Culminating Capstone Project: Development of an Experiential Learning Framework for Graduate Occupational Therapy Students

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Abstract

The following capstone project was completed within an educational setting, consisting of education and program development focus areas. The objective was to construct a framework outlining standards and protocols required to implement an experiential learning program. The experiential learning framework would be adaptable to ensure efficacy among various intervention courses. Entry-level doctor of occupational therapy students at Nova Southeastern University were surveyed and identified a desire for experiential learning. Experiential learning for occupational therapy students improved evaluation skills, critical thinking, and inductive and deductive reasoning (Coker, 2009; Doucet & Seale, 2012). Furthermore, experiential learning for occupational therapy students improved student understanding of interprofessional relationships and roles, leaderships skills, and advocacy skills (Rogers et al., 2017). However, barriers to implementing experiential learning include poor university and local clinic partnerships (Knecht-Sabres, 2013), liability concerns (Doucet & Seale, 2012; Knecht-Sabres, 2013), inadequate client transportation services (Doucet & Seale, 2012: Knecht-Sabres, 2013), and overburdened faculty responsibilities (Knecht-Sabres, 2013; Rogers et al., 2017). An experiential learning framework was developed to incorporate benefits identified by the literature and methods to circumvent previously identified challenges were included.

Introduction to Capstone Project

My Doctoral Capstone Experience (DCE) was completed in an educational setting at Nova Southeastern University (NSU) Tampa Bay Regional Campus within the Doctor of Occupational Therapy (OTD) program. The DCE was completed under the mentorship of Dr. Thomas Decker, OTD, OTR/L, an OTD faculty member. Dr. Decker has served as an OTD faculty member since 2015 with well over 20 years of clinical experience. The original Accreditation Council for Occupational Therapy Education (ACOTE) focus areas were administration and program policy development with the objective of providing students opportunities to provide occupational therapy (OT) services to members of the local community. Unfortunately, the original objective was severely disrupted by the COVID-19 pandemic. As such, ACOTE focus areas were adjusted to education and program policy development. The objective was adjusted to designing a framework outlining standards and protocols during implementation of experiential learning opportunities. A significant amount of focus was directed towards completing the framework, even though ACOTE focus areas were split between education and program policy development. Experiential learning opportunities are defined as OTD students providing OT services for local community members, which amalgamate within the three intervention courses. The intervention courses include Occupational Therapy Interventions I (Mental Health), Occupational Therapy Interventions II (Pediatrics), and Occupational Therapy Interventions III (Physical Disabilities). An effective experiential framework incorporating necessary concerns and documents would streamline implementation for faculty instructors, thereby limiting their burdens and responsibilities.

The capstone project was completed alongside fellow student Melanie Mariani, whose objective was to develop documents for students during implementation of the experiential

framework. The documents included population specific clinical reasoning forms, a decision tree, and various legal forms. Combined, our objectives established a framework and provided necessary documents and procedures to implement an experiential learning experience for students. An ancillary objective was assisting Dr. Decker with his various roles and responsibilities, including assisting in Occupational and Contextual Analysis (OTD 8142), Occupational Therapy Interventions III (OTD 8273), the class of 2022 research group, and the class of 2023 research group. The population served during my DCE were students. Tasks within OTD 8273 were split with Melanie Mariani and other tasks were distributed between two lab assistants, Dr. Amanda Pignon and Dr. Kaye Rubio.

Literature Review

Background

The purpose of Level II Fieldwork is to develop entry-level generalist occupational therapists (ACOTE, 2018). ACOTE states that occupational therapy (OT) programs must ensure graduates achieve entry-level competency through didactic, fieldwork (FW) experiences, and capstone education. Development of clinical reasoning and problem-solving abilities is an integral concept in producing entry-level competent clinicians. Developing these skills are important as Fieldwork Educators reported that students without those skills failed their Level II FW rotation (James & Musselman, 2006). Experiential learning opportunities improve clinical reasoning skills of OT students required during these rotations (Coker, 2009; Doucet & Seale, 2012; Knecht-Sabres, 2013). Experiential learning supports learning through experience as subject matter is connected through meaningful experience and understanding of material (Giles et al., 2014). The literature review will identify common benefits of experiential learning opportunities to enhance student learning. Themes include improved overall clinical skills, understanding of the interprofessional experience, and improved client outcomes. Experiential learning opportunities benefit student learning and improve their preparation in becoming entry-level clinicians. However, an important consideration is the learning style preferences before discussing these advantages.

According to Menix (1996), there are three domains of learning, which include psychomotor, affective, and cognitive domains. The psychomotor domain consists of learning through physical action, the affective domain consists of emotional response and attentiveness, and the cognitive domain involves intelligence and executive functioning. Learning objectives emphasizing the affective domain focus on improving student empathy, self-awareness, caring,

and self-perception skills. Objectives within the cognitive domain result in improving student clinical reasoning, critical thinking, and therapeutic communication skills (Menix, 1996). Utilizing the psychomotor domain improves student learned skills and self-confidence, which is a consequence from its interrelatedness with the cognitive domain. These domains are not categorical or mutually exclusive, rather, they are interdependent throughout the learning and reasoning process (Menix, 1996).

The domains of learning closely aligns with learning styles defined by the Kolb Learning Style Inventory (KLSI). The KLSI categorizes learning styles as converger, diverger, assimilator, and accommodator (Brown et al., 2008). First year OT students (N = 218) were surveyed to identify student learning styles. Results indicated that first year OT students preferred diverging and converging learning styles. A converger is a practical self-sufficient learner who rarely seeks clarification from other students, while a diverger views material from multiple perspectives and creatively (Brown et al., 2008). OT students were found to prefer kinesthetic learning opportunities through active experimentation and abstract conceptualization of concepts through experiential learning. Importantly, Brown et al. (2008) emphasized all learning styles should be integrated within the curriculum in an ebb and flow manner, without dominance of one learning style over another.

Improved Clinical Reasoning Skills

The most consistent benefit of an experiential learning opportunity is improvement of clinical reasoning skills. For the purposes of this literature review, it consists of synthesizing clinical scenarios, clinical judgment, and other facets of the OT process. Masters of OT (MOT) students (N = 25) participated in a weeklong, experiential learning opportunity on constraint induced movement therapy for children with cerebral palsy (Coker, 2009). Results indicated

students improved their clinical reasoning skills related to clinical protocols, generating hypotheses, intervention strategies, decision making, and judgment. Additionally, OT students became more accepting of uncertainty and ambiguity, which is important when practicing in an ambiguous field dependent on inconsistent client factors. Students also improved their ability to synthesize clinical scenarios, client evaluations, and ability to make sound clinical judgments (Coker, 2009).

Similar results were found by Doucet and Seale (2012). Second-year MOT students (N = 52) provided one-year of services to individuals recovering post-cerebrovascular accident (CVA), who had exhausted their benefits or were uninsured. MOT students conducted evaluations and interventions under supervision of licensed faculty at a Student Run Free Clinic (SRFC). Sessions lasted three hours a day with OT and physical therapy (PT) students sharing time with clients equally. OT students utilized a biomechanical frame of reference focusing on improving upper extremity function and independence with activities of daily living (Doucet & Seale, 2012). Students strongly agreed that the SRFC enhanced their ability to understand and treat clients post-CVA, while enhancing their inductive and deductive reasoning skills. Students valued the clinic as it increased their understanding of intervention strategies, added to their curriculum, and overall education (Doucet & Seale, 2012). Coker (2009) and Doucet and Seale (2012) further substantiated findings that learning experiences using the psychomotor domain is feasible and improves student learned skills and self-confidence.

Lie et al. (2016), found experiential learning opportunities improve other clinical reasoning skills within OT students. A focus group was conducted following experiential learning after participating in a SRFC of multiple professions (OT, PT, pharmacy, and physician assistant). Each profession provided care for underserved and uninsured populations with

unidentified diagnoses. Disciplines were placed into groups and each group cared for one to four clients with team huddles before and after each client (Lie et al., 2016). A major theme was an increase in student clinical reasoning skills. Authors found self-improvement of clinical skills, which included interviewing, examining, teaching, and collaborating with clients and other professionals. Zylstra et al. (2020) corroborated these results as OT students were found to improve ability in providing compensatory services and managing OT services in legal and ethical ways.

Knecht-Sabres (2013) also found self-reported improved clinical reasoning skills of OT students following an experiential learning experience. MOT students (N = 36) evaluated and provided OT services to older adults living within the local community while supervised by licensed faculty members. MOT students were in their last two terms of didactic education within their curriculum. Clients were seen three to four times over three to five weeks for one-to-four-hour sessions (Knecht-Sabres, 2013). Students reflected and discussed their experience with the supervisor at the end of each treatment. Qualitative data showed that all students reported improvement on clinical skills and abilities, which include client-centered assessments, goal writing, intervention planning, occupation-based treatment, and therapeutic use of self ($p < .05$). The experiential learning program enhanced student perception of their ability to perform or provide OT services (Knecht-Sabres, 2013). Twenty-five percent of student scores remained even though they perceived improved performance. Four themes to growth and development were found, which are improved ability to provide client-centered practice, increased confidence, improved clinical reasoning, and appreciation for the interaction between person, task, and environment (Knecht-Sabres, 2013). Results emphasized use of the affective domain, which produced more focused outcomes on improved empathy, self-awareness, caring, and self-

perception (Menix, 1996). Knecht-Sabres (2013) data illustrated that the study accentuated aspects within the affective domain because OT students were found to demonstrate self-awareness.

Improved Understanding of the Interprofessional Experience

Multiple studies reported improved clinical reasoning skills and clinical preparedness of students following participation in an interprofessional experience (IPE). Rogers et al. (2017) explored OTs role amongst different health professions within a SRFC. Multiple disciplines include audiology, behavioral health, medicine, nursing, OT, PT, physician assistant, social work, and speech-language pathologist. Groupings consisted of one OT student, one OT supervisor, and other health care professional students (Rogers et al., 2017). Licensed OT instructors guided the OT students (N = 11) during delivery of the OT process. Each student completed more than three semesters of curriculum covering foundations, conditions, biomechanics, psychosocial, behavioral, and client engagement and communication. OT students provided health screenings, lifestyle management, and community health resources (Rogers et al., 2017). Weekly treatment sessions were conducted for clients who were homeless. The most frequent service provided was to mitigate upper extremity pain, disease management, stress, and depression. OT students reported improved knowledge of the health care team, understanding of interprofessional roles, leadership skills, and learning to advocate for OT and education within the first year of involvement (Rogers et al., 2017). These findings were supported by Lie et al. (2016), which indicated that an IPE improved recognition of roles and cohesion amongst team-based care. The various disciplines of OT, PT, pharmacy, and physician assistant reported being most surprised of the benefits of occupational therapy. Students reported learning most about the OT profession out of all interdisciplinary professions,, specifically, it’s practice and approach to

client care (Lie et al., 2016). The OT students reported improved comfortability working with client populations, understanding of interprofessional relationships and roles, improved leadership skills, and advocacy skills (Lie et al., 2016).

Client Benefits of Experiential Learning Opportunities

Majority of literature focuses on the benefits of experiential learning for students. However, these experiences also benefit clients. Clients have reported improved current level of function (Doucet & Seale, 2012), functional goals (Doherty et al., 2020), and overall experience (Lie et al., 2016). Additionally, clients reported a high quality of care, satisfaction with the care received, appreciated being heard, and stated SRFCs were adequately organized (Fröberg et al., 2018). Clients strongly agreed that students and supervisors were professional, helpful, and courteous during their experience (Doucet & Seale, 2012). A majority of clients, students, and supervisors strongly agreed that the clinic was well managed, and they improved their current level of function. Clients diagnosed with an acquired brain injury experienced meaningful change in functional goals when receiving OT services from the SRFC (Doherty et al., 2020). Positive results were found for clients on all outcome measures, with large effects on the Active Research Arm Test, Berg Balance Scale, and Canadian Occupational Performance Measure satisfaction and performance. Lastly, clients who are homeless receiving services within an IPE reported a positive health care experience (Lie et al., 2016). Conversely, students perceived health care experiences for clients as poor because treatment sessions ran longer than expected, leading to students feeling rushed. However, it did not decrease positive client perceptions of their experience. Unexpectedly, the IPE experiential program developed new, unforeseen interest amongst students seeking career paths working in underserved or uninsured populations (Lie et

al., 2016). Majority of students reported having a newly developed interest in working with underserved or uninsured populations following the IPE (Lie et al., 2016).

Barriers In Applying Experiential Learning

The literature found limitations with experiential learning programs despite the significant benefits. Administrators operating SRFCs reported difficulty in recruiting OT supervisory faculty members and OT students because of their previous obligations or busy schedule (Knecht-Sabres, 2013; Rogers et al., 2017). Another challenge is sustainability of staff, which is impaired when services are provided on weekends, during FW rotations, or sudden increased demands from semester curriculum. A cause of limited volunteers could be associated with inadequate partnerships with local communities. Knecht-Sabres (2013) illustrated that an insufficient university and local clinic partnership limited the number of clients willing to receive service. However, another important consideration within partnerships is whether clients have access to transportation. Knecht-Sabres (2013) circumvented this barrier by providing home-based services, which may not be advisable for some universities. However, Doucet and Seale (2012) limited the challenge by incorporating reliable transportation as an inclusion criterion within their study. Arguably, the most concerning limitation is liability. Providing OT services while covering accidents or injuries is a consistent concern in studies (Doucet & Seale, 2012; Knecht-Sabres, 2013).

Circumventing Barriers In Applying Experiential Learning

Results from the literature review indicated that experiential learning programs are beneficial for students. Literature illustrated improvement of clinical reasoning skills of OT students and increased comfortability of delivering the OT process (Coker, 2009; Doucet & Seale, 2012; Knecht-Sabres, 2013; Lie et al., 2016), improved understanding of interprofessional

roles (Lie et al., 2016; Rogers et al., 2017), and improved leadership and advocacy skills (Lie et al., 2016). However, experiential learning programs carry significant burdens and barriers hindering implementation and operation. Experiential programs and SRFCs incorporated useful strategies to limit barriers. First, and arguably most important, is development of a strong clinical community-university partnership to circumvent barriers. Program faculty and university staff can cultivate action-plans to circumvent transportation barriers by providing funding or assisting with grant applications or consultation with the legal department to limit liability. Strong university and clinical community partnership may provide access to licensed OTs to supervise experiential programs, thereby limiting faculty burnout. Local licensed OTs may also be compensated with continuing education units, if possible. A strong university and clinic relationship may provide a steady stream of prospective clients from the community who are private pay or exhausted their insurance benefits. Further, incorporating students for support can decrease faculty burdens and responsibilities. For example, senior cohort members may supervise or instruct young cohorts on intricacies of an experiential learning program while under supervision of a licensed OT faculty member (Doherty et al., 2020). If development of strong clinical community and university partnerships is improbable, then demonstrating university support of experiential learning within program departments can improve outcomes. Additionally, timing of experiential learning within the curriculum is an important consideration as students completed all didactic curriculum or all level I experiences. Incorporating these strategies can guide programs into developing an experiential learning framework.

Conclusion

In conclusion, common themes of experiential learning opportunities were identified and found to significantly benefit student learning. Experiential learning has been shown to improve

clinical reasoning, understanding of leadership roles, development of leadership and advocating skills, and cohesion within team-based care. Application of experiential learning comes with significant barriers and logistics, preventing integration within student learning. However, proper planning and positive clinical community and university relationships can circumvent barriers to promote and develop entry-level clinicians.

Needs Assessment

My DCE focuses on creating a framework to increase opportunities for experiential learning within the three intervention courses. The intent is to utilize this framework to assist instructors and students with circumventing intricacies surrounding an experiential learning opportunity, with the hope it will utilized when developing a SRFC. It was essential to explore whether students would be amenable to assist in implementing and coordinating an experiential learning opportunity before developing a framework. The experiential learning opportunity would be embedded within the intervention curriculum and involve providing OT services to local community members near the NSU Tampa Bay Regional campus. Past and present OTD students were electronically surveyed to identify their perspectives and level of involvement. A 13-question, five-point Likert scale survey was distributed amongst participants in December 2020 for two months (see Appendix A). Survey respondents (N = 43) included cohorts 2018-2023, with greater response from cohorts 2020 and 2021. A significant majority of students showed interest in providing OT services to local NSU Tampa community members while on campus. However, students were undecided whether this should occur between institutes or during institutes. Additionally, student responses were undecided as to whether students should be held responsible in procuring prospective clients from the local NSU Tampa community. A significant majority of students believed the responsibility was a feasible task for OTD faculty members. Meanwhile, a significant majority believed that an experiential learning opportunity involving real clients would have better prepared them for their level II FW rotation.

It was necessary to discern OTD faculty perspectives after attaining student perspectives. On January 4, 2021, a focus group was conducted to explore barriers, solutions, and alternatives in providing students with an experiential learning opportunity involving with hopes to transition

it towards a SRFC. Participants were OTD faculty members, adjuncts, lab assistants, department director, and program chair. Some adjuncts and lab assistants were previous OTD students but did not participate in the survey. Participants identified multiple barriers in operating a SRFC on campus and providing an experiential learning opportunity. Barriers include learning inequity amongst students, liability for prospective clients, attaining professor constructed objectives for the learning experience, and creating unnecessary competition amongst local OT clinics. Another identified barrier is the feasibility in acquiring prospective clients from the community, which is a consistent limitation to SRFCs (Doherty et al., 2020; Doucet & Seale, 2012; Knecht-Sabres, 2013; Rogers et al., 2017). The most common objection is the vast faculty responsibilities, which limit their ability to procure clients. Being able to contact, plan, coordinate, schedule, and engage in reciprocal communication with prospective clients would be difficult for faculty and students. Nonetheless, past and present OTD students reported being interested in experiential learning opportunities with real clients within the local community. Although, the majority reported procuring clients was an unattainable task.

Experiential learning opportunities provide significant benefits for students. Students engaging in an experiential learning opportunity were found to improve evaluation skills, critical thinking, and inductive and deductive reasoning (Coker, 2009; Doucet & Seale, 2012). Students reported improved self-perception of clinical ability, clinical reasoning, and understanding of the delivery of OT services (Knecht-Sabres, 2013). Students engaging in a SRFC were able to improve client functional goals (Doherty et al., 2020). Also, students reported being more comfortable working with client populations, understanding of interprofessional relationships and roles, improved leaderships skills, and advocacy skills (Rogers et al., 2017). However, there are limitations, such as faculty lacking experience in supervising SRFCs (Fröberg et al., 2018),

limited university and local clinic partnerships (Knecht-Sabres, 2013), liability concerns (Doucet & Seale, 2012; Knecht-Sabres, 2013), inadequate client transportation services (Doucet & Seale, 2012: Knecht-Sabres, 2013), overburdened faculty responsibilities (Knecht-Sabres, 2013; Rogers et al., 2017), and difficulty recruiting students and clients to participate (Rogers et al., 2017).

Even though nearly 75% of NSU entry-level OTD students expressed interest in an experiential learning opportunity, there is significant limitations identified by faculty members. Following discussion with my capstone mentor and fellow collaborator, it was decided that creating a framework to assist faculty in implementing more experiential learning opportunities within their intervention curriculum. The framework would incorporate specific but overtly generalizable protocols, responsibilities, and tasks. The framework would be available for faculty members to utilize and adapt accordingly, while limiting unnecessary burdens. Multiple benefits have been identified in providing experiential learning within specific contexts, while also illustrating multiple barriers. The framework will include protocols and procedures in place to circumvent common barriers, such as limited client participation, transportation, and liability.

Goals and Objectives Achieved During the Capstone Project and Experience

The overarching DCE project goal was to design an experiential learning framework for future intervention courses. Supplementary goals pertained to designing the experiential learning framework or assisting with instructor responsibilities. Goals and accompanying objectives are outlined below.

- First Goal: Developing centralized resources containing standards, policies, and the protocols necessary to implement an experiential learning experience.
    - First Objective: Conduct a literature review on experiential learning programs to identify preferred practices and challenges.
    - Second Objective: Apply findings from the literature to develop an experiential learning framework.
- Second Goal: Develop procedures for obtaining referrals and advocating effectiveness of occupational therapy to local health care professionals.
    - First Objective: Develop an effective university and clinical community relationship. Developing effective partnerships with local communities was a significant factor for ensuring program success (Knecht-Sabres, 2013). The first step was to identify local clinics and establishments appropriate to contact and begin a partnership.
    - Second Objective: Provide detailed instruction on contacting sites, which includes a decision tree and timeline.
- Third Goal: Demonstrate proficiency in instructor responsibilities for OTD 8142 and OTD 8273. Responsibilities included leading online labs, developing student

activities, refining the syllabus, creating schedules, and managing the Canvas course shell.

- First Objective: Develop proficiency with the Canvas web platform. The first step was viewing instructional resources on developing module pages, assignments, announcements, and examinations.
- Second Objective: refine the syllabus, which required analyzing weekly objectives, due dates, weekly readings, and confirming interrelatedness of assignments and quizzes to the weekly topics. The 2021 winter semester was reduced by one week, requiring significant consolidation of assignments and syllabus refinement.

Synopsis of 16-Weeks

My capstone experience was divided amongst three phases. The first phase involved developing competency with the Canvas platform, which included releasing assignments, creating rubrics, modifying course pages, and comprehension of grading. Although, the immediate objective was to refine the OTD 8273 course syllabus. The semester was reduced by one week from the previous year, requiring redistribution and refinement of weekly material within the syllabus (see Appendix B). Furthermore, course material required analysis and identifying and correcting errors. For example, weekly guided reading questions were assessed for alignment with associated readings and errors were corrected. Also, phase one included creating two presentations. One presentation was disseminated for students in OTD 8142 to illustrate resourcefulness of contextual analysis during my level II fieldwork rotation in pediatrics (see Appendix B). The second presentation illustrated my level II fieldwork experience in acute care for students in OTD 8273 (see Appendix B).

The second phase involved managing the Canvas course shell, grading assignments, and designing various institute activities. Phase two objectives were manageable tasks, which required less attention. Working on these objectives allowed additional time spent on developing the experiential framework. However, designing various institute activities was difficult, which required intense analysis, repetitive revisions, and collaboration with Dr. Decker to ensure feasibility.

The third phase involved designing a weeklong in-person Skills Camp. The Skills Camp conceptualized content disseminated earlier in the semester and introduced new content. Daily activities would build upon each other, leading to the last day with a formal assessment of student competency. Daily activities required significant organization, planning, and development to ensure student preparation for fieldwork rotations. Skills Camp objectives and expectations were distributed within Canvas to ensure student readiness (see Appendix C). A detailed schedule was developed for instructors outlining daily objectives, instructor responsibilities, planned activities, and group rotations (see Appendix C). The schedule built upon an outline provided by Dr. Decker and included student competency in splinting, physical agent modalities, transferring, wheelchair assembly, hoist competency, and commonly used assessments.

The objective of Monday was gaining entry-level competency from students. Students were educated on Tuesday on splinting and physical agent modalities while also introduced to various assessments within the adult population. Wednesday and Thursday were reserved for fast-paced, multi-station mock clinical activities to assess student competency (see Appendix D). The Skills Camp objectives were met, as students achieved entry-level competency in preparation for fieldwork rotations. All students demonstrated competency in each daily learning

activity, which included transfers, physical agent modalities, splinting, and multi-station treatment scenarios. Further, all students earned a passing grade on their final cumulative skills camp practical.

Unexpected Experiences During the DCE

An unforeseen challenge was the considerable time and energy required to develop coordinated student activities. Activities were consistently refined to ensure success, leading to more time consumed for extraneous details. For example, a constructed Skills Camp activity containing excessive specificity or extraneous directions became impractical for students. Additionally, if activities required more time, then it led to more inaccuracies. For example, coordinating an hour discussion was feasible but a three-hour group activity required careful consideration. Dr. Decker provided constructive feedback to circumvent these challenges. The second unexpected challenge was identifying methods to effectively contribute to virtual meetings. My desire was to supplement discussions with fieldwork or educational anecdotes to demonstrate active participation and improve student understanding. Unfortunately, anecdotes impeded student learning and flow of discussion. Dr. Decker provided effective methods for me to improve student understanding, which required situational awareness and contributions intentionally.

Summary

Results

An experiential learning framework was designed following completion of my 16-week capstone experience (see Appendix E). Feedback was provided by Dr. Decker to ensure feasibility when implementing the framework. Furthermore, recommendations from the mental health and pediatric interventions faculty members, Dr. Mariana D'Amico and Dr. Gustavo Reinoso, respectively, were carefully considered and integrated within the framework. The experiential framework contains two parts, a domain and process. The domain illustrates considerations to develop a sustainable foundation and the process illustrates implementation recommendations. The capstone project was completed alongside fellow student Melanie Mariani, whose objective was to develop documents for students during implementation of the experiential framework. The documents included population specific clinical reasoning forms, a decision tree, and various legal forms.

Lessons Learned

One lesson learned during my DCE was the importance of the foundational courses. The OTD curriculum courses are layered, each building on the other to establish clinical reasoning and entry-level clinical competency. For example, a younger cohort was struggling to learn concepts from a foundation course, while an older cohort demonstrated concepts during multi-station scenarios at Skills Camp. A second lesson was adaptability amongst instructors. For example, Dr. Decker expressed the significance of research groups being student-centered. As a principal investigator, his research group was metaphorically traveling down a path towards an overtly identified destination. Dr. Decker traveled alongside them providing assistance without commandeering controls or altering course. As a course instructor, he would elaborate concepts

or provide challenges to ensure students arrive at their destination. A third lesson learned was the substantial responsibilities of faculty. Intervention courses were high credit courses requiring immense focus by faculty to refine the syllabus, develop assignments, align weekly readings, and incorporate student feedback from previous years. Assisting with instructor responsibilities for OTD 8273 was feasible, however, tasks were distributed between Melanie Mariani and lab assistants. Completing these tasks independently would be an overwhelming challenge.

Recommendations For Future Work

There are three recommendations for future capstone students or faculty members implementing or investigating the experiential framework. First and most importantly, a university and clinical community relationship must be developed. An experiential learning opportunity provides tremendous benefit for community members and student development (Knecht-Sabres, 2013). Implementing experiential learning by incorporating community members carries significant challenges manageable by development of a sustainable university and clinical community relationship. The second recommendation is establishing a faculty and clinical community member committee to discuss developing a symbiotic relationship amongst entities. The committee would assist in establishing and sustaining a successful university and clinical community relationship. The committee should include intervention faculty members, the NSU Academic Fieldwork Coordinator, local service-learning site representatives, local clinical Fieldwork Educators, and various community directors. Lastly, it is recommended all OTD students advocate for a university partnership in implementing an experiential learning opportunity. Students are encouraged to advocate to the department chair, program director, and even NSU president. Importantly, information must be concise, presented clearly and professionally. Successful advocation would ensure equitable ownership and administrative

support to eliminate infringement of achieving experiential learning objectives from internal institutional obstacles and various external obstacles.

Project Sustainability

A digital copy of the experiential framework was provided to Dr. Decker and intervention instructors, Dr. D'Amico and Dr. Reinoso. Also, permission was given to distribute the framework among other faculty members.

Appendix A: Student Survey Identifying Willingness of Experiential Learning

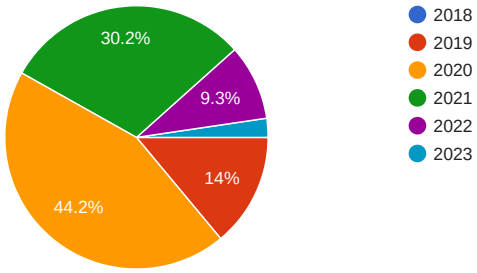
Capstone Survey

43 responses

Publish analytics

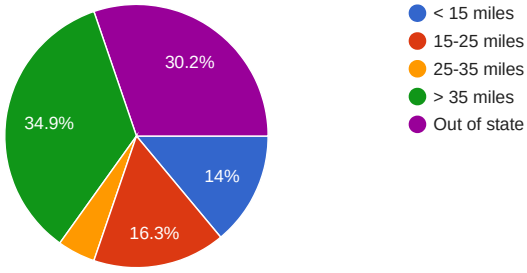
What class do you represent?

43 responses



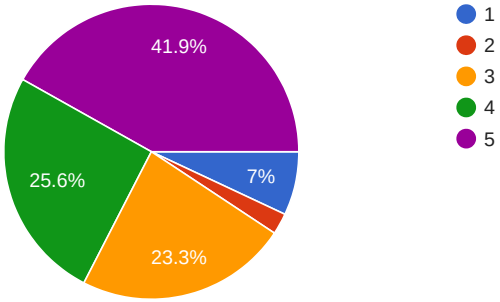
What is/was your estimated distance from campus?

43 responses



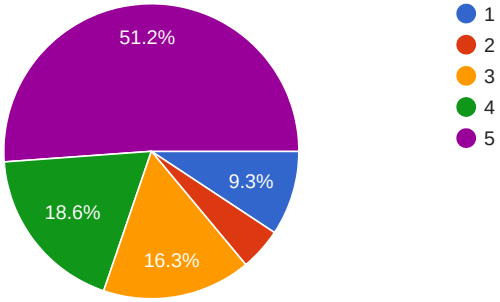
Would you, as a student past or present, be or been interested in: Providing OT services to affected community members on campus? (1= Not at all, 5 = Extremely)

43 responses



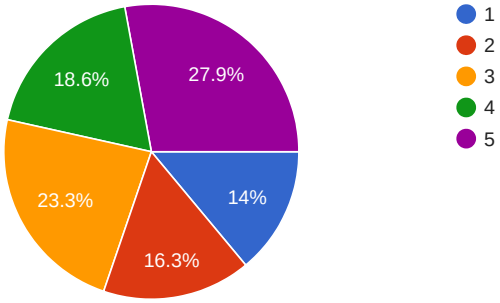
Would you, as a student past or present, be or been interested in: Providing OT services to affected community members on campus during institute? (1= Not at all, 5 = Extremely)

43 responses



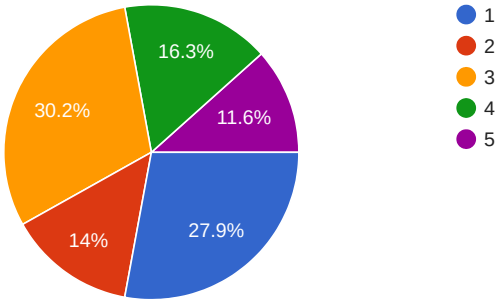
Would you, as a student past or present, be or been interested in: Providing OT services to affected community members on campus between institutes? (1= Not at all, 5 = Extremely)

43 responses



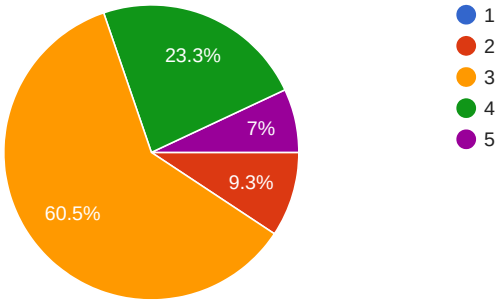
Would you, as a student past or present, be or been interested in: Being responsible to procure prospective clients from the community? (1= Not at all, 5 = Extremely)

43 responses



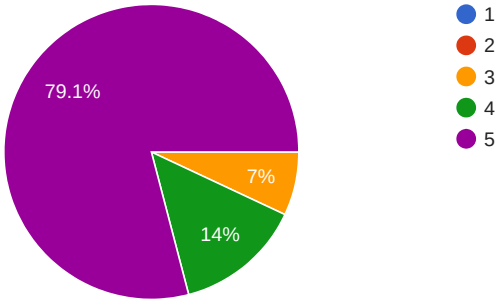
Do you believe, as a student: You were sufficiently prepared before your level II Fieldwork (FW) placements? (1= Not at all, 5 = Extremely)

43 responses



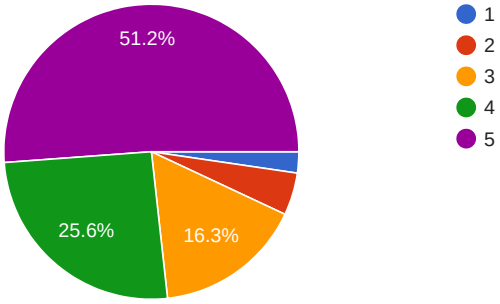
Do you believe, as a student: You would have been more prepared for your level II FW rotation if you were given hands-on experience in providing OT services (1= Not at all, 5 = Extremely)

43 responses



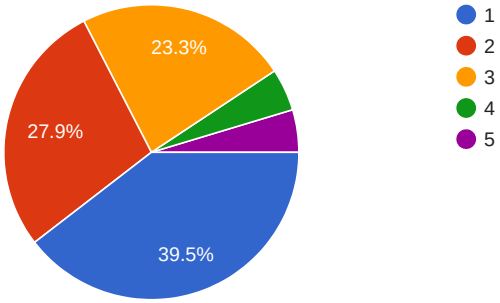
Do you believe, as a student: Collecting prospective clients from the community should be the responsibility of the OTD department? (1= Not at all, 5 = Extremely)

43 responses



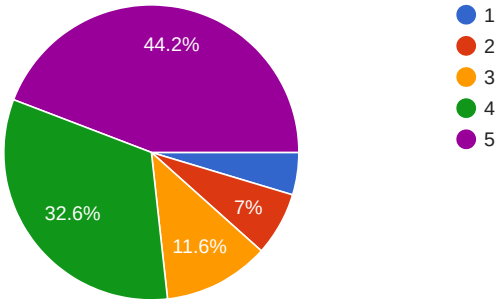
Do you believe, as a student: Collecting prospective clients from the community should be the responsibility of the OTD students? (1= Not at all, 5 = Extremely)

43 responses



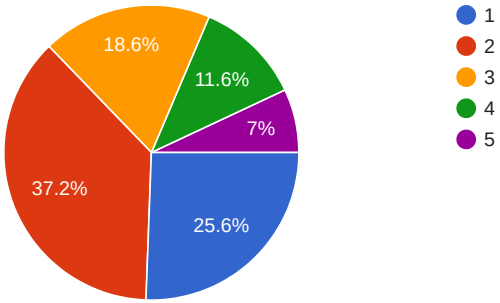
Do you believe, as a student: Collecting prospective clients from the community is a feasible task for OTD faculty? (1= Not at all, 5 = Extremely)

43 responses



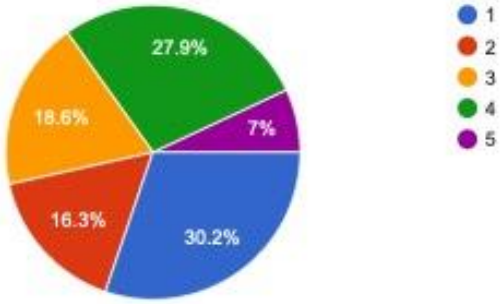
Do you believe, as a student: Collecting prospective clients from the community is a feasible task for students? (1= Not at all, 5 = Extremely)

43 responses



Do you believe, as a student: You have enough time to take on the responsibility of procuring clients? (1 = Not at all, 5 = Extremely)

43 responses



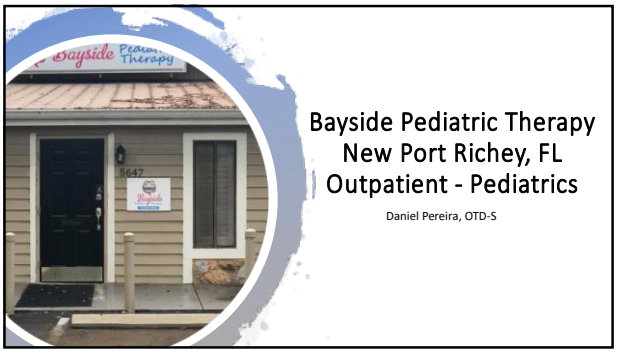
Appendix B: Documents Created Pertaining to OTD 8142 and OTD 8273

An excerpt from refining the OTD 8273 syllabus.

		▯ Documentation of OT services: Writing functional problem statements o Gateley: Ch 5	
4	1/25	▯ Evaluation of Muscle Strength o Pedretti: Ch 22 ▯ Joint ROM o Pedretti: Ch 21 ▯ SCI: OT role and treatment o Pedretti: Ch 36 ▯ Orthotics o Pedretti: Ch 30, pages 755-764 ▯ Disorders of the motor unit: OT role and treatment o Pedretti: Ch 37 ▯ Falls, Fear of Falling: o Pedretti, Ch 40 (page 1009) o Pedretti, Ch 11 (page 235) ▯ Documentation of OT services: Writing measurable OT goals o Gateley: Ch 6	-Discussion 2 -Assignment: Complete Gateley Worksheets 6-1, 6-2 & 6-3 (All due 1/31/21)

5	2/1	▯ The experience of disability o Karp: Ch 3 ▯ Evaluation and treatment for sensory dysfunction o Pedretti: Ch 23, Ch 29 pg 976-978 ▯ Evaluation of motor control & OT interventions o Pedretti: Ch 19 ▯ Therapeutic occupations, activities & exercise o Pedretti: Ch 29 ▯ Documentation of OT services: Writing the “S”-Subjective o Gateley: Ch 7	-Quiz 4 -Assignment: Complete Gateley Worksheets 7-1 & 7-2 (All due 2/7/21)
Institute 2: February 4-7			
Topics			**Assignments, Assessments & Activities**
▯ Evaluation and treatment for ADL dysfunction ▯ Assessment of and treatment for strength deficits ▯ Assessment of and treatment for ROM deficits ▯ Occupation-based functional motion assessment ▯ Assessment of and treatment for sensory deficits ▯ Assessment of and treatment for motor control deficits ▯ Therapeutic occupations, activities & exercise ▯ OT role for assessment and treatment for clients with SCI			-Lab activities -Exam 1 (1/29/21) -Lab Practical 1 (Due 1/31/21)
6	2/8	▯ Sexuality and physical dysfunction o Pedretti: Ch 12 o Karp: Ch 5 ▯ Introduction to splinting o Coppard: Ch 1 & 2 ▯ Documentation of OT services: Writing the “O”-Objective o Gateley: Ch 8	-Quiz 5 -Assignment: Complete Gateley Worksheets 8-1 through 8-4 (All due 2/14/21)

An excerpt from the OTD 8142 presentation on relevancy of contextual analysis during field work.



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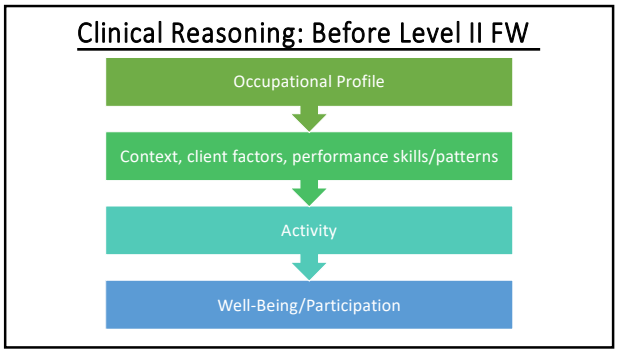

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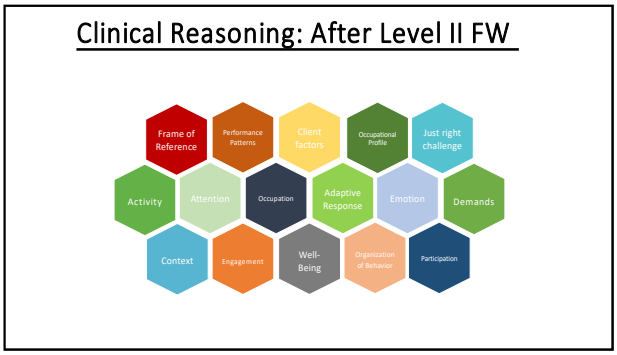

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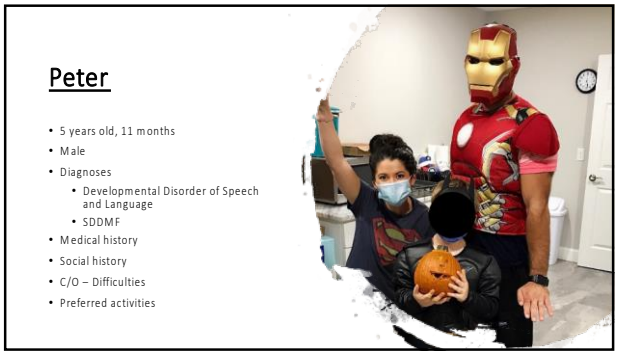

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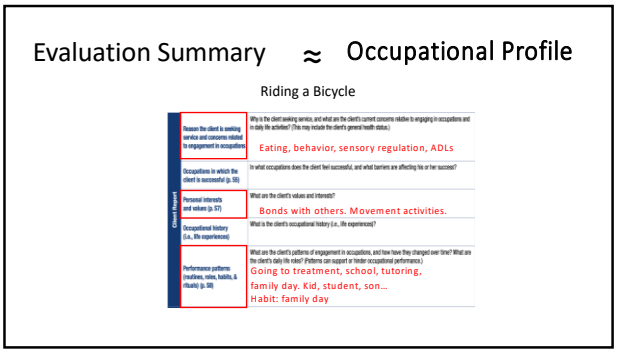

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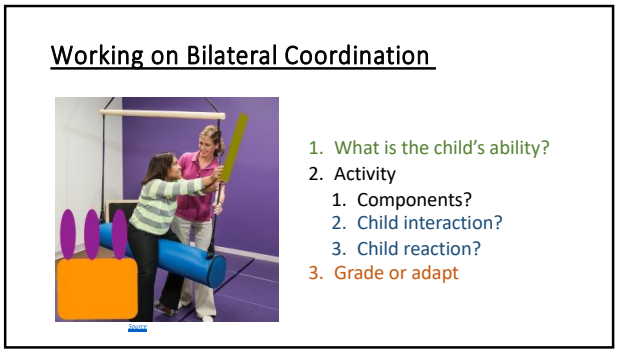

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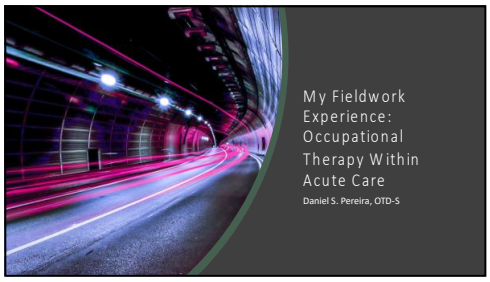
An excerpt from the OTD 8273 presentation on my level II acute care field work experience.



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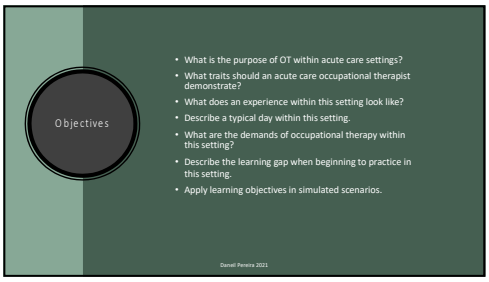

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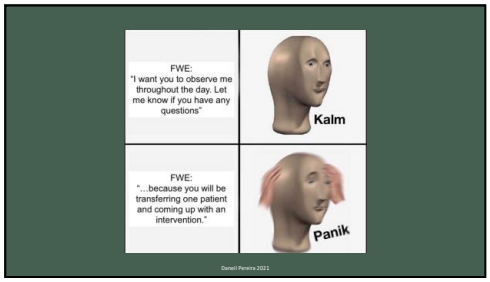

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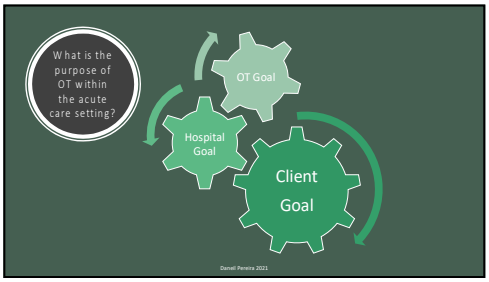

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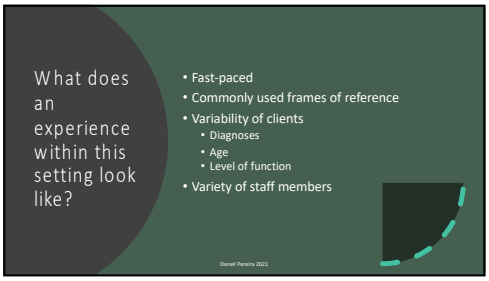

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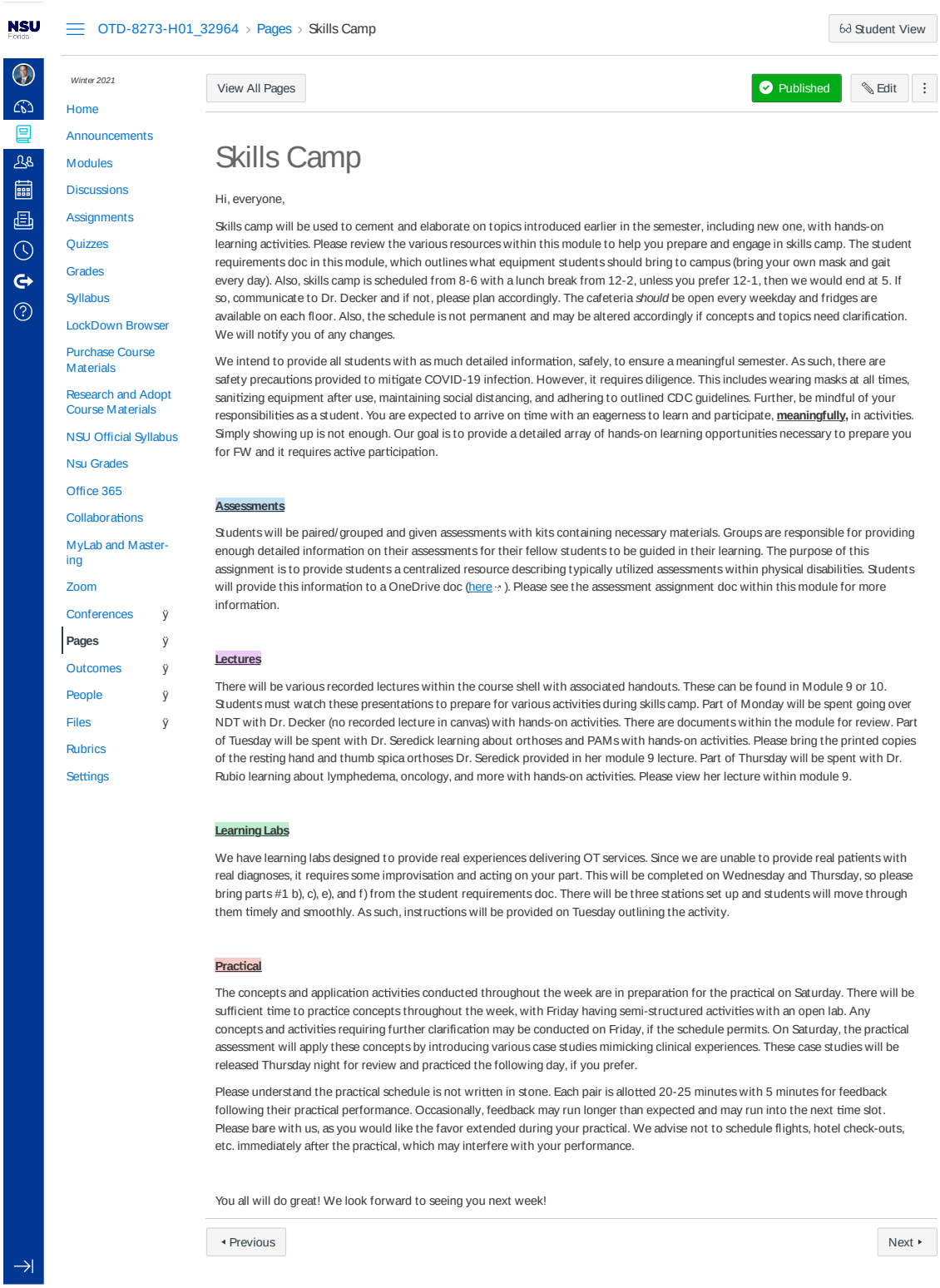
Appendix C: Pre-Skills Camp Constructed Documents

Skills Camp objectives and student expectations



An excerpt of the Skills Camp schedule

3/8 Monday

Goal
Obtain basic foundation and competency for movements and transfers

Room/Equipment Setup:
1255: sanitation wipes,
w/c, transfer boards
1306: sanitation wipes,
w/c, transfer boards

Instructor Roles
Both Rooms: Dr. Seredick: instructing on hand and finger measurement tools
1255:
Dr. Decker: instructing, critiquing, rotating to different rooms
M&D: clarifying, guiding use of equipment

1306:
Dr.'s Pignon & Rubio: instructing, guiding, and critiquing

Bio Break: individually for students, as needed
10 minute Break: at 10:00 am and 4 pm

Activities

Both Rooms Completing These Activities Concurrently (Except Hoyer/Bathroom Mob)

1) NDT Lab-Movement analysis (self-assessment) (muscle analysis during each movement)(see NDT doc)
    a) (1 hour)
    b) Like an activity analysis
    c) Know key points of control, perturbations in sitting, moving their points of control while sitting, giving individualized assessment with instruction, scapular mobility, posture awareness
2) Mobility
    a) Bed = H/L tables and mats
    b) Hospital bed
    c) Bathroom = students cycling (in pairs)
3) Transfers
    a) 1 hour
    b) Pain scale (ask about pain prior to transferring)
    c) With varying surfaces (w/c, 3-in-1, chairs, H/L tables)
4) WCs
    a) Setup throughout rooms
    b) Transfer boards
    c) Assembly
    d) 1 hour
5) Hand/finger Measurements & MMT
    a) Hand and finger ROM and grip testing
    b) Dr. Seredick leads
    c) Requires finger goniometer, dynamometer, tip pinch in both rooms
    d) (30 minutes)
6) Mobility
    a) Bedroom: Use mats
    b) Bathroom: Students cycling
7) Hoist competency
    a) Students cycling (in fours)
    b) Encourage patient safely, informing them of what is happening
8) BP
    a) ~ 15 minutes

**Note: 6 students cycling in/out of ADL lab, 4 for the hoist and 2 for the bathroom

Setup For Next Day
- Move hospital bed in 1306 to 1255
- Lay out all assessments in 1255
- Make sure someone comes in ~45 minutes early to turn on splinting pans
- Ensure 1254 is setup for activities (splinting, scissors, PAMs, towels, etc)
- TOWEL CLEANING CAN BE USED AS TX ACTIVITY FOR WED/THURS

Appendix D: Skills Camp Constructed Documents

An excerpt of the Skills Camp multi-station activity

Station	**Case Study**	**Student Instruction** Overall goal is to provide treatment; some options include assisting with dressing and/or bed mobility	**Instructor Role** (Advise students when they have 2 minutes remaining)	**Station Materials**
(1) Hospital Bed	Vincent **Goal:** assist with dressing and/or bed mobility	Station 1: Hospital Bed Client: You are Vincent. Demonstrate a client recovering from MVA. SXs include: ● NWB at R-LE ● Abdominal Pain ● Confusion ● Poor problem solving ● Mod A for UE dressing, eating, grooming ● Total A for LE dressing and toileting FW Simulation for Vincent: ● MVA ● NWB at R-LE ● Abdominal Pain ● Confusion ● Poor problem solving ● Mod A for UE dressing, eating, grooming ● Total A for LE dressing and toileting Complete ≥ 1 treatments	Students expectations ● Introduction: confirm patient name, identifying info, orientation , activity purpose ● Safety: body mechanics, bed alarm ● Bed: raising/lowering, managing bed rails and "lines" ● Using clear "first, then" directions ● UE dressing: correctly by assisting in all phases except the final step. Then complete again with assisting in all phases except the final two steps, and so on. The hemi-dressing technique can also be used If the students have time left, they should work on dressing	Student: bring their own clothes (button down shirt) and gait belt Station: "lines" or something to provide that sensation Sanitation: fresh sheet, Wipes, etc.
(2) Kitchen	DeAndre **Goal:** complete IADL activity with environmental modifications	Client: You are DeAndre. Demonstrate a client recovering from TBI with incomplete SCI at L4-L6. Wear your LV simulator #1 (?) and use a RW. SXs include: ● RS visual neglect ● Poor attention ● Poor visual perception ● Poor problem solving ● Poor standing tolerance OT: Work with DeAndre on putting away groceries while maintaining safety. Simulation for DeAndre: ● TBI with incomplete SCI at L4-L6 ● Uses a RW ● RS visual neglect ● Poor attention ● Poor visual perception ● Poor problem solving ● Poor standing tolerance Complete ≥ 1 treatments	Student expectations (groceries) ● Introduction (activity purpose) ● Safety ● Maintain position in RW ● Adaptations (providing a chair, proper placement of groceries (easier), list to locate objects, promoting scanning). Student expectations (dishes) ● Safety ● Encourage scanning outside of FOV ● Placing visual cues or anchors ● Writing out instruction ● Giving first, then instruction If the students have time left, have them work with him on washing dishes.	Student: gait belt, LV simulator glasses #1 Station: cans, boxes, gallons, etc....RW, pen/paper (anchor & labeling cabinets), tape, soap, sponge, dishes Sanitation: wipes, etc.

Appendix E: Experiential Framework

D. S. Pereira. (2021). Experiential Framework.

Nova Southeastern University

Entry-Level Doctor of Occupational Therapy Program

Experiential Learning Framework Operating Policy and Procedure

Daniel S. Pereira

Preface

This document is an adaptable framework benefiting intervention courses in bringing prospective clients to campus or guiding development of a pilot program providing occupational therapy services to local community members in partnership with various agencies. The framework may be read in its entirety or pp. 4-8 for the domain and pp. 10-21 for processes

Table of Contents

Domain

Intended Use and Purpose of Manual

This manual is intended to formatively guide students and assist faculty in the development of experiential learning opportunities. It outlines standards, protocols, and references in providing experiential learning, while layering over the already established guidelines developed by Nova Southeastern University (NSU) and the entry-level Doctor of Occupational Therapy (OTD) program at the Tampa Bay Regional Campus. The listed values, ethics, and standards below are not intended to supersede previously existing guidelines established by NSU and OTD program. Rather, it refines their focus through application of experiential learning opportunities for students. Additionally, students willing to participate in processes of procuring and facilitating clients for learning may hone their leadership, administrative, and advocating characteristics. Experiential learning opportunities provide significant benefits for students. Students engaging in an experiential learning opportunity were found to improve evaluation skills, critical thinking, and inductive and deductive reasoning (Coker, 2009; Doucet & Seale, 2012). Students reported improving self-perception of clinical ability, clinical reasoning, and understanding of the delivery of OT services (Knecht-Sabres, 2013). Students engaging in a Student Run Free Clinic (SRFC) were able to improve patient functional goals (Doherty, et al., 2020). Also, students reported improved comfortability working with patient populations, understanding of interprofessional relationships and roles, improved leadership skills, and advocacy skills (Rogers, et al., 2017).

The framework may also be utilized in future ventures to establish an on campus pro bono or pilot program focused on providing OT services to local community members. These opportunities include bringing prospective community members as clients to receive

occupational therapy (OT) services from licensed OTD faculty members. There are many intricate obstacles preventing the OTD program from establishing a Student Run Free Clinic (SRFC). As such, the current intent is to integrate the framework within intervention curriculums when providing hands-on learning experiences for students.

Experiential learning will be defined herein as learning opportunities provided to students by licensed faculty members to provide OT services to physically present clients in any setting through OTD curriculum. Directly providing OT services carries considerable obstacles, such as client liability, unnecessary competition amongst local OT clinics and hospitals, and feasibility of acquiring prospective clients from the local community. The framework authors understand these obstacles and provide alternative methods to circumvent implementation of experiential learning opportunities. However, as time progresses and more experiential learning opportunities occur, other obstacles may become identified. As such, appropriate users are welcome to add amendments to improve the overall objective of the framework, which is increasing experiential learning for students. The framework is recommended to be read from pp. 4-8, with pp. 9-20 providing more detailed information.

Values

Members involved in the experiential learning opportunity will abide by previously established values of NSU and the entry-level OTD program. These values of integrity, innovation, opportunity, diversity, and community (Nova Southeastern University [NSU], 2020a) must be followed and actively demonstrated throughout involvement of this venture. Further, the values established by the American Occupational Therapy Association must be demonstrated. These include altruism, equality, freedom, justice, dignity, truth, and prudence (American Occupational Therapy Association [AOTA], 2020). The values established by NSU,

the entry-level OTD program, and AOTA are utilized in conjunction during each process of the experiential learning opportunity. Students must abide and actively demonstrate these values in direct communication with clients, including in-direct communication and actions which possibly affect potential community members and clients.

Mission

To promote occupational participation, health, and well-being for all applicable individuals within the community while expanding upon intervention curriculum within the OTD program of NSU.

Vision

To produce outstanding future occupational therapy professionals within a collaborative, interdisciplinary environment which seeks to enhance community health across all areas of occupation.

Objectives

- To provide comprehensive occupational therapeutic services for community members
- To propagate lifelong learning in the continuous advancement of clinical reasoning
- To consistently promote access to local health services for community members
- To protect and promote community health and well being
- To work synchronously amongst local therapeutic services promoting community health

Ethics

Students working to develop and advance clinical reasoning and critical thinking while serving and promoting the betterment of community members are to uphold the core values of this program. By agreeing to provide this service, student body members agree to uphold the core values of this program. These core values closely align with those of the AOTA, which are

founded on principles of beneficence, nonmaleficence, autonomy, justice, veracity, and fidelity. These principles are not individually weighted or utilized in a sliding scale. Ultimately, these principles are constructed in a pyramidal shape, with each laying a foundation for another and weighted similarly as another. Students engaging in this experiential learning opportunity must demonstrate these principles at every step, which may involve direct or indirect communication with potential clients and community members.

Standards

Students engaging within the experiential learning program are expected to interact, collaborate, and practice professionally and therapeutically. Any behavior resulting in possibly endangering patient or student safety, damaging clinic and university relationships, interruption of student learning, or fracturing the objectives of the experiential learning program is prohibited. Students are expected to present themselves professionally, which includes and is not limited to respectful communication, dressing professionally, and engaging with fellow students and prospective patients professionally, respectfully, and intentionally. Further, time is a valuable and irreplaceable asset. Students must respect and protect patient, student, and faculty time. It is imperative students are adequately prepared when discussing and interacting with each individual involved.

The following outlines standards for students participating in the experiential learning program, which do not supersede those already established by NSU and OTD student handbooks. By engaging in this experiential learning opportunity, students are expected to:

- Protect and consistently be mindful of client and student safety in all aspects and contexts
- Demonstrate client-centeredness across the continuum of care and decision-making processes

- Uphold and abide by AOTA and NSU core values
- Demonstrate competent knowledge of conditions across the lifespan, including etiology, symptoms, treatments, and other important concepts
- Confidently, assuredly, and intentionally communicate the role of occupational therapy across the continuum of care
- Become an advocate for clients by facilitating and improving access to, performance of, and participation in meaningful occupations
- Demonstrate and progressively improve their clinical reasoning and therapeutic abilities across the continuum of care

Safety

Safety is the utmost important consideration during all aspects of the experiential learning program. The first consideration is always client safety. Students must evaluate and consider possible safety risks in clinical decision-making processes. This includes, but is not limited to, processes involved in procuring clients, communicating with clients, processes in clients coming to campus, and all processes involved when administering OT services. Additionally, safety of faculty, staff, students, and all individuals involved in the hands-on experience must be considered. If any of these individuals, especially the client, may be at risk of unsafe practices, then appropriate faculty and staff must be contacted. There are no justifications for negligence, absentmindedness, or oversight of safety protocols. Students must immediately contact supervisors, faculty, or fellow classmates when making decisions with any degree of uncertainty, which directly affects a client.

Process

Various Opportunities to Apply Experiential Learning

As stated, experiential learning has indicated significant benefits for OT students. However, they do not improve student development independently and require support by other learning methods. Nonetheless, the original intention of this framework was to incorporate experiential learning opportunities through a pilot program for OTD students who would be providing OT services under supervision of licensed OTD faculty members. The COVID-19 pandemic impeded that goal, leading to the development of these methods outlined below. The intention is for faculty and/or students to utilize this framework in a client-centered format by sculpting and manipulating it into various intervention courses.

Significant barriers limit the feasibility of launching a pilot program. As such, this section outlines various methods to provide an experiential learning opportunity by circumventing various barriers. The following options are designed by integrating various experiential opportunities within course curriculum. Further, involving students to coordinate an experiential learning opportunity provides additional benefits of an experiential learning opportunity, besides those previously discussed. It is recommended to involve reliable, assertive, and impassioned students (capstone or from another cohort) to assist in coordinating these opportunities. An important consideration is faculty workload. Providing this opportunity requires diligence and time. Faculty should not become overworked from this learning experience, which would require student involvement. It is recommended to follow the provided framework outlining steps for contacting prospective clients.

Dependent on NSU policy, there may be a need for COVID related restrictions/procedures related to educationally relevant clinical services.

Option A: 1:1 — Synchronous Student Observation (Lead Faculty : Client : Students).

The Lead Faculty and Client Liaison would coordinate a day and time for a client to receive services on campus. Client preferences would be discussed to determine whether they are comfortable being treated in front of students. Lead Faculty and Client Liaison would confirm the client understood session objectives before the scheduled date. The client will be advised, again, that the session will be recorded. Students, or, a limited number of students, may be present. Students would observe the Lead Faculty providing OT services to the client synchronously. Students would complete a course specific discussion post or instructor designed assignment.

Option B: 1:1 — Asynchronous Student Observation (Lead Faculty : Client).

The Lead Faculty and Client Liaison would coordinate a day and time for a client to receive services on campus. Lead Faculty and Client Liaison would confirm the client understood session objectives before the scheduled date. The client will be advised, again, that the session will be recorded. One student or additional faculty member may video record, whichever the client prefers. The Lead faculty would provide OT services to the client as one faculty or student video records the session. Students would complete a course specific discussion post or instructor designed assignment after watching the video.

Option C: 1 : ≥ 1 — Synchronous Instructor Observation with Student Involvement (Lead Faculty : Client : Students).

The Lead Faculty and Client Liaison would coordinate a day and time for a client to receive services on campus. Lead Faculty and Client Liaison would confirm the client understood session objectives before the scheduled date. The client will be advised, again, that the session will be recorded. A faculty member, lab assistant, or whoever appropriate will video

record the session. The Lead Faculty would introduce concepts or initiate the session by having students first observe and then provide appropriate intervention. Students would then alternate trying various interventions or concepts, whichever appropriate by Lead Faculty. Students would complete a course specific discussion post or instructor designed assignment after watching the video.

Option D: ≥ 1: ≥ 1 — Synchronous Instructor Observation with Multiple Student Involvement (Lead Faculty : Clients : Students).

The Lead Faculty and Client Liaison would coordinate a day and time for clients to receive services on campus. Lead Faculty and Client Liaison would confirm clients understood session objectives before the scheduled date. The clients will be advised, again, that the session will be recorded. A faculty member, lab assistant, or whoever appropriate will video record the session. The Lead Faculty would introduce concepts or initiate the session by having students first observe and then provide appropriate intervention for each client. Students would then be given an opportunity to provide a service to the client under guidance and supervision of the Lead Faculty. Students would complete a course specific discussion post or instructor designed assignment after watching the video.

Navigating Expected Obstacles

There are substantial obstacles for each Option, which include ideal institute dates, coordinating services, safety, student learning equity, and student involvement. Choosing the appropriate date during the semester institutes is difficult, regardless of Option. Choosing the last institute may interfere with lab practical and final exams, while choosing a middle institute date may have students feeling inept. The Lead Faculty may consider choosing a date during institute 3 as students may be proficient in course curriculum. In March 2021, OTD 8273 instructors

coordinated a weeklong Skills Camp for students to conceptualize and cement previous content, while introducing new ones. The content and activities were vital for students to comprehend and excel in OTD 8273 and their Fieldwork rotations. If instructors complete a Skills Camp in the future, then this framework and either Option would be vital for student learning.

Coordinating clients to receive services simultaneously with each other is a challenging task for Option 3 and 4 . As such, coordinating clients on different days is an alternative. For example, Client A receives service on Thursday and Client B receives service on Friday. Additionally, providing a safe and therapeutic environment for clients during Options 3 and 4 is difficult for the Lead Faculty. However, recruiting assistance from licensed faculty members, adjuncts, or lab assistants may circumvent this barrier. Lastly, another challenge is student learning equity and identifying student involvement during Option 3 and 4. Grouping students by available clients may be ideal, however, learning inequity amongst students may be a challenge. A student performing an assessment may receive a greater learning experience than a student coordinating the activities. If students communicate their experience and allow other students to learn each other's experience, then it may limit learning inequity.

Grouping students with different responsibilities may streamline the activity. For example, if there are six groups of students, each group may have different responsibilities. Group 1 would be in charge of greeting the client in the parking garage, guiding to the security desk for boarding protocol, and then leading to the clinic while informing them clearly of the agenda. Group 2 would be in charge of answering questions and/or clarifying intake forms (Past Medical History, HIPAA, Consent, Video Release, etc.). Group 3 would be in charge of completing appropriate assessments (Occupational Profile, TUGO, Berg, etc.). Group 4 would be in charge of scoring and interpreting assessment results. Group 5 would perform or guide

patients through specific interventions based on assessment results. Group 6 would compose a patient-centered home exercise plan and other recommendations. Students may collaborate to provide a comprehensive report to the client and associated clinic on objectives, completed activities, outcomes, and expectations.

If faculty chose either option, roles and responsibilities must be identified. As such, possible individual roles and responsibilities during each format are listed as follows:

- Lead Faculty: responsible for overseeing and guiding students on expectations and responsibilities.
- Community Prospector: responsible for contacting appropriate agencies to elaborate objectives and create partnerships to provide OT services to eligible clients. May require more than one student.
- Client Liaison: responsible for contacting clients to ensure comfortability and transparency regarding scheduling, planned activities, expectations, safety, objectives, etc. Client preferences must be communicated once entering campus (wheelchair preference or walker, if requested). The Client Liaison and Lead Faculty or additional faculty liaison will greet the client in the parking garage.
- Video Recorder: responsible for recording the session under the guidance of the lead faculty representative. Must confirm adequate storage capacity of device and secure storage location of recording as requested by Lead Faculty.
- Intake Form Distributor: responsible for providing appropriate intake forms for prospective clients as determined by Lead Faculty. May require explanation but must ensure documents are signed prior to session.

- Organizer: responsible for appropriately setting the room based on Lead Faculty's preferences. Includes but not limited to layout of chairs, equipment, facemasks, hand sanitizer, "do not disturb" sign on door, splinting material, adaptive equipment, etc.

Services Provided

The purpose of hands-on experience is to provide OT services to community members in need. The range of service provided includes, but is not limited to, all contexts that affect an individual's ability to achieve health, well-being, balance, participation, and occupational engagement. Each service will be grounded in occupation, backed by evidence-based practice and/or practice-based evidence, and under identifiable frames of references and/or theories. Services include evaluation, using standardized and non-standardized assessments, treatments using specific approaches or strategies to achieve the client's desired outcomes, and client-centered exercise programs.

Faculty, Student Members, Roles and Responsibilities

The board, faculty, and student members are integral assets in achieving objectives outlined within this manual. Faculty and student members may be consistent or rotated, if applicable. It is recommended to introduce younger cohorts to this experiential learning opportunity and assign them simplistic but monitored roles. Doherty et al., (2020) used a similar format in a SRFC, which allowed third year OTD students to supervise and mentor younger cohorts, which demonstrated significant client and student results. Similarly, introducing younger cohorts efficiently may streamline their preparedness as years progress. Outlined below are possible members positions, responsibilities, and role in targeting previously identified

objectives. Once positions are assigned members may delegate responsibility and organize a decision tree as barriers or complications arise. The positions are listed as follows:

- Lead Faculty Member – OTD faculty member responsible for overseeing and guiding students on expectations and responsibilities.
- Assistant to Lead Faculty Member – OTD faculty member, adjunct, or lab assist tasked with assisting the lead faculty member.
- Lead Student Member – OTD student serving as the direct liaison to the Lead and Assistant Lead Faculty members, who is tasked with coordinating all student responsibilities to achieve the overall objectives.
- Assistant to The Lead Student Member – OTD student serving as the assistant to the Lead student member, tasked with coordinating efforts of other individual students.
- Supplementary Student Members – Student roles listed within Various Opportunities to Apply Experiential Learning, which include but are not limited to, Community Prospector, Client Liaison, Video Recorder, Intake Form Distributor, and Organizer.

Roles and Responsibilities

Students are tasked with various responsibilities to lighten the burden for the Lead Faculty. These tasks include contacting various agencies, clinics, and centers to procure prospective community members, one individual to lead communication with prospective clients, intake form distribution, video recording, and clinic layout. These responsibilities are further elaborated in the previous section.

Outreach

The intent of this program is to partner with local community centers, therapeutic facilities, and hospitals to provide occupational therapy services for community members unable

to access such services. The experiential program intends to work with local agencies and businesses to provide occupational therapy services for community members ineligible for services. Our intention is to develop working relationships with organizations to identify eligible community members and reciprocally assist these organizations. The relationship must be collaborative and in accordance with their objectives and intentions. Contact may be initiated through fieldwork sites, fieldwork educators, and fieldwork coordinators. However, appropriate faculty members must be involved in every communication to uphold and protect established relationships with facilities.

Cold calling various agencies and clinics to procure clients appropriate for the experiential learning opportunity is ill-advised. Cold calling demeans the reputation of NSU, OTD department, and faculty members. Lead Faculty and students should instead construct a targeted approach in procuring clients. Possibly options include informing alumni, lab assistants, or adjunct the objective of the experiential program and to open a line of communication. Also, options include partnering with a range of companies, clinics, or facilities, which are outlined below. The main representative for each facility is listed. It is imperative members confirm with supervisors or lead faculty members before contacting these representatives. These representatives should be contacted intentionally and strategically to avoid damaging relationships. Members must consider the effect these sites have on fieldwork placements, which may impair future placements. The Lead Faculty and Lead Student member should meet with the NSU Tampa Bay Regional Campus Academic Fieldwork Coordinator to discuss whether these sites may be contacted. Also, to determine any other appropriate sites. Possible sites of contact are listed below, however more may be identified in the future.

Tampa General Hospital

1 Tampa General Cir, Tampa, FL 33606

Point of Contact: Melanie Trevisani

Email: XXXXXX

Boley Centers

445 31st Street N, St. Petersburg, FL 33713

Point of Contact: Marcy MacMath

Email: XXXXXX

Select Physical Therapy

Point of Contact: Laura Conway

Email: XXXXXX

Protocol

Procuring Prospective Clients

The following details methods to survey, procure, and manage prospective clients from facilities. As stated, “cold-calling” facilities and clinics is unwise. Instead, Lead Faculty and students should coordinate a targeted approach in procuring clients, which may include operating alongside the AFWC. The first step is generating a timeline outlining when specific steps should occur. If the Lead Faculty schedules the experiential learning opportunity during institute 4 of the winter schedule, then contacting various facilities should begin when winter semester opens, if not sooner. The Lead Faculty and Community Prospector should coordinate methods of

contact, email or telephone verbiage, and policy for following up on communication or requests. See Appendix C for more details.

Client Intake

All onboarding forms (HIPAA, Consent, etc.) should be delivered by the client's preferred method (electronically or mailed). Prospective clients receiving services from the experiential learning program should be provided client-centered services based on necessary continuum of care. For example, if a prospective client wishes to participate in only one session, then they should be provided with detailed client-centered occupation-based interventions and home exercise program. Results of evaluations and other pertinent information should be delivered via their preferred method of contact. All copies of forms must be provided to the client.

Campus Policy: Inviting Guests to Campus

The following outlines current NSU policies regarding guests visiting the Tampa Bay Regional Campus. Guests will be defined as individuals without direct association with or employment by NSU for the purpose of this experiential learning program. Additional time must be considered between the moment a guest arrives on campus, to the time the activity should begin. At least 30 minutes should be given. Additional time includes arrival, parking procedures, checking in with security, and traveling to the classroom. It is recommended that a student, faculty liaison, and/or faculty member wait in the parking garage for prospective clients to promote comfortability, organization, and accountability.

Guest Directions

Guests with smartphones, online access, or other devices providing geographical location information may obtain directions easily. However, students may need to provide directions for

those without these resources. If so, Appendix A outlines processes involved when providing directions for clients in a simplistic, organized fashion.

Campus Visitation Procedures

Students and faculty members procuring prospective clients and community members must be cognizant of NSU guest visitation policies. According to the NSU Regional Campus Safety Handbook, guests are granted access to the Tampa Bay Regional campus when using outlined guidelines (NSU, 2020b). Guidelines for guests 18 years of age and older are that they cannot inhibit educational environments of other students, they must continuously carry a government-issued form of identification at all times, and visitation is strictly for educational purposes. For those younger than 18 years of age, individuals must be accompanied by a parent, legal guardian, or caregiver at all times. Guests must proceed directly to the security desk once entering the NSU Tampa Bay facility.

Guest Parking

Visitors parking at the Tampa Bay Regional Campus must follow specific guidelines to avoid penalty, which must be communicated to prospective clients (see Appendix B). Handicap parking spaces are available only if appropriate signage is visible through the windshield and/or approved handicap license plate (NSU, 2020b). Typically developing individuals without handicap parking may access the online parking portal (see Appendix B), use the "Pay to Park" parking meter within the parking garage, or obtain appropriate parking signage from the security desk. More information regarding parking policies is in Appendix B. However, viewing the NSU parking website for the most up to date information (NSU, 2020c).

Ridesharing

Adequate and reliable transportation is a significant barrier for Student Run Free Clinics (Doucet & Seale, 2012: Knecht-Sabres, 2013). Many facilities utilize elderly ridesharing services to overcome obstacles when transporting prospective clients from their preferred location to the campus and back to their destination of origin. Currently, there are various ridesharing applications available to circumvent this barrier. Uber allows users to request rides (Miller & Lu, 2017), Seniors At Home partnered with Lyft to transport seniors without access to a smartphone (Seniors at Home, n.d.), and SilverRide uses bonded, insured, and trained individuals to transport seniors (SilverRide, n.d.). All are possible options to ensure prospective community members are able to attend services provided at the Tampa Bay Regional campus.

Public Transportation

As of March 2021, no Pinellas Suncoast Transit Authority bus stop is available at the Tampa Bay Regional Campus of NSU. Currently, route 19 and 60 are the nearest stops to the campus (Pinellas Suncoast Transit Authority, n.d.). Adding a bus stop may assist prospective community members without access to reliable transportation. Students or faculty are recommended to advocate for a bus stop placement.

University — Community Partnership

Ensuring a strong and sustainable university and local community partnership is imperative for an experiential learning program to succeed (Knecht-Sabres, 2013). The OTD at the Tampa Bay Regional Campus of NSU has established a fair community relationship with student service-learning experiences. Service learning is mandatory for first year OTD students and provides an opportunity to build upon community relationships. Commonly selected service-

learning sites should be investigated further to develop a partnership between the Tampa Bay OTD program, local community service-learning sites, and local clinics and facilities.

A partnership can be developed by establishing a community committee consisting of OTD intervention faculty members, AFWC, local clinicians, and service-learning site representatives. The committee would provide an opportunity for a reciprocal relationship. Service-learning sites would receive acknowledgement and student volunteers, local clinics may receive future fieldwork OT students, clinicians may receive continuing education credit, and students may be given experiential learning opportunities.

Top-Down University Endorsement

There are multiple limitations hindering development of an experiential learning program. However, regardless of feasibility, it is imperative all staff, faculty, personnel, and department chairs are acting in accordance. Equitable ownership and administrative support would eliminate infringement of achieving experiential learning objectives from internal institutional obstacles and various external obstacles. This includes, but not limited to, security working with faculty members bringing prospective community members onto campus, staff members being welcome and assisting community members if needed, and faculty members ensuring they all necessary requirements are completed prior to community members coming to campus.

Funding

Funding or financial reimbursement is not provided for prospective community members, students coordinating efforts, faculty members, or any other involved parties. However, these individuals may crowdsource or “pool” money together to provide reimbursement for

prospective clients to refund transportation costs or provide box lunches. However, prospective clients will not be financially reimbursed. Communicate with the Lead Faculty for more details.

Necessary Documents for Implementation

Documents for implementation include population specific clinical reasoning guides, contacting guideline for various clinics and agencies, and sample site contact email.

Recommended Future Considerations

There are three recommendations to implement this framework. First and most importantly, a university and community relationship must be developed. An experiential learning opportunity provides tremendous benefit for community members and student development. Implementing experiential learning by incorporating community members carries significant challenges manageable by development of a sustainable university and community relationship (Knecht-Sabres, 2013). The second recommendation is establishing a faculty and community member committee to discuss developing a symbiotic relationship amongst entities. The committee would assist in establishing and sustaining a successful university and community relationship. The committee should include intervention faculty intervention members, the NSU Academic Fieldwork Coordinator, local service-learning site representatives, clinical site Fieldwork Coordinators, and various community directors. Lastly, it is recommended all OTD students advocate for university partnership in implementing an experiential learning opportunity. Students are encouraged to advocate to the OTD chair, program director, and even NSU president. However, information must be concise and presented clearly and professionally. Successful advocation would assure equitable ownership and administrative support to eliminate infringement of achieving experiential learning objectives from internal institutional obstacles and various external obstacles.

Appendix A: Campus Directions

Directions should be provided for clients concisely and with enough description to illustrate the campus location. The NSU Tampa Bay Regional Campus is located at the west end of the Courtney Campbell Causeway. When traveling from Tampa Bay on the Courtney Campbell Causeway (westbound), clients would see the NSU building on the right side. Traveling from Pinellas County on the Courtney Campbell Causeway (eastbound), clients would see the NSU building on the left side. The Tampa Bay Regional Campus Address is 3400 Gulf to Bay Blvd., Clearwater, FL 33759

Appendix B: NSU Parking Protocol

The NSU parking protocols are outlined clearly on their website (NSU, 2020c). Visitors are required to follow protocols in order to avoid fines or towing. Experiential learning members must communicate these protocols to avoid clients being fined or towed. Visitors should understand that NSU assumes no liability for parked vehicles, cannot back-in their vehicle, or avoid restricted access areas (fire lanes, designated spaces, etc.). If applicable, visitors may utilize the parking portal to expedite the process (NSU, 2020

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