). MailChimp provides free marketing to up to 2,000 subscribers and 12,000 emails per month. The author will create targeted messages to state occupational therapy associations and occupational therapy related companies. The cost of dissemination will be the author’s salary in creating and implementing targeted email marketing every other month each year.
Potential Funding Options

Funding will be available through resources at AOTA, volunteers, and through potential grants. AOTA will provide collaboration on development, implementation and dissemination at no cost. This includes use of the Digital Ignite- Crowd Wisdom™ learning management system, and provision of promotional materials. SCORE Association is a volunteer program providing mentors to small business owners; it is likely that they will offer marketing mentor services to a project of this scope (Score Association, 2015). Additional volunteers at no cost will be graduate occupational therapy students who are interested in learning about qualitative data collection and management. The student volunteers will benefit from the research and collaboration experience, and professional connections. The author has a personal relationship with a user interface designer. This designer is invested in incorporating occupational therapy in primary care and is in agreement to donate hours of user interface experience to creating visuals for educational materials. This involvement, at no cost to the author, demonstrates shared understanding of need and goals on multiple levels of support.

Expenses for the focus groups, author’s salary across all stages of course development, and cloud-based secure data storage remain. A search was conducted to gather information about potential funding sources via grants and scholarships. The innovative nature of this course makes it difficult to fulfill requirements of grants, which are often aimed for projects in need of further development based on accepted practices already in use. That is, there are grants available teaching interprofessional practices to physician students, for investigating discrete interventions with specialized populations,
or for improving primary care efficiency at the administrative levels. Although this may be the case, some potential government grants, and additional funding options for this course were identified. The missions of the identified funding options are in line with the process or goals of this course. Funding opportunities from the Department of Health and Human Services’ Primary Care Training and Enhancement (PCTE) and Agency for Health Research and Quality (AHRQ) align with the course’s aim to improve primary care services through clinicians’ first contact with individuals and consequent experiences in the health care system. Occupational therapy in primary care can help bridge the gap between the health care systems and social determinants of health. The National Science Foundation and Alfred P. Sloan Foundation opportunities highlight the contribution of this course to cyberlearning and education research that can inform future endeavors in online courses. Crowdfunding for the course is a funding route applicable to the intended participants, and would result in data to support proof of concept and give a preliminary number of interested participants in the program. See Appendix G for more information on potential funding options and applications to this course.

**Conclusion**

Funding is a vital aspect of development, evaluation, implementation and dissemination of this course. Alignment between course goals and the American Occupational Therapy Association’s initiatives to promote occupational therapy in primary care provides dependable collaboration and funding. This partnership enriches the course and helps make it accessible to occupational therapists. Investment by volunteers, both graduate students and personal relationships, demonstrates the value
others recognize in this program. Additional funding will need to be acquired by alternate sources for salary, supplies and hiring moderating services. It is likely that this funding can be granted by one or more of the potential funding sources presented.
CHAPTER SIX – Dissemination Plan

This theory-driven and evidence-based online course, *Occupational Therapy in Primary Care: What, Why, Where, & How?*, addresses a call to action by the American Occupational Therapy Association (AOTA) to gather and disseminate information to “encourage understanding and recognition of the potential for occupational therapy in primary care” (American Occupational Therapy Association, 2015b, p. 1). Course development will occur in collaboration with AOTA in two phases: a soft launch to a targeted audience for further development, and a formal launch to occupational therapists. The course aims to increase participant knowledge of occupational therapy in primary care and increase their self-efficacy in promoting this emerging area of practice. Long-term implications of the course are contributions to improving the current state of health care by providing occupation-based services in primary health care teams.

Dissemination of the course begins with the formal launch of the course. The goal is to reach the target audience of occupational therapists who may be interested in the course. Occupational therapists may want to expand their current practice, or re-direct their services to more of a primary care setting. Recent graduates may want to learn more about beginning their occupational therapy careers in primary care. Occupational therapy employers may also be interested in sponsoring staff to enrich their resources on occupational therapy in primary care. These audiences have shared cause for interest in occupational therapy so key messages and influential spokespersons will be consistent. Key messages will contribute to attracting audiences to participate in the course, and influential spokespersons (i.e. thought leaders) will play a role in disseminating the
course. Consistent messaging will also contribute to a shared understanding of the course goals and implications, within the occupational therapy profession as a social network.

**Key Messages**

1. This course provides the only comprehensive multimedia resource of current literature and practices in the emerging area of occupational therapy in primary care.

2. This course will help participants learn more about occupational therapy in primary care and improve their confidence in talking about occupational therapy’s distinct value in this emerging practice area.

3. This course is theory-driven, evidence-based and created in collaboration with leaders in AOTA and practitioners in primary care settings.

4. Course content is designed for motivated and self-directed problem-solvers who want to be at the forefront of occupational therapy practice in primary care.

**Influential Spokespersons** (thought leaders)

1. Christina A. Metzler, Chief Public Affairs Officer, Public Affairs Division, American Occupational Therapy Association given her established leadership in AOTA and promotion of occupational therapy in primary care through publications and presentations.

2. Sherry Muir, MOT, OTR/L, faculty at Saint Louis University, given her academic leadership, experience creating, practicing and mentoring in a primary care setting.
3. Michelle Farmer, OTD, OTR/L, faculty at University of Southern California, given her experience and leadership in supervising students and educating providers in a primary care setting.

4. Katherine Burson, MS, OTR/L, CPRP, Statewide Director of Rehabilitation Services at the Illinois Department of Human Services – Division of Mental Health, given her experience in innovative health care change and participation in promoting occupational therapy in primary care through presentations.

Course dissemination will include promotional materials and targeted email marketing. As discussed in Chapter 5, the budget will also include collaboration between the author and AOTA in creation of all marketing messaging. AOTA will provide promotional material such as handouts for presentations and conferences, print advertisement in OT Practice magazine, and digital marketing on the Association’s website and social media. This promotional material will be disseminated upon the formal launch. Targeted email marketing will be utilized to reach audiences outside of AOTA members. The author will obtain tools and facilitate targeted email marketing; author salary for this is included in the budget. Email marketing will be sent to state occupational therapy associations, occupational therapy employer companies, and occupational therapy programs. This will promote inclusion for all occupational therapists and not only those who are AOTA members. Email updates will be sent as the course is updated, highlighting new material that may increase interest in participating in the course. Evaluation of dissemination efforts will be through numbers of participants interested in and enrolling in the course; interest will be demonstrated through inquiring
communications with the author and Circle of Advisors (e.g. emails). Ineffective dissemination will be easily recognized as non-enrollment in the course, and, in that case, the author and Circle of Advisors would reassess the dissemination approach.
CHAPTER SEVEN - Conclusion

Occupational therapy in primary care has been identified as an important emerging area of practice to expand the occupational therapy profession, and contribute to improvements in primary health care (American Occupational Therapy Association, 2014b). The American Occupational Therapy Association (AOTA) has demonstrated their interest and investment in creating more robust resources available to occupational therapists in order to promote a shared understanding of occupational therapy’s scope, distinct value and potential benefits as members of interprofessional primary health care teams (American Occupational Therapy Association, 2015b). This online multimedia course, *Occupational Therapy in Primary Care: What, Why, Where, & How?* is an ideal mechanism to reach occupational therapists. The aim is to increase participant knowledge and self-efficacy related to understanding and promoting occupational therapy in primary care. It is vital to have a trusted resource, developed by thought leaders in the field and guided by a theory to support change in the occupational therapy profession and practices in primary health care.

Exploration of the development, evaluation, implementation and dissemination of this course has highlighted the need for a multimedia, comprehensive and up-to-date resource. Occupational therapy in primary care is emerging, and collections of relevant research and resources are not readily available in one source, impacting the clarity of the messages to the audience of occupational therapists. Because it is unclear what it is, why it is important, where it is practiced and who are involved in occupational therapy in primary care, answering these questions as best as possible will help occupational therapy
audiences increase understanding of scope and significance of practicing in primary care settings. It is likely that the course will be a factor in occupational therapy professionals initiating research and practice in primary health care settings. This activity will result in more resources to include in the course. The proposed model to review and update the course material quarterly will ensure that new material is presented. This is necessary to maintain the integrity of the course during inevitable change over time.

Occupational therapy associations play an important role in leading this change in the profession. The United States and Canadian national occupational therapy associations have thoroughly identified occupational therapy as a missing component of primary health care teams. Occupational therapists on primary health care teams are the only skilled professionals providing occupation-based interventions to elicit health behavior change. Occupational therapy is likely to bridge the gap between primary care physicians’ medical-based practice and their clients’ social determinants of health; occupational therapy can help identify and address barriers to health and wellness across the lifespan. As a profession, it is important to move beyond identification of the need, and into promotion and practice in primary care. National occupational therapy associations have the opportunity to facilitate creation of networks for occupational therapy professionals to connect, learn, adopt and advocate for occupational therapy in primary care. With access to this course, it is likely that invested participants would share their knowledge and newly acquired skills in their professional network; this action is a main contributor to diffusing the innovation of occupational therapy in primary care within and across audiences. As the guiding theory of diffusion of innovation states, the
more people communicate in their network about occupational therapy in primary care, the more likely they will be to adopt and implement the practice. Occupational therapists must feel able to communicate and promote this practice within and outside of occupational therapy networks; primary health care teams, legislatures, and business stakeholders will all have questions that need to be answered. This course’s aim is to help increase knowledge and develop these skills.

This course is an important tool in incorporating occupational therapy in interprofessional primary health care teams. The course provides education and resources to empower occupational therapists to adopt this innovative emerging area of practice as acceptable and feasible. Occupational therapy professional networks can then continue to grow, collect evidence and examples of practice in primary care. This will contribute to advocacy outside of occupational therapy, and diffusion across other professions. An increase in occupational therapists in primary care is likely to result in improved client outcomes. Occupational therapists will provide what is often missing from primary health care teams- addressing occupational development, adaptation, prevention and management. The long term implications on the health of populations will be improved health and wellness, satisfaction with health services, and reduce the cost of care. In a large and evolving health care system, this course provides specific tools to jumpstart occupational therapy professionals to expanding practice into primary health care and positively impacting the health of individuals and populations across the lifespan.
APPENDIX A – Diffusion of Innovations Model in Context
APPENDIX B – Logic Model

Inputs
Resources
Program Clients
Occupational therapy practitioners (OTPs), students and professionals interested in learning about and promoting occupational therapy (OT) in primary care.

Program Resources
Learning management system for course programming and tech support
AOTA continuing education and primary care committees
Consultation with marketing professional

Problem Theory
Nature of the Problem
Primary care is an emerging practice area-lack of awareness, understanding and relevant resources pertaining to the professions’ role in this setting.
Lack of marketing templates appropriate for primary care audiences.

Program Theory
Diffusion of Innovations: perceived attributes, opinion leaders and communication channels impacting rate of adoption of OT in primary care
Adult Learning Theory: problem-centered learners, engaged in subjects with relevant application

Activities Outputs
Interventions and Activities
Online educational course: case studies, relevant research, official professional (AOTA) statements
Opportunity to connect with professional network
Marketing templates: completed by participants

Program Outputs
Number of participants in course
Number of participants who identify working in primary care
Number of participants who are planning to pursue OT in primary care

Outcomes
Short-Term Outcomes
Participants’ knowledge of professions’ role in primary care
Participants’ self-efficacy in promoting OT in primary care settings/to stakeholders.
Participants’ self-efficacy to utilize resources for research and establishing OT in primary care settings.

Intermediate Outcomes
Increased number of OTPs in primary care settings.
Improve efficacy, cost-effectiveness and clinical outcomes in primary health care.

Long-Term Outcomes
Contribute to the Institute for Health Care Improvements (IHI) Triple Aim: improving the individual experience of care, health of populations, and reducing the per capita cost of care.

External/Environmental Factors: (facility issues, economics, public health, politics, community resources, or laws and regulations)
- Economics, laws and regulations not recognizing OT in primary care settings (e.g. lack of payment/insurance, inclusion/exclusion in care coverage).
- Public health support for preventative, and health & wellness interventions possible through OT.
### APPENDIX C – Course & Module Outline

<table>
<thead>
<tr>
<th>General Content</th>
<th>Example Activities</th>
</tr>
</thead>
</table>
| **Module 1: Introduction & What** | • Read AOTA’s position paper on OTPC  
• View video recording from AOTA President Amy Jo Lamb, OTD, OTR/L endorsing occupational therapy in primary care  
• Identify personal learning goals  
• Create and practice “elevator speech” defining OTPC; post on discussion board  
• Knowledge quiz  
• Post questions/responses on discussion board |
| • Group Introduction  
• Establish professional social connection with group colleagues  
• Expand understanding of current health care needs related to primary care  
• Reflect on personal OT skills and strengths  
• Gain general understanding occupational therapy in primary care (OTPC) |  
| **Module 2: Why** | • View video recording from AOTA Director of Legislative Advocacy Heather Parsons highlighting healthcare climate and need  
• Research and read current literature on the role of OTPC in health reform  
• Knowledge quiz  
• Post questions/responses on discussion board |
| • Increase understanding of healthcare systems and funding related to OTPC  
• Understand historical roles of emerging areas of practice for the occupational therapy profession  
• Identify local opportunity for primary care OT |  
| **Module 3: Where** | • View video recording from current OTPC practitioner Sherry Muir  
• Read 2+ current articles on OTPC  
• Present applicable research article to class on discussion board, and |
<table>
<thead>
<tr>
<th><strong>General Content</strong></th>
<th><strong>Example Activities</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Module 4:</strong> How</td>
<td>respond to others</td>
</tr>
<tr>
<td></td>
<td>• Knowledge quiz</td>
</tr>
<tr>
<td></td>
<td>• Post questions/ responses on discussion board</td>
</tr>
<tr>
<td>• Present marketing template and key-definition resource.</td>
<td>• Interview professional, community member or primary care stakeholder on their perspective of need and OT capabilities. Present experience on discussion board and respond to others.</td>
</tr>
<tr>
<td>• Educate on marketing principles to targeted audiences</td>
<td>• Knowledge quiz</td>
</tr>
<tr>
<td>• Problem-solve and identify areas of education to communicate to stakeholders</td>
<td>• Post questions/ responses on discussion board</td>
</tr>
<tr>
<td><strong>Module 5:</strong> Summary &amp; Application</td>
<td><strong>Module 5:</strong> Summary &amp; Application</td>
</tr>
<tr>
<td>• Summarizes course content</td>
<td>• Create text for marketing template to promote OTPC based on gathered information. Post on discussion board, and respond to others.</td>
</tr>
<tr>
<td>• Establishes ongoing support</td>
<td>• Interview community member about their primary care experience and practice identifying OTs role in their healthcare experience.</td>
</tr>
<tr>
<td>• Provides resources for continued education, and implementation</td>
<td>• Review personal learning goals.</td>
</tr>
<tr>
<td>• Encourage participation in AOTA primary care community, submitting new information on primary care OT and pursuing the practice area</td>
<td>• Final course evaluation materials.</td>
</tr>
<tr>
<td>• Reflect on progress and self-efficacy.</td>
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</tbody>
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APPENDIX D – Module Examples

Module 1 Example

Module 1: Introduction & What

Lesson 1: Introduction

Objectives

- Summarize features of primary care practice.
- Understand the general concept of occupational therapy in primary care.
- Reflect on perspective of occupational therapy and practice experience.

Readings


Additional Resources:


Introduction

Welcome to Occupational Therapy in Primary Care: What, Why, Where, & How? In this online course, you will explore evidence-based literature, hear from leaders paving the way for occupational therapy in primary care, interact with peers in your course group, and practice skills to take an active role in promoting occupational therapy in primary care. The goals of the course are for you to:

- Increase knowledge of occupational therapy’s role in primary care
• Develop the ability to promote occupational therapy to primary care stakeholders
• Utilize resources from evidence-based literature to establish occupational therapy in primary care.

A vital component of this course is interaction with your course group. Your peers in this group are other occupational therapists from around the nation who are interested in occupational therapy in primary care. With a variety of backgrounds, you all will have clinical experiences and perspectives that will enrich the material. You are encouraged to develop relationships, ask provocative questions, and brainstorm solutions together. You and your peers are a part of a larger network of occupational therapists engaged in developing, promoting and implementing occupational therapy in primary care.

Content

Q&A Box

What is occupational therapy?

Potential Answer: Within the American Occupational Therapy Association’s (AOTA) Occupational Therapy Practice Framework (3rd edition), occupational therapy is defined “as the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of enhancing or enabling participation in roles, habits, and routines in home, school, workplace, community, and other settings.”

Q&A Box

How do you currently practice occupational therapy?

Potential Answer: [Varies for participant]

Written Content

The need for occupational therapy in primary care was first identified by thought leader Elizabeth B. Devereaux, MSW, ACSW, OTR/L, FAOTA and Robert B. Walker, MD in 1995. Devereaux & Walker (1995) summarized the health care climate of the time, identified need and potential for practice in primary care. In the following decade, there was little traction in implementing occupational therapy in primary care. However, it was not until 2014 that AOTA released an official position paper asserting that “occupational therapy practitioners are well prepared to contribute to interprofessional care teams addressing the primary
care needs of the individuals across the lifespan, particularly people living with one or more chronic conditions” (p.1) This potential area of occupational therapy practice was identified in response to the current health care climate and the lack of specifically trained professionals on primary health care teams to address occupational development, adaptation, prevention and management. Without occupational therapists to address these needs, there is a continued gap between primary care physicians and the social determinants of health, potentially creating barriers to wellness for individuals and populations. Occupational therapists’ comprehensive education and training from prevention to intervention within the framework of human development can enhance primary care services (American Occupational Therapy Association, 2014a; Killian et al., 2015; Lamb & Metzler, 2014).

Figure 1.1.: What is primary care?

<table>
<thead>
<tr>
<th>Defining Primary Care</th>
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<tbody>
<tr>
<td>Address a large majority of personal health care needs</td>
</tr>
<tr>
<td>Whole person orientation</td>
</tr>
<tr>
<td>Provide coordinated and integrated care</td>
</tr>
</tbody>
</table>

Primary care is defined as “the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community” (Metzler et al., 2012; Patient protection and affordable care act, 2010).

Video

AOTA President Amy Jo Lamb, OTD, OTR/L endorsing occupational therapy in primary care, and encouraging participants to engage in promoting the emerging area of practice.
Written Content

There is not a clear understanding of occupational therapy in primary care by the majority of occupational therapists and primary care providers. This course will provide descriptions and examples of the roles, goals and scope of practicing occupational therapy in primary care. Current practice settings will be discussed in Module 3: Where. These will include example systems of reimbursement, however explicit instruction on funding in primary are beyond the scope of this course.

Activity

Create 1–3 goals for yourself related to this course. These goals are meant as a guide for you as you work through the course. For instance, what would you like to learn? What would you like to be able to do? What experience would you like to have? You are encouraged to seek information or experiences to help you meet these goals if they are not already provided in course content. You will revisit the goals at the end of the course.

Discussion Board

For your first post on the message board, introduce yourself to your peers and share why you are interested in occupational therapy in primary care. Read and respond to at least two peers.

Summary

In lesson one, you reviewed AOTA’s position paper and action items related to occupational therapy’s role in primary care to gain a general understanding of occupational therapy in primary care and next steps for the emerging area of practice. AOTA President Amy Jo Lamb, OTD, OTR/L shared her enthusiasm for this emerging area of practice. You also reflected on your understanding of occupational therapy, your current practice and created goals for yourself in this course. Next, you will begin a deeper exploration of What is occupational therapy in primary care?
Module 1: Introduction & What

Lesson 2: What

Objectives

• Create a brief explanation of occupational therapy in primary care.
• Differentiate between occupational therapy approaches in primary care compared to other settings.
• Understand the general impetus for introducing and implementing occupational therapy in primary care.

Readings

http://doi.org/10.5014/ajot.2010.663001

http://doi.org/10.5014/ajot.2012.665001

Additional resources:


http://doi.org/10.1111/1440-1630.12030

Introduction

In Lesson 2, you will explore the question What is occupational therapy in primary care? You will also learn about qualities of occupational therapists in primary care. Modules 2–5 will present more details about Why occupational
therapy in primary care is relevant and needed, Where it is currently practiced, and How to promote and engage in the efforts to implement it.

**Content**

**Written Content**

The evidence-based literature in lesson one facilitated your general understanding of occupational therapy in primary care. Some of the fundamental aspects of occupational therapy in primary care are displayed next

**Figure 1.2: Fundamentals of occupational therapy in primary care**

![Diagram](Image)

**Written Content**

It is important to note that occupational therapy in primary care is an emerging area of practice and does not refer to a particular physical setting. Practicing occupational therapy as part of interprofessional primary care health care is an approach to providing services. The approach is client-centered and addresses a large majority of personal health care needs for clients across the lifespan; chronic disease management and patient care coordination are a part of the interventions. Activity analysis and analysis of occupational performance are distinct skills of occupational therapists that can benefit clients with primary care
health issues. Primary care occupational therapy can be practiced in physicians’ offices, community health centers, private practices, and in clients’ homes. As more occupational therapists identify their current practice as primary care and others implement new services in primary care, the physical settings are likely to expand.

Primary care calls for occupational therapists to work as generalists, rather than exclusively with specialty populations. Occupational therapy practice in primary care expands the scope of assessments and interventions to encompass medical, behavioral and social determinants of health to engage in meaningful occupations. This framework of practice is fundamental to occupational therapy, and practicing as generalists fulfills the professions’ overarching domain, stated as “achieving health, well-being, and participation in life through engagement in occupation” (American Occupational Therapy Association, 2014a, p.52). The shift to understanding occupational therapists as generalists challenges the schema of practice for many practitioners whom have been working with specialty populations. Muir (2012) asserts that practicing in primary care is not a practice area suitable for all occupational therapists. This area of practice is a good fit for creative occupational therapists who can guide their practice with theories and evidence encompassing health and wellness behavior change for people across the lifespan.

Q&A Box

*How is being a “generalist” similar and different from your current occupational therapy practice?*

Potential Answer: [Varies for participant]

Video

Case study video of a client receiving primary care occupational therapy.

Q&A Box

*Identify how at least 4 of the fundamentals of occupational therapy in primary care were demonstrated in the video.*

Potential Answer: [Varies].

**Activity**

Utilize what you have learned so far to create an “elevator speech” articulating
occupational therapy in primary care in your own words. Practice verbalizing the elevator speech with a colleague, or friend.

An “elevator speech” is a brief description, approximately 30 seconds long (or 80–90 words). These questions may guide you: What is it? Who does it? Where is it practiced? With whom? Why is it important?

Discussion Board

*What is distinct about occupational therapy services in the context of primary care?*

Post your answer to this question on the discussion board. Read and respond to at least two peers.

You are encouraged to ask your peers additional questions pertaining to occupational therapy in primary care.

Summary

Lesson 2 highlighted details about occupational therapy in primary care and encouraged critical thinking about your experiences in relation to new material. You have the opportunity to interact with your peers on the discussion board and continue to establish relationships to enrich your learning experience.

Module 1 Knowledge Quiz

1. Which example might be part of a primary care occupational therapy intervention?
   a. Instruct preparatory activities, such as strengthening, to increase wrist range of motion for a pianist.
   b. **Activity analysis of a retired fisherman using their blood glucose testing tools.**
   c. Wound care for chronic bedsores for a wheelchair user.
   d. Training in use of an assistive communication device for a person who experienced multiple strokes.

2. How is the occupational therapy approach in primary care different from occupational therapy in sub-acute rehabilitation?
   a. Provide compensatory strategies for dressing.
   b. Collaborating with an interprofessional team.
   c. Working with clients with chronic disease.
   d. **Addressing self-management related to daily routines.**
3. Practicing as a *generalist* in primary care occupational therapy means:
   a. Identifying “chronic disease” as a general term for lifelong illness.
   b. **Addressing a wide variety of clients’ health and occupational needs across the lifespan.**
   c. Specializing in primary care as a practice area.
   d. Addressing the most general occupations such as ADLs and IADLs.
Module 1 Bibliography


Module 3 Example

Module 3: Where

Lesson 1: Settings

Objectives

- Analyze how occupational therapy in primary care is practiced in a variety of settings.
- Generate examples of where and with whom occupational therapy in primary care is practiced.
- Reflect on settings for occupational therapy in primary care in the United States, and internationally.

Readings


Additional Resources:


Introduction

Now that you have an understanding of what makes occupational therapy in primary care distinct, and why it is a valuable emerging area of practice to pursue, you will learn more about where it is practiced. Module 3 explores where occupational therapy is practiced in primary care, and what tools occupational therapists can use in this emerging practice area. Lesson one provides examples from current settings where it is currently practiced. You are encouraged to
critically analyze why occupational therapy in primary care is practiced in various physical settings. In Lesson 2, you will investigate relevant evidence-based literature appropriate for practice in primary care.

Content

Written Content

Occupational therapy in primary care is an emerging area of practice. Contrary to some assumptions, occupational therapy in primary care is not simply a physical setting. As you learned in Lesson 1, occupational therapy in primary care practice involves fundamental characteristics that differ from other areas of practice, such as addressing a large majority of primary health care needs and chronic disease management for people across the lifespan. Together, these fundamental characteristics create a structure for understanding and classifying practices as primary care or otherwise.

A parallel example can be the practice area of mental health. Although some may assume that occupational therapy in mental health only occurs in an inpatient hospital setting, it is also practiced in the context of community care and schools. Mental health is a practice area demonstrating a distinct approach to occupational therapy services in the same way that primary care is now being presented.

Figure 2.1: Emerging area of practice with many practice settings

Written Content

Occupational therapy in primary care is practiced in a variety of settings. Federal Qualified Health Centers (FQHC) associated with universities, such as University of Southern California and Saint Louis University, have occupational
therapy faculty and students who serve clients in their primary care clinics. In-home primary care teams include occupational therapists through the US Department of Veterans Affairs (VA) hospitals and through community-based non-profit programs. Other settings include public health, private practice, senior centers and physicians’ offices. Reimbursement for occupational therapy services will vary depending on setting.

It is important that in any setting, the occupational therapist is able to communicate effectively with the interprofessional team and have physical space for working with clients.

Next, you will view video examples of two practice settings: a Federally Qualified Health Center (FQHC) and in-home care with veterans at the VA. You are encouraged to reflect on how each example illustrates the fundamentals of occupational therapy in primary care, as described in Module 1.

Video 1

Sherry Muir, MOT, OTR/L, faculty at Saint Louis University and thought leader for occupational therapy in primary care discussing an example of primary care service delivery at a Federally Qualified Health Center (FQHC) associated with the university.

Video 2

Currently practicing primary care occupational therapists presenting a case study through in-home care with veterans at the VA.

Written Content

This course focuses on promoting occupational therapy in primary care in the United States, although other countries’ practices can inform the process. In your readings, you will see that Canada provides a comparable population to the United States. Over the last decade, the Canadian Association of Occupational Therapists (CAOT) has collected examples of current practices, collected efficacy research, and provided resources for occupational therapists in Canada to advocate for occupational therapy’s role on primary health care teams. Canada’s national health care model is different than that of the United States but the country provides examples of occupational therapists working in various primary care settings. In your readings you’ll see that settings include community health centers, family health teams, community agencies, public health, and private practices. New Zealand, Australia and the United Kingdom (UK) also have occupational therapists practicing in primary health care.
Q&A Box

Where is occupational therapy in primary care practiced?

Potential Answer: Occupational therapy for primary care is practiced in the community wherever clients’ various primary health care needs are addressed by an interprofessional team. Physical settings may include in the home, physician’s clinics, private practice and community health centers. It is practiced internationally- United States, Canada, New Zealand, Australia, UK.

Activity

Reflect on different settings and with whom occupational therapy in primary care may be beneficial (i.e. from pediatrics to older adult). Create a short list of how occupational therapists can serve caregivers in the primary care practice area.

Discussion Board

Is there a setting for primary care practice that interests you most? Why?

Post your answer to this question on the discussion board. Read and respond to at least two peers.

You are encouraged to ask your peers additional questions pertaining to occupational therapy in primary care.

Summary

In this lesson a distinction between occupational therapy in primary care being a practice area versus a physical setting was presented. You learned about services provided in different settings, and countries. Next, you will explore evidence supporting occupational therapy interventions in this practice area.
Module 3: Where

Lesson 2: Evidence

Objectives

- Summarize the value of evidence-based literature for an emerging practice area.
- Formulate a search question to gather evidence for occupational therapy in primary care.
- Analyze evidence relevant to occupational therapy in primary care.

Readings


Additional resources:


Introduction

In Lesson 2, you will learn how to create a question to find evidence for occupational therapy interventions and approaches in primary care. You will apply your skills and learn from research experiences of your peers.

Content

Written Content

Since occupational therapy in primary care is an emerging area of practice, it is important to communicate potential impact through evidence and
demonstrate value through evidence-based practice. As in all practice settings, it is important to gather evidence that is appropriate for the population. This process contributes to AOTA Primary Care Team’s action items to “Identify existing research and evidence supporting what OT can contribute to primary care delivery...” (AOTA, 2015).

Creating a PICO question is one way to guide your research. As displayed in Figure 2.2, search questions include the (P) person, (I) intervention, (C) comparison and (O) outcome relevant to the practice. For instance, a search question may be:

*For a primary care client living with obesity, is motivational interviewing effective for weight management to improve quality of life?*

Not all questions have a comparison. Search results may include various types of research comparisons, from which you will determine the most appropriate. Key words in this example were searched in GoogleScholar and yielded the article:


Figure 2.2: Formulating a Search Question using PICO
The next step in the search is to determine which studies are most appropriate for the primary care population and area of occupational therapy practice. This can be done by comparing populations, resources and/or timelines. There is a lack of specific research of occupational therapy for this practice area so, you will likely find articles from many different professions. If you practice in primary care in the future, gathering or creating research is an opportunity to contribute to developing and promoting the practice area.

Q&A Box

Create a PICO search question for the intervention presented in Lesson 1 video case study.

Potential Answer: [Dependent on video content.]

Activity

Write a brief description of a client that you have worked with recently in your occupational therapy practice.

Think about primary care needs of your client. Find and complete a brief review an applicable peer-reviewed research evidence article on a possible intervention working with your client in primary care.

Discussion Board

Discuss your experience searching for applicable research. Post a summary of your review along with a reference of the article you chose.

Post your answers on the discussion board. Read and respond to at least two peers.

You are encouraged to ask your peers additional questions pertaining to occupational therapy in primary care.

Summary

In this lesson, you learned the value of evidence-based practice for occupational therapy in primary care. In the next module, you will learn how to incorporate what you have learned about occupational therapy in primary care into communication with primary care stakeholders.
Module 3 Knowledge Quiz

1. How does an occupational therapy practice qualify as primary care?
   a. The occupational therapist focuses on health and wellness only.
   b. **The practice includes fundamental characteristics of occupational therapy in primary care.**
   c. The occupational therapist is on an interprofessional team with a physician.
   d. The occupational therapy practice occurs in the context of community.

2. Why is there a lack of evidence-based literature specifically focused on occupational therapy interventions and effectiveness in primary care?
   a. Researchers are not interested in long-term outcomes.
   b. **It is an emerging area of practice.**
   c. It is difficult to maintain participants for primary care research.
   d. Efficacy and effectiveness is irrelevant in this type of setting.

3. According to Sherry Muir, what is “intrusionary OT”?
   a. **Demonstrating occupational therapy’s value by practicing alongside a primary care practitioner (PCP).**
   b. Demonstrating the value of occupational therapy in primary care by consulting with nurses on workplace ergonomics.
   c. Intruding on interprofessional team meeting to share occupational therapy’s perspective of patients’ needs.
   d. Explaining the value of occupational therapy in primary care through lectures to primary care practitioners and students.
Module 3 Bibliography


APPENDIX E – Evaluation Material Examples

The following are examples of questions related to the targeted outcomes as discussed in Chapter 4: Evaluation Plan.

Effectiveness of Media

How would you rate the effectiveness of the following media for teaching the current state of primary care OT practice?

How would you rate the effectiveness of the following media for teaching primary care OT populations and needs?

How would you rate the effectiveness of the following media for teaching how to promote primary care OT?

How would you rate the effectiveness of the following media for answering your questions about primary care OT?

Indicate your answer by clicking in the appropriate box.

<table>
<thead>
<tr>
<th></th>
<th>Very Effective</th>
<th>Somewhat Effective</th>
<th>Slightly Effective</th>
<th>Not at all Effective</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Videos</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written Explanations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question &amp; Answer Exercises (Knowledge quizzes)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussion Assignments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please explain your answers:
**Satisfaction**

How would you rate your satisfaction with the following media for teaching this course?

*Indicate your answer by clicking in the appropriate box.*

<table>
<thead>
<tr>
<th></th>
<th>Extremely Satisfied</th>
<th>Somewhat Satisfied</th>
<th>Slightly Satisfied</th>
<th>Slightly Dissatisfied</th>
<th>Somewhat Dissatisfied</th>
<th>Extremely Dissatisfied</th>
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</thead>
<tbody>
<tr>
<td>Videos</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Written Explanations</td>
<td></td>
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<tr>
<td>Question &amp; Answer Exercises (Knowledge quizzes)</td>
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<tr>
<td>Discussion Assignments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Please explain your answers:*
**Feedback**

How did this course compare to your expectations in the following areas?

*Indicate your answer by clicking in the appropriate box.*

<table>
<thead>
<tr>
<th></th>
<th>Exceeded expectations</th>
<th>Met expectations</th>
<th>Nearly met expectations</th>
<th>Did not meet expectations</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of educational material</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connecting with colleagues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Answering questions about occupational therapy in primary care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time commitment to complete course</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Please explain your answers:*
Open-ended Questions

- What did you like the most about the course? Please explain.
- What did you like least about the course? Please explain.
- Would you recommend this course? If so, to whom? Please explain.
- If you completed the optional activity to create learning and skill-building goals in the beginning of the course, please review your progress. Did you meet your goals? Why or why not?
**Self-efficacy**

Please rate how certain you are that you can do the things described below by writing the applicable number. Your answers will be kept confidential and will not be identified by name.

_Rate your degree of confidence by recording a number from 0 to 100 using the scale given below:_

<table>
<thead>
<tr>
<th>0</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>40</th>
<th>50</th>
<th>60</th>
<th>70</th>
<th>80</th>
<th>90</th>
<th>100</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Cannot do at all</em></td>
<td><em>Moderately can do</em></td>
<td><em>Highly certain can do</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| <strong>I can describe occupational therapy’s role in primary care.</strong> |
| <strong>Confidence (0–100)</strong> |
| <strong>I can provide an example intervention in a primary care setting.</strong> |
| <strong>I can have an informed conversation about occupational therapy in primary care.</strong> |
| <strong>I can identify and find resources for practice in occupational therapy in primary care.</strong> |
| <strong>I can promote occupational therapy in primary care.</strong> |
| <strong>I can comfortably describe occupational therapy’s role in primary care to primary care stakeholders.</strong> |</p>
<table>
<thead>
<tr>
<th>Budget Item</th>
<th>Details</th>
<th>Rate</th>
<th>Cost Year 1</th>
<th>Cost Year 2</th>
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<tr>
<td><strong>Development</strong></td>
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<tr>
<td>Course Development &amp; Revision</td>
<td>Flat rate for author</td>
<td>$6,400.00</td>
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<td></td>
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<td><strong>Evaluation</strong></td>
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<td>Incentives</td>
<td>AOTA CE credit, Certificate</td>
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<td><strong>Implementation</strong></td>
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<td>creation</td>
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<td>Targeted email marketing</td>
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<td>Secure Data Storage</td>
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<td>$20/month</td>
<td>$84.00</td>
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<tr>
<td>Software (SPSS, CAQDAS)</td>
<td>Accessed via university services</td>
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<td>$</td>
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<tr>
<td><strong>Total</strong></td>
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### APPENDIX G – Funding Options

<table>
<thead>
<tr>
<th>Potential Funding Option</th>
<th>Application</th>
</tr>
</thead>
</table>
| U.S. Dept. of Health & Human Services Health Resources and Services Administration (HRSA) Primary Care Training and Enhancement (PCTE) | • Applied for via AOTA as a public entity able to carry out training for occupational therapists as primary care providers  
• Occupational therapy has a vital role in primary care services to all individuals, considering social determinants of health and access to services for the underserved |
| “The Primary Care Training and Enhancement program aims to strengthen the primary care workforce by supporting enhanced training for future primary care clinicians, teachers, and researchers and promoting primary care practice in rural and underserved areas.”  |
| U.S. Dept. of Health & Human Services Agency for Healthcare Research & Quality (AHRQ) Grants meeting research priorities | • Course is intended as direct education for occupational therapy providers that are clinically appropriate for providing primary care services, and value the intended outcomes of improved quality of life for all  
• Course is vital to including occupational therapy in primary health care teams as a cost-effective and efficient provider with the ACA to meet the Triple Aim |
| “The AHRQ mission is to produce evidence to make health care safer, higher quality, more accessible, equitable and affordable, and to work with HHS and other partners to make sure that the evidence is understood and used.”  
“Interventions to improve performance…it is the provider or system that implements interventions to increase efficiency, while maintaining or improving affordability, quality, equity, and access, and reducing disparities…”  |
<p>| National Science Foundation Directorate for Social, Behavioral &amp; Economic Sciences Cyberlearning and Future Learning Technologies | • Outcome results from participants can inform efficacy of online learning about conceptual and concrete information for this population of clinicians and consequently inform future design in online learning. |
| “The purpose…is to integrate opportunities offered by emerging technologies with advances in what is known about how people learn to advance three interconnected thrusts: Innovation…Advancing understanding of how people learn in technology-rich learning environments…Promoting broad use and transferability of new genres…” |</p>
<table>
<thead>
<tr>
<th>Potential Funding Option</th>
<th>Application</th>
</tr>
</thead>
</table>
| Alfred P. Sloan Foundation | - Supports asynchronous (online) learning  
- Development of program to support education to occupational therapists to impact health of individuals and populations at the primary point of accessing health care, with the overarching goal to improve health and quality of life  
- Research on effectiveness of program for educating clinical professional/occupational therapists |
| Crowdfunding  
Indiegogo | - Crowdfunding platform can demonstrate stakeholder interest and support for the concept of this online course  
- Identify prospective participants, and market the course before the launch  
- Indiegogo allows for “Perks,” or incentives, to be provided to supports. Perks will be considered based on funding goals and access to resources |
APPENDIX H – Executive Summary

Background

The United States health care system, especially primary care services, have been in an active state of change over the last decade. There has been an increase in aging adults with multiple chronic conditions such as arthritis, heart disease and diabetes, and an increase in services needed for children living with chronic conditions requiring access to varying levels of health care services and medical technology (Dennis et al., 2015) (Gerteis et al., 2014; Kuo et al., 2015b; Vogeli et al., 2007). Within implementation of PL 111–148, the Patient Protection and Affordable Care Act of 2010 (ACA), interprofessional primary care teams are called to address these individual and population needs. Primary health care is defined as “the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community” (Metzler et al., 2012; Patient protection and affordable care act, 2010).

Even as interprofessional primary care teams aim to manage a large majority of health needs, these teams often lack the skilled professionals necessary to address function in daily life. Occupational therapy’s distinct value as experts in evaluation and intervention for health-related occupational development, adaptation, prevention and management can address this problem. The American Occupational Therapy Association (AOTA) asserts that “occupational therapy practitioners are well prepared to contribute to interprofessional care teams addressing the primary care needs of the individuals across
the lifespan, particularly people living with one or more chronic conditions” (p.1). For example, an occupational therapist may help a person newly diagnosed with prediabetes to create health routines around nutrition (i.e. sugar consumption) and medication management. For the greater population, occupational therapy in primary care can contribute to meeting the Institute for Healthcare Improvement’s (IHI) Triple Aim to improve the individual experience of care, improve the health of populations, and reduce the per capita cost of care (Arbesman et al., 2014; Berwick et al., 2008).

Occupational therapy literature has identified the need and fit for occupational therapy practice in primary care yet, it is not an established practice setting (AOTA, 2014b; Canadian Association of Occupational Therapists, 2013; Devereaux & Walker, 1995; Donnelly, Leclair, Wener, Hand, & Letts, 2016; Metzler et al., 2012; Muir, 2012). Continued education and additional tools are necessary in order for occupational therapists to increase their knowledge of the profession’s role in primary care, increase self-efficacy in promoting occupational therapy to stakeholders, and increase self-efficacy to utilize resources for research and establishing occupational therapy in primary care settings. The proposed online course Occupational Therapy in Primary Care: What, Why, Where, & How? is specifically targeted to occupational therapists to addresses these outcomes.

Historical Review and Theoretical Framework

A literature review was conducted to identify key features comparing the progression of implementing occupational therapy in primary care in the United States and Canada. In both countries, the need for occupational therapy in primary care was
identified to fulfill health care needs, and the national occupational therapy associations created position statements encouraging continued education and promotion of occupational therapy in primary care (American Occupational Therapy Association, 2014b; Canadian Association of Occupational Therapists, 2013). The Canadian Association of Occupational Therapists (CAOT) wrote their first position statement on occupational therapy in primary care in 1996, compared to 2014 for the United States, respectively (Canadian Association of Occupational Therapists, 1996). Canadian occupational therapists have readily available guiding materials and promotion tools to support engagement in this emerging area of practice; and, have conducted surveys to learn more about current practices in primary care (Canadian Association of Occupational Therapists, 2013; C. A. Donnelly et al., 2014, 2016; Letts, 2011; McColl, 2008b). CAOT’s approach to support development of guiding materials for education and promotion to progress occupational therapy in primary care demonstrates the feasibility of this proposed online course impacting occupational therapy and primary care services in the United States.

Diffusion of innovations theory (DOI) and Adult learning theory (ALT) informs the development and dissemination of *Occupational Therapy in Primary Care: What, Why, Where, & How?* DOI is a framework to understand factors leading to creation of an innovative idea, such as primary care, and factors impacting understanding, acceptance, and implementation of the innovative idea. This is referred to as the innovation-decision process. Tenants of DOI are considered through analysis of historical evidence and during course development. For instance, the format, language and sources used to
present course materials will influence participants’ perception of the content and impact their likelihood of acceptance and implementation of occupational therapy in primary care. Additionally, DOI asserts that diffusion of an innovation occurs within a social network (Rogers, 2003). The course will emphasize the opportunities to connect with colleagues in each group and learn from thought leaders. Adult learning theory (ALT), or andragogy, informs development of the activities in the course. According to ALT adult learners: (1) are self-directed (2) need to understand why they are learning (3) are self-motivated to learn (4) learn through problem-solving (5) learn when the topic is timely, and (6) learn experientially (Henry, 2011; Keesee, 2011). Each assumption will be utilized as a teaching tool in the development of course content. For example, participants’ experience will be highlighted by activities to illustrate how their current skills are related to occupational therapy practice in primary care settings; and, activities will create opportunities for participants to problem-solve and apply new knowledge.

Program Overview

The online course Occupational Therapy in Primary Care: What, Why, Where, & How? will be developed to educate occupational therapists about occupational therapy’s role in primary care and provide marketing templates for promoting the profession. The course will be developed and evaluated as a soft launch in Phase 1: Course Development, and formally launched in Phase 2: Implementation.

Phase 1: Course Development

Phase 1 is a soft launch of the online course and is intended to contribute to course development. A convenient sample of approximately 10 participants will complete
the course during the soft launch. Participants include occupational therapists, professionals in online education, and primary care health professionals who have experience working with occupational therapists in primary care settings. After completion of the course, participants will provide qualitative and quantitative feedback through surveys and a focus group. The feedback will be used to improve the course before it is available to the public. The soft launch will be measured by a formative and descriptive evaluation. The goal is to gather data to improve content, accessibility, participant satisfaction and measurement methods.

Phase 2: Implementation

Phase 2 is the formal launch of Occupational Therapy in Primary Care: What, Why, Where, & How? The online course will be developed utilizing evidence-based literature on occupational therapy practice and outcomes applicable to primary care, evaluation outcomes from Phase 1, and the theoretical guidelines for adult education and the diffusion of innovations theory. The 5-week course will be offered through AOTA’s online continuing education platform four times per year during fall and spring academic semesters, consecutively. Participants are self-selected AOTA member or non-member occupational therapists. Each group will be composed of ten participants. The course consists of five modules, each corresponding to questions in the title: What, Why, Where, & How? The last module summarizes information learned, facilitates continued networking with group participants, and encourages practice of new skills to promote occupational therapy in primary care. Outcome evaluation will measure the course outputs and short-term outcomes, and inform ongoing updates and improvements to the
course. Course outputs are: number of participants in the course, and number of participants who identify as working in primary care or are planning to pursue occupational therapy in primary care. Short-term outcomes are:

- Knowledge of professions’ role in primary care.
- Self-efficacy in promoting occupational therapy to primary care stakeholders.
- Self-efficacy to utilize resources from the evidence-based literature to establish occupational therapy in primary care.

The formal launch of the course will be disseminated to potential participants such as occupational therapy practitioners who may want to expand their current practice or re-direct services to a primary care setting, recent occupational therapy graduate students beginning their careers, and employers who may be interested in sponsoring staff to enrich their practice resources. Consistent messaging during dissemination will contribute to a shared understanding of the course goals and implications, within the occupational therapy profession as a social network. Key messages for course dissemination are as follows:

1. This course provides the only comprehensive multimedia resource of current literature and practices in the emerging area of occupational therapy in primary care.

2. This course will help participants learn more about occupational therapy in primary care and improve their confidence in talking about occupational therapy’s distinct value in this emerging practice area.
3. This course is theory-driven, evidence-based and created in collaboration with leaders in AOTA and practitioners in primary care settings.

4. Course content is designed for motivated and self-directed problem-solvers who want to be at the forefront of occupational therapy practice in primary care.

**Conclusion**

The online course, *Occupational Therapy in Primary Care: What, Why, Where, & How?*, is an important tool in the process of incorporating occupational therapy in interprofessional primary care teams. The course provides education and resources to empower occupational therapists to adopt this emerging area of practice as acceptable and feasible. Consequently, occupational therapy professional networks can then continue to grow, collect evidence and examples of practice in primary care. This will contribute to advocacy outside of occupational therapy, and diffusion across other professions. Accordingly, an increase in occupational therapists in primary care is likely to result in improved client outcomes. Occupational therapists will provide what is often missing from primary health care teams by addressing function in daily life through occupational development, adaptation, prevention and management. The long term implications on the health of populations will be improved health and wellness, satisfaction with health services, and reduce the cost of care. In a large and evolving health care system, this course provides specific tools to jumpstart occupational therapy professionals to expanding practice into primary health care and positively impacting the health of individuals and populations across the lifespan.
References


APPENDIX I – Fact Sheet

Online Course to Expand Occupational Therapy Practice: Education and Implementation of Occupational Therapy in Primary Care

Nicole Villegas, MS, OTR/L, Doctoral Candidate

Primary health care is in a state of change. Poor management of chronic health conditions contributes to unsustainable spending. Occupational therapy (OT) in primary care can address occupational development, adaptation, prevention and management across the lifespan. Long term outcomes will enhance the Institute for Health Care Improvements’ (IHI) Triple Aim: improving the individual experience of care, improving the health of populations, and reducing the per capita cost of care.

<table>
<thead>
<tr>
<th>Fundamentals of OT in Primary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address a large majority of personal health care needs</td>
</tr>
<tr>
<td>Whole person orientation</td>
</tr>
<tr>
<td>Provide coordinated and integrated care</td>
</tr>
</tbody>
</table>

“Occupational therapy practitioners are well prepared to contribute to interprofessional care teams addressing the primary care needs of the individuals across the lifespan, particularly people living with one or more chronic conditions.” (AOTA, 2014, p.1)

The American Occupational Therapy Association (AOTA) and Canadian Association of Occupational Therapists (CAOT) have progressed through identifying a need for OT in primary care and now tools to promote implementation are necessary.

Online Course

Occupational therapy in Primary Care: What, Why, Where, & How?

Online, multimedia course created in collaboration with AOTA.

Development & Evaluation
- Evidence-based
- Theory-driven: Adult Learning Theory & Diffusion of Innovations (DOI)

### Outcomes
- Knowledge of professions’ role in primary care.
- Self-efficacy in promoting OT to primary care
- Self-efficacy in utilizing resources for research and establishing OT in primary care

### Tools to Implement
- Comprehensive resource
- Guides
- Marketing materials
- Professional social network

### Participants
- Occupational Therapists interested or working in primary care
- 10 per course group
- Duration
- Five-week course
- Four times per year during fall and spring semesters, consecutively.
### Course Outline

Module 1: Introduction & What
Module 2: Why
Module 3: Where
Module 4: How
Module 5: Application

### Course Features

Multi-media, evidence-based, and theory driven online education
- Adult Learning Theory and DOI guides course content
- Knowledge quizzes
- Discussion board
- Literature Review
- Videos
- Thought Leaders’ involvement

Marketing templates to promote to the stakeholders of primary care occupational therapy

Stakeholders: primary care providers, staff, managers, agencies, health care organizations, and legislatures

---

**References**


BIBLIOGRAPHY


Therapists.


CURRICULUM VITAE

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9/2016

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1/2015

B.S.
University of California, Davis, Davis, CA 95616
Major: Bachelor of Science, Human Development
6/2011

CREDENTIALS

2015 to date
Registered Occupational Therapist by the National Board for Certification in Occupational Therapy (NBCOT)

LICENSED

2015 to date
Licensed Occupational Therapist, State of Oregon

POSITIONS HELD

2015 to date
Occupational Therapist
Our House, Neighborhood Housing & Care Program
Primary care occupational therapist providing in-home evaluation, intervention and discharge services for adults living with HIV and co-occurring chronic mental health and physical conditions. Provide occupation-based interventions on an interprofessional team to facilitate engagement and independence in client-centered goals.
SOCIETY MEMBERSHIPS

American Occupational Therapy Association (AOTA)
Occupational Therapy Association of Oregon (OTAO)

PRESENTATIONS
