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**Diversity, Equity, and Inclusion in Occupational Therapy Curriculum: Implications
for Students and Faculty**

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Capstone Project completed in partial fulfillment of the Doctor of Occupational Therapy
Degree

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Abstract

Introduction: The field of occupational therapy lacks diversity which furthers the importance for diversity, equity, and inclusion (DEI) and cultural humility learning outcomes for faculty and students.

Aims: This capstone project aims to improve DEI concepts and cultural humility within the St. Catherine University occupational therapy curriculum by educating occupational therapy faculty and students in the Human Occupation course.

Approach: This capstone project is completed with St. Catherine University's entry-level occupational therapy program to meet the university's strategic plan and AOTA's Vision 2025. The participants of this capstone project included first year students taking the Human Occupation course and faculty members within the occupational therapy program. Students were provided pre-class and in-class materials related to culture and DEI. Faculty members were recruited via email to participate. Faculty members were provided a video lecture and resource guide on DEI and cultural humility pedagogies. Students and faculty completed pre and post surveys containing qualitative and quantitative data to evaluate the effectiveness of the teachings.

Outcomes: Four out of five questions were statistically significant for student quantitative responses. Students provided qualitative feedback of considerable new learning. Faculty members who agree to participate demonstrated improved knowledge in DEI and cultural humility, improved comfort level teaching DEI material, and an increase in the number of times they will use DEI and cultural humility concepts in their courses. Faculty provided qualitative feedback of concepts they would use in their courses and additional questions related to the materials.

Implications: Students would continue to benefit from DEI and cultural humility training throughout the entire coursework. It is recommended that all occupational therapy faculty members complete DEI and cultural humility training on an annual basis.

Introduction

Healthcare education programs, specifically occupational therapy programs, need to equip their students and faculty members to meet the diverse needs of their patients. Currently, occupational therapists are comprised of mostly white women (Taff & Blash, 2017). The lack of diversity within the profession does not match the current trends of the United States population that is estimated to comprise of 56.4% non-White racial/ethnic groups by 2060. The nature of this problem stems from a lack of diversity within the occupational therapy workforce, student population, and faculty population (AOTAb, 2020). It is essential that occupational therapy students are prepared to enter fieldwork and the workforce with a cultural humility lens and foundation of diversity, equity, and inclusion (DEI) knowledge to equitably serve the growing United States population.

Definitions of diversity, equity, and inclusion, cultural humility, and other related terms vary among sources, yet are important to note. Brown, et al. (2021) provide clear and concise definitions of these terms. Diversity is “the range of differences among populations and groups” (Gill, et al., 2018, p. 196). It is important to note that ACOTE standards do not have a definition of diversity within the document (ACOTE, 2020; Brown, et al., 2021). Brown, et al. (2021) describe equity in education as the following, “ensures that each student has resources necessary for success” (p.2). The authors also describe inclusion as “each student feels welcome and comfortable in an academic and clinical environment regardless of any personal factor” (Brown, et al., 2021, p. 2). The University of Oregon (2023) provides an insightful definition of cultural humility as “... a practice of self-reflection on how one’s own background and the background of

others, impacts teaching, learning, research, creative activity, engagement, leadership, etc.” (paragraph 1).

Many federal, national, and international organizations have taken initiatives towards improving equal access, accessibility, and recruitment of diverse populations within healthcare education programs (USDE, 2022; ACOTRO, 2014; AOTAb, 2020). Although work in improving DEI and cultural humility is advancing within other healthcare programs such as medical schools, occupational therapy has not taken such concrete initiatives (Gallegos, et al., 2022). Future occupational therapists need additional education on these concepts to serve clients from underrepresented groups.

Review of the evidence

A scoping review was conducted to gather existing evidence supporting DEI and cultural competence in healthcare programs (see Appendix A and B). Evidence has clearly outlined the positive outcomes for incorporating DEI and cultural humility content within healthcare education programs for students and faculty. Specifically, evidence has also demonstrated a need for improvements within occupational therapy curricula. A review of the research highlights that healthcare students with DEI educational training have improved active thinking, critical thinking, intellectual engagement, and leadership skills (Brown, et al., 2021; Gallegos, et al., 2022; Grenier, et al., 2020). The most effective strategies for incorporating DEI and cultural humility concepts are incorporating a combination of hidden (e.g., conversations with peers in jigsaw format), informal (e.g., application to other courses), and formal (e.g., in personal lecture) learning opportunities into the curriculum (Grenier, et al., 2020). Evidence outlines the success of using critical educational paradigms and transformative pedagogical

practices for educating faculty on this matter (Grenier, et al., 2020). National data describes different health disparities commonly treated within OT interventions. These disparities exist in health, social, and behavioral characteristics; home and work environments; engagement with health care systems; and overall health outcomes (AOTAb, 2020).

Gaps in the evidence

The largest gap in the evidence is a lack of clarity of DEI or cultural humility within the American Council for Occupational Therapy Education (ACOTE) standards (ACOTE, 2020). AOTA clearly outlines a need for improved education, but it is difficult to achieve without clear educational standards. ACOTE does not have a clearly defined definition of diversity or any requirement for universities to document efforts to recruit and retain students from diverse backgrounds (Brown, et al., 2021). Without clarity on these concepts, universities are held responsible for including DEI and cultural humility concepts within tightly packed course materials.

Other professions have made advancements in improving DEI efforts within academic accreditation standards. The Commission on Accreditation in Physical Therapy Education (CAPTE) has a clear definition of diversity within the document. CAPTE outlines that programs must describe efforts of recruitment, retainment, and support of diverse student bodies (CAPTE, 2020). The Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) also has made advancements in improving DEI efforts within the curriculum. CAA mandates that programs accommodate curriculum, policies, and procedures for differences within the student body (CAA, 2020). In addition, CAA mandates that programs provide evidence

of admission and clinical placements that respect cultural, linguistic, and individual diversity (CAA, 2020). It is clear that the field of occupational therapy is lacking accreditation standards of DEI concepts at the current time.

Aims

A needs assessment was completed during the capstone process to describe the St. Catherine University occupational therapy program, gather key resources, conduct interviews with stakeholders, identify community assets, complete a SWOT analysis, and complete an evidence review (see Appendix C). The results of the needs assessment reinforced the key program and informed the development of the project outcomes.

This project makes strides in achieving AOTA's Vision 2025 to improve diversity and inclusion within community and population health by educating future practitioners and providing tools to faculty (Taff & Blash, 2017). This capstone project aims to improve DEI concepts and cultural humility within the St. Catherine University occupational therapy curriculum by educating faculty and students in the Human Occupation course. The key question this project purposes to answer is as follows: what evidence-based ways can occupational therapy students and faculty improve DEI and cultural humility knowledge?

This capstone project will use evidence based practice methods to advance DEI and cultural humility within the St. Catherine University occupational therapy program. This project will address the urgent need for improved student and faculty learning on these topics on a small scale. The capstone project will use student learning theories, resources, and pedagogies outlined in the evidence from the scoping review. Based on the outcomes, there will be opportunities to expand this project across the schools of health and nursing at St. Catherine University.

Approach

Site

The site partner, St. Catherine University Entry-Level Occupational Therapy program, is the perfect partner for this project. The project aligns with the St. Catherine University Strategic plan as well as achieves AOTA's Vision 2025 goals. The entry-level program allows for students and staff to be affected by the training. St. Catherine University is located in the Midwest United States in an urban area. The occupational therapy program was ranked 17 out of 193 AOTA accredited programs in 2020 (US News and World Report, 2020).

Participants

The project targets students that are taking the Human Occupation course. The Human Occupation course is taken during the first semester of the OT program. This group of students was chosen because culture is introduced in this course. Faculty members at St. Catherine University will also be targeted. The goal of targeting students and faculty is to create culturally fluent practitioners and educate faculty for longevity of the project.

Student demographics of the 1,322 graduate students from Fall 2021 at St. Catherine University are as follows: 89% women; 20% BIPOC community; 18% student parents, 20% first generation graduate students; 2% live on campus. Regarding the 291 faculty at St. Catherine University, 89% are female (St. Catherine University, 2023d). Specific data aligning with AOTA's national data was requested but unavailable at the time of writing. This demographic data is important to consider in comparison to the national data.

AOTA provided a national report in 2021 that included demographic data of OT and OTA programs in the United States for students and faculty. Please see Figure 1 and Figure 2 below for detailed student and faculty demographics (Harvison, 2022). This data implies that St. Catherine University's graduate student and faculty demographics follow similar trends.

Figure 1.

Student Demographics

Race—Percent of enrolled students who self-identified:

	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Missing/Other
Doctoral	<1%	8%	5%	<1%	76%	10%
Master's	<1%	8%	6%	<1%	74%	11%
OTA	<1%	5%	11%	1%	68%	14%

Race—2010 versus 2021

	American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White		Missing/Other	
	2010	2021	2010	2021	2010	2021	2010	2021	2010	2021	2010	2020
Doctorate	0%	<1%	4%	8%	4%	5%	0%	<1%	88%	76%	4%	10%
Master	0%	<1%	5%	8%	6%	6%	1%	<1%	86%	74%	1%	11%
OTA	1%	<1%	2%	5%	13%	11%	1%	1%	82%	68%	2%	14%

Gender:

Self-identified ethnicity of associate-degree-level students			
	Female	Male	Other
Doctorate	91%	8%	1%
Master	89%	10%	1%
OTA	85%	14%	1%

(Harvison, 2022, Tables 11-13)

Figure 2.

Faculty Demographics

Faculty Ethnicity

Self-identified ethnicity of faculty members		
Hispanic	Non-Hispanic	No Response
243 (4%)	4,735 (88%)	461 (8%)

Faculty Race

No Response	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Other
470 (8%)	10 (<1%)	306 (6%)	334(6%)	20 (<1%)	4,153 (76%)	146 (3%)

Faculty Sex:

Self-identified ethnicity of associate-degree-level students		
Female	Male	No response
4,593 (84%)	748 (14%)	98 (2%)

(Harvison, 2022, Tables 4-6)

Tools and Procedures for Students

Students were asked to complete pre and post surveys with scaled and open-ended items (See Appendix D). Pre surveys were provided to students in their course learning management system and were optional for students to complete before any educational material was presented in the course. Following the educational material

course session(s), students completed post surveys with scaled and open-ended items. The data was collected via Google Forms. Scaled items were analyzed using descriptive statistics and change in frequency of ratings (See Appendix L). Open-ended responses were categorized by responses for each questions and combined into common themes (See Appendix M).

Students were educated using a variety of learning formats. Students took the CQ Assessment prior to receiving DEI and cultural fluency education. A video lecture explaining the CQ assessment was provided to students in the learning management system. Students were given pre-class reading, podcast, and TedTalk information along with guiding pre-class questions in a jigsaw format. During the synchronous class session, students were asked to share their findings with a small group of peers who completed different preparatory material exploration. The small groups summarize their findings and reflections with the large group. In addition, during the synchronous session, the capstone student presented a CQ summary and lecture using PowerPoint slides and jamboard reflections on culture in the occupational therapy process, occupational profile, and activity analysis (See Appendix F, G, and H).

Tools and Procedures for Faculty

The faculty members in the St. Catherine University entry-level Occupational Therapy program were emailed information regarding the training and a link to the pre survey form. After completing the pre survey, faculty members were given an educational lecture video to listen to at their own leisure on DEI and cultural humility pedagogies, teaching practices/considerations, and importance in occupational therapy

practice (See Appendix I and J). In addition to the video lecture, faculty was given a resource sheet with additional resources, trainings, and other educational material with similar concepts (See Appendix K). After completing the lecture, faculty members were asked to take a post survey. The surveys contain both scaled rating and open-ended items (See Appendix E). Data were analyzed using the same method as student survey data.

Outcomes

Student Outcomes

The pre survey contained five scaled rating questions. The post survey contained the same five scaled rating questions plus three open-ended response questions (See Appendix L). Each scaled rating question had the options of high (significant), moderate (some), and low (limited) for answers. On the pre-survey, student ratings fell in the low, moderate, and high categories, with the highest percentage of students rating themselves “moderate (some)” on four out of five items (numbers 1, 2, 3, and 5). On the post-survey, student ratings fell in the moderate and high categories, with the largest percentage of students rating themselves in the “high (significant)” range on four out of five items (numbers 2, 3, 4, and 5). Table 1 summarizes the pre and post comparison of the scaled rating items in percentages and statistically significant differences in percentage of students rating their knowledge in the high/significant range for each question. A statistically significant change in the percentage of students rating themselves as “high (significant)” in the pre-survey compared to the post-survey was noted at the $p < 0.01$ level on items 1, 2, 3, and 4.

Table 1

Pre Survey and Post Survey Results and Statistical Analysis

Question, Pre/Post Survey	High %	Moderate %	Low %
Q.1. How would you describe your current knowledge and understanding of cultural humility, or diversity, equity, and inclusion (DEI)?			
Pre	13.9 (n=5)	80.6 (n=29)	5.6 (n=2)
Post	40.5* (n=15)	59.5 (n=22)	0 (n=0)
Q.2. How would you describe your current knowledge on implicit bias may affect a patient, student, or practitioner?			

Pre	25 (n=9)	72.2 (n=26)	2.8 (n=1)
Post	56.8* (n=21)	43.2 (n=16)	0 (n=0)
Q.3. What level of importance do you place on proactively incorporating cultural humility into client evaluations and interventions?			
Pre	72.2(n=26)	25 (n =9)	2.8 (n=1)
Post	94.4*(n=34)	5.6 (n=2)	0 (n=0)
Q.4. How would you describe your level of understanding of the impact of culture on daily occupations?			
Pre	33.3 (n=12)	61.1 (n=22)	5.6(n=2)
Post	70.2* (n=26)	29.8 (n=11)	0 (n=0)
Q.5. What is your comfort level discussing DEI and cultural humility concepts with peers?			
Pre	38.9 (n=14)	47.2 (n=17)	13.9 (n=5)
Post	54.1 (n=20)	45.9 (n=17)	0 (n=0)

Note. For all items on the pre-survey n=38, for all but 1 item on the post survey n=37. Items with * noted significant differences in the percentage of students rating themselves “high (significant)” at post-test compared to pre-test at the $p \leq 0.01$.

The post survey contained 3 additional open-ended questions. The three questions were: what are three new things you’ve learned about the impact of culture in OT practice?; what two actions would you consider taking as it relates to cultural humility within OT practice?; and what other questions do you still have on cultural humility and/or DEI knowledge related to OT? Common themes and identified topics emerged from each question (See Appendix M).

For the first question surrounding three new areas of learning, the most common responses included new learning about culture and race's impact on daily occupations and personal values (25%, n=19). The second most common topic was an understanding that DEI needs to be increased in OT education and the acknowledgement of a lack of diversity within the OT field (17%, n=13). Additional topics shared in this item included: history of racism in occupations (7.9%, n=6); self-awareness and cultural awareness (9.2%, n=7); culturally appropriate interventions (9.2%, n=7); cultural considerations throughout the OT process (11.8%, n=9); and implicit bias (5.3%, n=4). All 37 students responded to this question (total number of topics n=76).

Several common actions also emerged from the second question. 34 out of 37 students responded to this question with a total number of actions as n=55. The most common action was improving their cultural humility through accessing resources (34.5%, n=19). Some of the resources mentioned included YouTube videos, books, Ted Talks, podcasts, online training, and continuing education. One student responded they will "Better educate myself, take more self assessment and self evaluating quizzes, and find more resources to watch, listen, or read. I would like to apply culture to more of my projects and activities in class so that I can receive feedback on it." The next most common action was seeking out new cultural experiences (18.2%, n=10). Examples of this included volunteering, joining clubs, and becoming an ally to others. In addition to accessing resources, another common action was taking the time to examine implicit biases further (11%, n=6). Some students noted taking the Harvard Implicit Bias tests or similar self-assessments. Other actions included having open conversations (3.6%,

n=2), applying teamwork skills (7.3%, n=4), asking questions (9.1%, n=5), and connecting with others from different backgrounds (5.5%, n=3).

The last question asked students if they had any further questions related to cultural humility and/or DEI knowledge. 21 out of 37 students responded to this question. 8 students replied with N/A or none. Common topics of the additional questions fell into the following categories: 1) history of OT and occupations being used to oppress individuals such as “I want to know more about the history of OT to give some context on how white our profession is. Also I want to learn more about the history of occupations being used to oppress people of color.”; 2) further resources or strategies such as “Are there strategies for building rapport while simultaneously recognizing these systemic issues with clients?” ; 3) having difficult and cultural conversations such as “How do we have conversations about cultural differences without assuming there are differences or offending people?”, and 4) using information to move the profession forward through a DEI lens such as “How is OT changing in DEI as we develop culture and the world? Where do you see DEI in OT 10 years/ a generation later from now?” and “How can occupational therapists practically and tangibly contribute to anti-racist transformation in their everyday practices and broader institutional settings?”

Faculty Outcomes

Three out of eight entry-level faculty members participated in the DEI and cultural humility training. Statistical analysis was not conducted due to the limited number of responses. The individual quantitative responses were analyzed and changes in the

following categories were noted: knowledge of implicit bias, cultural humility, or DEI (Q.1.); comfort level in facilitating class activities that discuss DEI and/or cultural humility (Q.3. and Q.5); and the number of times participants will discuss DEI and/or cultural humility in their courses (Q.4. and Q.6.) (See table 2).

Table 2
Faculty Pre and Post Survey Results

Question, Pre/Post Survey	High %	Moderate %	Low %
Q.1. How would you describe your current knowledge of implicit bias, cultural humility, or diversity, equity and inclusion?			
Pre	33.3 (n=1)	66.7 (n=29)	0 (n= 0)
Post	66.7 (n=2)	33.3 (n=2)	0 (n= 0)
Q.2. How would you describe your level of importance to practice cultural humility with patients?			
Pre	100 (n=3)	0 (n=0)	0 (n = 0)
Post	100 (n=3)	0 (n=0)	0 (n = 0)
Q.3. What is your current comfort level in facilitating class activities that discuss diversity, equity, and inclusion (DEI) and/or cultural humility?			
Pre	33.3 (n=1)	33.3 (n=1)	33.3 (n=1)
Q.4. How frequently do you discuss DEI and culture in your course content?			
Pre	0 (n=0)*More than three times a semester	66.7 (n=2) *once a semester	33.3 (n=1)*never
Q.5. After taking the training, what is your comfort level in facilitating class activities that discuss diversity, equity, and inclusion (DEI) and/or cultural humility?			
Post	33.3 (n=1)	66.7 (n=2)	0 (n=0)
Q.6. After participating in the training, how likely are you to increase the times you discuss cultural humility, culture, and/or DEI concepts in your courses?			

Post	66.7 (n=2) *very likely	0 (n=0) *somewhat likely	3.3 (n=1) *not likely
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Note. For all items on the pre-survey, the total number of participants was 3. Responses marked with * indicate a different response option than low, moderate, and high. Q.4 had the response options as never, once a semester, and more than three times a semester. Q.6. had the response options as not likely, somewhat likely, and very likely.

The post survey contained three additional open-ended questions. The questions were: what concepts from the training would you use in your courses?; what concepts from the training would you NOT use in your courses?; and what questions do you still have about DEI and/or cultural humility in teaching OT content?

For the first question related to concepts faculty members would use from the training, 66.7% (n=2) responded with using the reference list and resources from the training. The other response, 33.3% (n=1), indicated several personal learning outcomes related to creating an inclusive classroom, encouraging conversations that are open minded, and listening to students from different backgrounds. The second question regarding concepts faculty members would not use in the training elicited responses of N/A or “I do not think there are any concepts I will not use”, 100% (n=3). The final question asked faculty for any additional questions. There was one participant who responded with NA, 33.3% (n=1). One question revolved around finding resources and readings from diverse authors, 33.3% (n=1). The final participant asked about recommended tools for personal biases and resources for continuing education to share with OT faculty, 33.3% (n=1).

Implications

Implications and Recommendations for Students

There are many implications that emerged from this capstone project. First, St. Catherine University's occupational therapy program should consider expanding DEI and cultural concepts across courses, beyond Human Occupation. Students would benefit from additional case studies from diverse ethnic/racial backgrounds during Problem-based Learning courses. Students would also benefit from further training on culture humility practices within their Seminar courses throughout the curriculum. Expanding learning opportunities with an interdisciplinary team will allow for improved knowledge and understanding of DEI and cultural humility topics with peers from other healthcare programs. St. Catherine University healthcare programs would benefit from further training in these identified areas to prepare future healthcare professionals to practice cultural humility and to meet the needs of diverse patients. This project collected data on subjective student experiences. An objective measurement tool in addition to the CQ assessment would benefit further research on educational outcomes.

The outcomes of this project suggest that occupational therapy students in the United States would benefit from creating direct ACOTE standards for DEI concepts. Student data suggests that the educational materials impacted their self-reported level of understanding and knowledge of DEI and culture in OT, and comfort level discussing these concepts with peers. Student perspectives also provided insight into more complex issues within the OT profession. Students reported they would like to learn more about the history of oppression in OT practice and future implications. It is

recommended that further curricular development provides opportunities for students to have conversations and apply their cultural knowledge skills in the classroom.

Implications and Recommendations for Faculty

Faculty participation was limited within this study. This may be due to the capstone project being completed within the summer term, training being offered online, or training not being required. The data from the faculty members indicates that further formal cultural humility training would be beneficial to their courses. One faculty member responded that they would not increase the number of times they used DEI and cultural humility within their courses. When compared to the pre-survey data, this faculty member was already using these concepts several times in their courses. This may imply that some professors within the program have taken initiatives towards improving student knowledge in these areas. Overall faculty responses indicated that the resource sheet and strategies were most beneficial to encourage more student learning in DEI and cultural humility.

Faculty members at St. Catherine University would benefit from longer DEI and cultural humility training beyond the resources they were provided in this project. One participant responded with a wish for more DEI education or continuing education offered on a yearly basis. It is recommended that additional training for the existing and new occupational therapy faculty is completed on an annual basis. The outcomes of this project imply that all faculty members at St. Catherine University would benefit from additional training in these areas. It is recommended that the OT program collaborates with the schools of health and nursing to provide in-person training by an expert in DEI curriculum development. From a national standpoint, faculty would benefit from

additional training to prepare future practitioners and expand their personal knowledge. The entry-level occupational therapy program has opportunities to collaborate with the occupational therapy assistant program professors who are creating a DEI centered checklist for creating course content.

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Note: References with * were not used within the portfolio. They can be found within the appendixes.

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Appendix A



Fosness_Final In Person Poster.pdf

Inclusion of Diversity, Equity, and Inclusion (DEI) and Cultural Fluency in Occupational Therapy Curricula
 Ashley Fosness, OTD Student
 Faculty Advisor: Kristen Maisano OTD, MAEd, OTR/L

Background

- Healthcare education needs to **increase DEI concepts** as the United States population becomes more diverse
- Healthcare education programs that include DEI concepts have **long-term effects on:**
 - Positive client outcomes
 - Expansion of healthcare delivery to low-resource settings
 - Improved organizational profitability ^{5,6}
- Students are **more likely to develop:**
 - Active thinking
 - Critical thinking
 - Intellectual engagement skills ^{5,6}
- Purpose:** Improve diversity, equity, and inclusion (DEI) and cultural fluency concepts in the OT department at St. Catherine University

Methods

Research Question: What is the nature of the evidence on DEI or cultural fluency within existing healthcare education programs?

Approach: Scoping review using Arksey and O'Malley and PRISMA guidelines².

Search terms:

- "diversity, equity, and inclusion" AND education or college or university
- "Diversity or equity or inclusion" AND "occupational therapy education"
- "diversity, equity, and inclusion" AND education AND healthcare
- Citations from three systematic reviews

Databases/Search Engines: CINAHL Complete, Professional Development Collection EBSCOhost, St. Catherine University Inclusive Excellence Resource Guide, MEDLINE via PubMed, Otseeker, Education Database ProQuest, .gov via Google Search, AOTA, WFOT, and Google Scholar

Inclusion Criteria: Full text, last 5 years, English, adults, and review articles

Charting the Data/Findings

- In addition to notable statistics, the data was **charted and analyzed** using the following categories:

Database, search engine, website - Database: 4 - Website: 4 - Search Engine: 1	Vision, mission, or goal - Practice recommendations: 5 - DEI centered: 4	Definitions - Cultural competence - Diversity - Underrepresented in medicine - Equity - Inclusion - Ethnicity	Barriers for Students - Environmental/Physical: 4 - Personal: 2 - Social: 1 - Emotional: 2	Components of DEI - Syllab/teaching approaches, pedagogical practices: 3 - University wide: 3 - Policy: 2 - N/A: 1
Strategies for education programs - Learning opportunities: 5 - Upstream changes: 2 - Recruitment and retention: 2	Effect on education or work outcomes - Work: 2 - Education: 2 - Both: 4 - N/A: 1	Type of organization or university - Nonprofit: 4 - University: 4 - Government agency: 1	Type of healthcare program - College of health sciences: 1 - OT program: 3 - Medical school program: 3 - Other: 2	DEI resources and toolkits - AOTA: 2 - WFOT: 1 - COTRO: 1 - AAMC: 1 - Harvard: 1 - N/A: 3

Discussion

- DEI curriculum changes can **decrease environmental, personal, social, and emotional barriers** for students
- Effective changes** may include:
 - Teaching approaches
 - University wide changes
 - Policy changes
 - A combination of approaches is best
- Future directions:**
 - Interdisciplinary lens
 - Utilize evidence-based toolkits and resources
 - Program evaluation
 - Design and implement curricula changes

Implications for OT Practice

Implications:

- DEI and cultural fluency **concepts lack** in the OT profession
- DEI education can **improve students'** cultural competency
- DEI education **adds value** to the workplace

Recommendations:

- I recommend that St. Catherine University's OT department makes strides in:
 - Evaluating, measuring, and adapting** the curriculum using evidence-based toolkits, resources, and research
 - Starting with small changes that leave a **large impact** on student success and faculty retention

Conclusions

DEI and cultural fluency have positive effects on student, faculty, and university outcomes. Including DEI and cultural fluency concepts in OT curriculum may have long-term effects on patient outcomes as future OT's use their skills to meet diverse populations' needs.

References

Scan the QR code to access full reference list.



Appendix B

Grant Proposal Assignment

Ashley Fosness

Occupational Therapy Department, St. Catherine University

OCTH 8060: Scoping Review Project

Dr. Maisano

August 14, 2022

Aims

Introduction:

As the United States population becomes more diverse, it is essential that healthcare practitioners are educated to provide comprehensive, client-centered, and inclusive care. It is estimated by 2060, 56.4% of the United States population will comprise of racial/ethnic groups (Brown, Spicer, & French, 2021). Specifically, the occupational therapy community is composed of mostly white women (Taff & Blash, 2017). In order to create positive outcomes for members of different race, ethnic, gender, region, sexual orientation, and disability groups, the field of occupational therapy must have diverse experiences within their educational experiences. DEI educational training has shown positive implications for students as well. Healthcare students are more likely to develop active thinking, critical thinking, and intellectual engagement skills (Brown, Lamont, Do, & Schoessow, 2021; Grenier, Zafran, & Roy, 2020). The best practices for DEI and cultural fluency in education are a high priority, yet program development in occupational therapy programs is not well-established (AOTA, 2020). The primary purpose of this grant is to improve diversity, equity, and inclusion (DEI) and cultural fluency concepts in the occupational therapy (OT) department at St. Catherine University.

Project Goals:

The long-term goal of this project is to improve students' knowledge and skills to become culturally competent occupational therapy practitioners and meet the needs of diverse populations. This project's short-term goals will include evaluation of the existing OT curriculum at St. Catherine University, development of DEI and cultural fluency

learning opportunities, and application of educational tools and skills. Students will acknowledge personal biases and learn the best practices to improve patient outcomes. In the future, departmental changes will improve faculty and student retention and recruitment through a culturally inclusive environment. The outcomes of this project will create a foundation for future capstone projects and potential research.

Specific Aims:

1. Evaluate DEI and cultural fluency concepts in existing OT curricula at St. Catherine University.

Best practice guidelines from the Association of Canadian Occupational Therapy Regulatory Organizations and other key resources will be utilized to assess and evaluate the existing DEI and cultural fluency concepts (2014). This process will also identify gaps and areas of improvement. This aim will assist in diversifying the St. Catherine University curriculum to improve the existing gaps.

2. Create training opportunities for core OT faculty at St. Catherine University that emphasize personal bias, DEI-centered pedagogical practices, and adaptations to course curriculum.

The next step will be applying best practices for professional development for faculty. This will prepare faculty for teaching and understanding the importance of the adaptations to the coursework at St. Catherine University. The best pedagogical practices and teaching approaches include transformational pedagogies and critical educational paradigms (Grenier, Zafran, & Roy, 2020).

3. Design learning opportunities for students that strengthen the use of DEI and cultural fluency concepts to improve cultural competence at St. Catherine University.

Utilizing the principles of Knowledge Translation, the next step of the process will be designing evidence-based learning opportunities for students, following the most culturally centered pedagogical practices (Grenier, Zafran, & Roy, 2020). This aim specifically assists in creating culturally responsive and critical thinking practitioners.

The Payoff:

1. Evaluation of best practices for DEI and cultural fluency concepts at St. Catherine University's OT department.
2. Development of culturally competent and DEI focused future practitioners to minimize health disparities within the United States.

Significance

Background:

It is important to highlight the current lack of DEI and cultural fluency concepts in OT practice. Current research has shown that healthcare education programs that include DEI have long-term effects on positive client outcomes, expansion of healthcare delivery to low-resource settings, and improved organizational profitability (Brown, Lamont, Do, & Schoessow, 2021; Grenier, Zafran, & Roy, 2020). In addition, culturally competent healthcare practitioners are more equipped with problem solving abilities, active thinking skills, empathy, and intellectual engagement (Rosenkranz, et al., 2021). The field of OT serves various populations yet is dominated by White women. AOTA's Vision 2025 highlights the expectations for an increase in diversity and inclusion. In addition, the association has recently created a DEI committee that creates and modifies AOTA's DEI strategic plan, guides governance bodies on issues related to DEI, and assesses progress towards advancing inclusion and diversity within AOTA and the profession (AOTA, 2022). St. Catherine University created an inclusive excellence advisory committee in 2019 that supports the universities strategic plan and collaborates with stakeholders to improve a multitude of DEI focused activities (St. Catherine University, 2022). My doctoral project's aims will follow the guidance of existing research and committees and strive to advance students' competence in DEI and cultural fluency.

Gaps:

The aims of my project seek to address the following gaps that currently exist within OT curriculum and practice. The current ACOTE standards do not have a definition of

diversity or a requirement for universities to document efforts to recruit and retain students from diverse backgrounds. In addition, ACOTE standards emphasize students becoming generalists while being mindful of diversity and cultural differences (Brown, Lamont, Do, & Schoessow, 2021). The lack of direct language and specific actions within ACOTE standards have created gaps in DEI learning outcomes for students.

Importance:

Several federal, international, and national organizational initiatives towards advancing equal access, accessibility, and recruitment of diverse populations in healthcare education programs (USDE, 2022; ACOTRO, 2014; AOTAb, 2020). This highlights the increased need for more education on DEI and culturally fluent concepts within OT curricula. Other healthcare education programs such as medical schools are developing programs with an emphasis on DEI and cultural sensitivity to improve intellectual discussions within cohorts, improve leadership, and recruitment of underrepresented students in medicine (Gallegos, et al., (2022). Interdisciplinary healthcare programs have found positive long-term sustained changes departmentally as well (Mmeje, et al., (2020). It is essential that the field of OT advances its future practitioners with DEI and cultural fluency skills and knowledge. The AOTA's Vision 2025 describes diversity and inclusion as paramount within community and population health (Taff & Blash, 2017). Although conversations of the development of DEI and cultural fluency are not new, actions need to be taken to meet the needs of future clients and follow interdisciplinary expectations.

Improvements in OT Practice:

Changes in the OT curriculum at St. Catherine University will have long-term impacts on future students, current faculty, and the profession. Making changes in the

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informal and hidden curriculum at St. Catherine University will start the transition to a more culturally competent profession. Research has shown that using coherent educational ethics, paradigms, and pedagogies will improve DEI learning outcomes (Grenier, Zafran, & Roy). This project will make small scale adjustments that have long-term outcomes to improve students' cultural competence. Future practitioners will have the tools to deliver services to under-represented populations, think critically, and advocate for future changes (Taff & Blash, 2017). In addition, this project has opportunities to expand to other departmental changes for future doctoral students.

Overview:

St. Catherine University's OT program is uniquely positioned to strengthen DEI and cultural fluency concepts within its curriculum and student learning outcomes. This project is innovative for St. Catherine University because it addresses the need for diversity within ACOTE standards and makes progress towards St. Catherine University's Inclusive Excellence strategic plan (AOTAb, 2020; St. Catherine University, 2022). St. Catherine University's OT department has a long-standing reputation for meeting the needs of the time and making important contributions to changes in practice. In light of the university's commitment to inclusive excellence, the OT program has yet another opportunity to demonstrate its commitment to quality improvement in the curriculum. This doctoral project will identify what the curriculum is doing well in terms of DEI and where there are opportunities to strengthen student and faculty knowledge and competencies of DEI and become known for its culture of inclusivity. In addition, this project will advance student skills and learning to create an inclusive departmental environment, increase patient outcomes, and improve diversity within OT education and practice (AOTAb, 2020).

Measures and Approaches:

Evidence-based practice will be followed to evaluate and implement DEI and cultural fluency changes within the curriculum. After using the best practices in curriculum evaluation, the project will identify gaps and areas of improvement. Based on the areas of improvement, the program will create student learning opportunities that include DEI and cultural fluency. Evidence shows that including these concepts within formal, informal, and hidden curriculum are the most effective methods of improving student learning (Grenier,

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Zafran, & Roy, 2020). The project will educate faculty on self-awareness of implicit biases and utilization of pedagogies and approaches for teaching students. The project will emphasize critical educational paradigms and transformative pedagogies (Grenier, Zafran, & Roy, 2020). Taking these steps will ensure longevity of the project beyond the first year (Grenier, Zafran, & Roy, 2020).

Anticipated Outcomes:

DEI and cultural fluency have been identified as important concepts to improve student learning and healthcare outcomes. DEI education improves students' cultural sensitivity, pluralism, and competence; healthcare delivery of healthcare in low-resource settings; campus environment and diversity; and improves intellectual discussion within cohorts (Gallegos, et al., 2022; Brown, Spicer, & French, 2021). Implementing these strategies at St. Catherine University's OT department will improve student success and faculty retention. Changes in DEI and cultural fluency in healthcare curriculum have positive outcomes on improved employee engagement and retention; patient-centered care; and organizational profitability (Rosenkranz, et al., 2021).

Approach

Introduction:

It is essential that the field of occupational therapy takes action to expand DEI and cultural fluency education for students. Occupational therapy practitioners have an important role in tackling health disparities. Health disparities among different racial and ethnic groups and income levels are common in almost every aspect of daily life commonly seen in OT intervention. National data suggests that there are distinct disparities within underrepresented groups in health, social, and behavioral characteristics; home and work environments; engagement with health care systems; and overall health outcomes (AOTAb, 2020). The first step in tackling this problem starts with taking action towards developing culturally competent students and mitigating implicit biases.

Strategy:

The overall strategy for this project will start with program evaluation, then progress towards curriculum development and implementation. This project will use the concepts and methods outlined in the Knowledge Translation Template to ensure all goals, strategies, and evaluations are successfully complete (The Hospital for Sick Children, 2019). To tackle this large task, it is essential to start changes in one core course. Beginning with changes in one course will allow for the program evaluation cycle to continue to other courses in the future. Utilizing this strategy will allow for direct evaluation of the effectiveness of the curriculum changes before mainstream implementation across the entire program. The short 14 timeline will ensure the aims and objectives of the project will be met. Another strategy that will be used is utilizing evidence based resources and

toolkits for program evaluation and curriculum design and implementation. Several

identified pedagogical methods, research driven toolkits, and evaluation methods will be used throughout the process. The long term outcomes of this project will not be immediate. It will be difficult to analyze the changes this project will have on patient outcomes. This project will analyze the short term impact by qualitative surveys after the project. This will allow for students and faculty to improve future curriculum changes. The following steps will be achieved to meet each aim for my project.

Aim 1: Evaluate DEI and cultural fluency concepts in existing OT curricula at St. Catherine University.

Step 1: Coordinate with the program director to choose a course that needs improvement.

Course selection will be selected as a core course taught by full-time faculty. The course that will be selected will be based on the type of learning components within the course (online vs. in person, case studies vs. lecture, etc.). Other knowledge users will be selected at this time in coordination with the program director as well as main messages of the project's goal (The Hospital for Sick Children, 2019).

Step 2: Follow best practice guidelines to evaluate DEI and cultural fluency concepts within the course.

Several resources and manuals such as the Association of American Medical Colleges (2014) resource for medical educators and the best practice guidelines from the Association of Canadian Occupational Therapy Regulatory Organizations (2014) will be utilized to disseminate the existing course material. Best practice guidelines and a standardized evaluation of the curriculum will be used to ensure that quality examinations

are completed. Measurements of DEI-centered and cultural fluency language will be taken within the formal, informal, and hidden curriculum of the course syllabi (Grenier, Zafran, & Roy, 2020).

Step 3: Identify strengths and gaps, summarize findings, and share with the program director.

After an exhaustive evaluation of the course curriculum is completed, key strengths and gaps will be assessed to address areas of improvement. An integrated knowledge translation approach will be used to ensure the program director is aware of each step of the evaluation (The Hospital for Sick Children, 2019). The specific areas of improvement will be summarized and shared with the program director.

Aim 2: Create learning opportunities for core OT faculty at St. Catherine University that emphasize personal bias, DEI-centered pedagogical practices, and adaptations to course curriculum.

Step 1: Design learning opportunities for OT faculty based on best practice recommendations.

The methods of delivering faculty training will be discussed with the program director. The training will be based on the areas of improvement and changes to curriculum. The results of the initial evaluation will guide the best practice recommendations for the training and what model or approach to use. Common approaches that are used for DEI and cultural competency training are behavioral-based or knowledge-based, with an emphasis on cultural humility or competence (Davis, et al.,

2021). Transformational pedagogies and critical educational paradigms will be discussed (Grenier, Zafran, & Roy, 2020).

Step 2: Present learning opportunities to OT faculty.

The step involves presenting or preparing the learning opportunities for faculty. This may be done in a variety of ways and will depend on the format and availability of faculty during the summer term. Program indicators will be used through verbal and/or written feedback to ensure the aims and goals of the project are being met by faculty learning (The Hospital for Sick Children, 2019).

Aim 3: Design learning opportunities for students that strengthen the use of DEI and cultural fluency concepts to improve cultural competence at St. Catherine University.

Step 1: Brainstorm solutions with the program director to create modifications to existing course curriculum based on the identified gaps.

Specific models, theories, and approaches for changes will be discussed with the program director based on the findings of the initial curriculum evaluation. Manuals, toolkits, and evidence-based research will guide the development of course changes. Usefulness indicators will be decided at this point. Usefulness indicators may include student satisfaction with the new information, changed views, and new learning (The Hospital for Sick Children, 2019).

Step 2: Develop specific learning opportunities for students by making changes to the curriculum.

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The changes in curriculum will be strategic and follow best practice guidelines and manuals such as the AAMC's recommendations for medical educators (2014). Clear, specific, and evidence-based adjustments will improve students' cultural competency. Changes will be communicated with the teaching faculty to ensure clear knowledge translation to the students.

Feasibility:

This project is feasible because it aligns with St. Catherine University's Inclusive Excellence strategic plan (2022). Attitude changes towards increasing DEI and cultural fluency educational experiences are strongly supported at this time. The occupational therapy program director at St. Catherine University has provided verbal and written support for this project and the curricula are readily available for evaluation. The aims of this project outline the different methodologies, theories, models, and guidelines that will be followed. A knowledge translation plan was created to generate quantitative and qualitative outcomes, develop strategies, and research evidence-based resources. Preliminary data and scoping reviews have found a direct need for the advancement of DEI and cultural fluency within the occupational therapy profession (AOTAb, 2020). The aims for this project are feasible within the 14-week time frame. The short timeline of this project will allow for future OTD capstone students to complete further projects with the university. I am qualified to complete this work through my knowledge and experience with the program's mission and ethics. In addition, I have completed extensive background research to fully understand the components of this project.

Ethics and Institutional Review Board (IRB):

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Several American Occupational Therapy Association (AOTA) ethical principles have been considered for this doctoral project. This project will take action to benefit others by publicly sharing the results, following the principle of beneficence (AOTAA, 2020). The aims of this project were created to refrain from taking actions that cause harm to others, otherwise known as nonmaleficence (AOTAA, 2020). The goals, aims, and outcomes of this project align with the principle of justice which states “occupational therapy personnel shall promote equity, inclusion, and objectivity in the provision of occupational therapy services” (AOTAA, 2020, p. 4). The results of the knowledge translation project are supported by faculty support and review as well as evidence-based curriculum guidelines. These strict and secure measures have been taken to provide the most comprehensive, accurate, and objective information which follows the ethical principle of veracity (AOTAA, 2020).

For this doctoral project, it is anticipated that IRB will be required because human subject data will be collected. The St. Catherine University IRB application process outlines criteria needed to conduct human subject research. Generally, program evaluation approaches are not submitted for IRB review, but this project may collect data from human subjects for program evaluation purposes. Another criterion this project meets is that the findings of this project will be presented to a public audience. This project will likely have minimal risk, therefore, falling under the exempt type of review (St. Catherine University, n.d.). This project will not need any additional In addition, I have received a certificate for the Complete Mandatory HRS Training (CITI) as a requirement for the IRB.

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Appendix C

Doctoral Capstone Project Proposal Needs Assessment

Satisfactory completion of the Doctoral Capstone Project Needs Assessment is required for completion of doctoral capstone project proposal course.

Student Name	<u>Ashley Fosness</u>
Primary Area of In-Depth Exposure	<u>Program evaluation</u>
Secondary Area of In-Depth Exposure	<u>Education</u>
Working Title of Doctoral Capstone Project	<u>Inclusion of Diversity, Equity, and Inclusion (DEI) and Cultural Fluency in Occupational Therapy Curricula</u>
Capstone Mentor name and credential	<u>Stephanie de Sam Lazaro, OTD, MA, OTR/L</u>
Capstone Mentor role and expertise	<u>Associate professor, director of graduate programs in Occupational Therapy, IPE director for the Institute of Simulation and Interprofessional Learning</u>
Capstone Site	<u>St. Catherine University</u>
Capstone Faculty Advisor	<u>Dr. Maisano</u>
Date	<u>4/30/2023</u>

Part 1: Description of the Organization or Community

Resource: Chapter 3: Section 2. [Understanding and Describing the Community](#)

Instructions:

Develop a description of the organization or community for the doctoral capstone experience and project. Identify the mission, strategic plan, leaders, and primary and secondary stakeholders. Include relevant descriptions of the physical environment, organizational and social structures, culture and values, history, and other characteristics of importance.

Summarize three priorities/needs/issues that the organization would like to address in the coming year. For each priority/need/issue, identify a primary goal and a strategy for achieving the goal using the following format:

Description of Organization/Community

St. Catherine University's occupational therapy (OT) department has been operating for over 75 years to serve students with associate, masters, and doctorate OT degrees. St. Catherine University is in St. Paul, MN. The OT department is located in Fontbonne Hall with two classrooms, a simulation lab, staff offices, and meeting rooms. Primary stakeholders for St. Catherine University's OT department include men and women students. Secondary stakeholders include a variety of faculty members and administrators. A few key leaders involved in the department include the: interim dean of health sciences Sean Fitzpatrick, PhD; associate dean, OTA program director, Stephanie Adams, DHSc, OTR/L; OT program director, Stephanie de Sam Lazaro, OTD, MA, OTR/L; and chair, Julie D. Bass, PhD, OTR/L, FAOT (St. Catherine University, 2023c). The OT department follows St. Catherine University's mission and vision which follows: "Our mission is to educate women to lead and influence." The mission continues to describe the

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integration of liberal arts, professional education, and Catholic intellectual tradition by welcoming diverse students. The main principles the mission is based on are women, Catholic, and liberal arts. Our vision is to be respected globally for educating women to transform the world.” St. Catherine University identifies several values, including academic excellence, community, integrity, social justice, and reflection (St. Catherine University, 2023a).

St. Catherine University’s Setting our Sails strategic plan was developed with inclusivity in mind. The primary objectives for the strategic plan aim to: strengthen academic excellence; stake our claim; forge partnerships; foster forever St. Catherine; drive a culture of inclusive excellence; and build a strong and sustainable foundation. The most relevant objective, drive a culture of inclusive excellence, has goals to develop systemic infrastructure for inclusive excellence and to cultivate a healthy campus climate (St. Catherine University, 2023b). With this information in mind, three priorities/needs/issues were identified to align with St. Catherine University’s Setting our Sails strategic plan, mission, vision, history, stakeholders, and organizational structures.

Priority/Need/Issue #: #1 Improve academic excellence

Primary Goal: By the end of my project, I will improve academic excellence by implementing best practice resources to improve student experience in the Human Occupation course.

Strategy: I will follow my project’s goals and deadlines to identify best practice resources for delivering teaching pedagogies related to DEI and cultural fluency in higher education. Students will become equipt with the skills and training needed to become culturally fluent pracitioners.

Priority/Need/Issue #: #2 Improve diversity, equity, and inclusion topics within Human Occupation curriculum.

Primary Goal: By the end of my project, program development will be completed and delivered to students participating in the Human Occupation course.

Strategy: The project will involve identification of best practice resources, reviewing and modifying course curriculum, and delivering course content. Pre/post surveys will be completed to identify knowledge translation.

Priority/Need/Issue #: #3 Sustainability of cultural fluency within healthcare education at St. Catherine University

Primary Goal: By the end of my project, faculty will complete training on DEI and cultural fluency teaching methods and considerations for the classroom.

Strategy: I will identify the best pedagogical practices for DEI centered learning, create a list of resources for faculty, and complete a training module or in person training for applicable staff. Pre/post surveys will be completed to identify knowledge translation. Faculty will be encouraged to share information learned with other departments.

Identify ONE priority/need/issue for a needs assessment.

Needs assessment priority #2 - Improve diversity, equity, and inclusion topics within Human Occupation curriculum.

Primary Goal: By the end of my project, program development will be completed and delivered to students participating in the Human Occupation course.

Strategy: The project will involve identification of best practice resources, reviewing and modifying course curriculum, and delivering course content. Pre/post surveys will be completed to identify knowledge translation.

References:

St. Catherine University. (2023a). *Mission and vision*.
<https://www.stkate.edu/about/mission-and-vision>

St. Catherine University. (2023b). *Setting our sails strategic plan*.
<https://www.stkate.edu/about/university-leadership/strategic-plan>

St. Catherine University. (2023c). *Faculty profiles*.
<https://www.stkate.edu/academics/faculty?department%5B0%5D=555&department%5B1%5D=555>

**Part 2: Preliminary Information and Resources for Learning about a
Priority/Need/Issue**

Resource: Chapter 3: Section 4. [Collecting Information about the Problem](#)

Instructions: Summarize the information and resources that you used to learn more about this priority/need/issue. Differentiate between internal information and resources versus external information and resources. Information and resources may include public reports, websites, informational interviews, meetings, handbooks and manuals, practice guidelines, systematic reviews, population-level summaries. Note: you will provide more detail regarding these information and resources in other sections of the needs assessment.

Internal Information and Resources

Name of Information or Resource	Description of Information or Resource	Brief Summary of Key Learning
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Setting our sails strategic priorities & objectives	<p>This resource provides a summary of St. Catherine University's strategic plan regarding the listed priority areas above, mission, and vision. The priorities and objectives include the following: strengthen academic excellence; stake our claim; forge partnerships; foster forever St. Catherine; drive a culture of inclusive excellence; and build a strong and sustainable foundation.</p>	<p>This resource aligns greatly with my project goals and helped me develop needs assessment goals that align with St. Kate's mission and vision. I have learned more about how my project can contribute towards creating inclusive and academic excellence.</p>
Inclusive excellence resources for faculty and staff	<p>This resource provides any overview of the importance of inclusive excellence to St. Kate's, human resources, equity and inclusion staff, workshops and trainings, employee resource groups, and campus resources.</p>	<p>This resource helped me further understand the existing internal resources and tools St. Kate's has to offer.</p>
Driving a culture of inclusive excellence executive summary	<p>This resource provides St. Kate's inclusive excellence statement, history, overview of Setting Our Sails strategic plan, priority areas and corresponding goals, year one,</p>	<p>This resource helped further my understanding of exactly how and why St. Kate's will improve inclusive excellence from a broad</p>

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	two, and three goals, and expected outcomes.	lens. I can use the priority area goals to shape my priority areas.
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External Information

Name of Information or Resource	Description of Information or Resource	Brief Summary of Key Learning
Unconscious bias training: An assessment of the evidence for effectiveness	This research report by the Equality and Human Rights Commission reviews various aspects of research on unconscious bias training and its application on adult education.	This resource was very helpful in increasing my knowledge on the best practices on implementing unconscious bias into my project for students and faculty. I found the information on measuring effectiveness especially helpful.
Increasing racial and ethnic diversity in occupational therapy education: The role of accreditation council for occupational therapy	This issue report provides evidence-based solutions to increase racial and ethnic diversity in occupational therapy education. The report highlights	This resource helped me understand the current demographics of occupational therapists, barriers and

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education (ACOTE) standards	gaps in current ACOTE standards, solutions in other disciplines, and recommendations for practice.	gaps within the education system, and ideas for future directions for my project. Overall, this report provides key insight on the need for an increase of DEI concepts within OT education.
Occupational therapy's commitment to diversity, equity, and inclusion	This statement provides key definitions and terminology related to DEI, the history, ethics, and values related to AOTA's Code of Ethics and Practice Framework, and implications for the OT profession.	This resource helped me understand AOTA's clear role in advancing DEI in practice, education, and research.

Gaps in Learning: St. Catherine University does not provide specific information or survey's on DEI or cultural fluency within academic programs. In addition, it is not clear what specific strategies are currently being utilized within academic programs to improve inclusive excellence. It is difficult to locate free and specific resources related to implementing DEI within occupational therapy or healthcare education.

Part 3: Informational Interviews

Resource: Chapter 3: Section 12. [Conducting Interviews](#)

Instructions: Develop an interview guide of topics or questions related to the chosen priority/need/issue for your doctoral capstone. Prepare for informational interviews with your capstone mentor and one other stakeholder. Conduct the interviews using an audio recorder and/or extensive field notes. Summarize the interview responses for each person.

Summary of Interview Guide

Name, Title/Role, and Summary of Interview One- Stephanie de Sam Lazaro, Program director and Dr. Wickboldt, Professor

Interview guide and summary of each response:

1. Thinking broadly, where do you see gaps in student’s knowledge of diversity, equity, and inclusion?

Dr. de Sam Lazaro summarizes this question with the quote, “I don’t know what I don’t know.” She explains she’s observed students feeling uncomfortable expanding outside of their comfort zone when addressing DEI topics within the curriculum. She expands by saying there isn’t any explicit content within the curriculum that equips students with skills and abilities for having conversations about diversity. When looking at the CQ (cultural intelligence self-assessment) scores of students, she has found that most students have the desire and motivation to do the work, but the knowledge and strategies to do so are lower. Overall, Dr. de Sam Lazaro stated there is a need for strategies and skills.

Dr. Wickboldt added to the conversation that there is a good representation of DEI across many of the OT practice courses. She states that professors place a high priority of giving students opportunities for self-learning in these topics. She has observed throughout her experience that it takes a lot of courage for students to

speak about these topics. When students have the courage to speak up, there are times that a student may face backlash or are afraid of responding in an incorrect way.

2. What does being a culturally fluent practitioner look like to you?

Dr. de Sam Lazaro stated that being a culturally fluent practitioner is “having awareness of where your unconscious biases are and having baseline knowledge of different cultures.” She stressed the importance of being able to listen to patients experiences and having a good toolbox of strategies to use with patients. She also noted that one key tenant of cultural fluency is being aware of your own personal biases.

Dr. Wickboldt shared that being a culturally fluent practitioner involves recognition of biases and privilege. She adds the importance of being able to look beyond an initial response from a patient and use strategies to confront personal biases. She also touched on ways to address biases towards practitioners such as good communication with co-workers.

3. Can you think of any personal examples of working with diverse populations where you felt a disconnect? How do you think students can best prepare for these situations?

Dr. de Sam Lazaro shared an example of working in homecare with a teacher who always wore flip flops and would walk bare foot in patients’ homes. She stated that patients and their families found this action to be very rude. The teacher had a hard time understanding why this could be understood as rude because her background differed from her patient’s cultural norm. De. de Sam Lazaro shared another example of working with transgender patients in acute care around ten years ago.

She shared an uncomfortable experience working with a patient undergoing hormone treatment that was nude when approached in the room. She also shared that the hospital was unsure where to place transgender patients within the hospital floor. These examples opened up the conversation to sharing these types of examples with students as a strategy for working with different populations on fieldwork and practice.

Dr. Wickboldt also shared an example of working in homecare. Her company had a policy of wearing footwear in people's homes, although many of her patients found the action to be disrespectful. She and other therapists gave feedback to the company, but the policy never changed. She also gave an example of collaborating with students and the Rebuilding Together organization. Dr. Wickboldt and students completed home safety assessments for low-income older adults. Following one assessment, a student approached Dr. Wickboldt asking about how one older adult may have had difficulties getting up/down from the floor to participate in a prayer space within the home. Dr. Wickboldt noted that she didn't think of this situation during the home assessment and the importance of looking beyond the physical structures of a person's home.

4. What specific DEI or culturally sensitive material are you aware of in the OT curriculum?

Dr. de Sam Lazaro shared in the Human Occupation course, there is an introduction to the context of culture in the occupational therapy Practice Framework. She says the content regarding culture should be added in the foundational skills class. She adds that professors try to include important historical

OT figures throughout the curriculum within different communities such LGBTQ+, OT's with disabilities, and different races. The curriculum has intentionally placed a high priority on including case studies of patients with diverse backgrounds.

Dr. Wickboldt added to the conversation about case studies and the Human Occupation course. She noted that the CQ self-assessment is introduced and exited quickly. She wishes there was a more interactive component within the CQ and strategies to explain completing an occupational profile on a person with a different background than yourself.

5. Do you have any advice or resources you use on a daily basis when teaching students on sensitive material?

Dr. de Sam Lazaro provided strategies of setting norms around the learning space. She wants students to feel comfortable calling in herself or other students on microaggressions or misunderstandings. She notes that some of these difficult conversations occur one on one or in the larger group. She also notes that she aims to put effort into making these small changes.

Dr. Wickboldt shared her experience with taking continuing education courses on the best practices in healthcare education. She finds it very important to advocate for your own needs and disabilities within the profession. Some of the key learnings from the continuing education courses she has implemented into her teaching include creating group work contracts, giving students extra time and space, and creating their own rubrics for meaningful outcomes for assignments. She shared that AOTA has several good resources in addition to NBCOT's GETI resources.

6. How do you think my project can benefit other stakeholders such as professors and other departments at St. Kate's?

Dr. de Sam Lazaro hopes my project will be able to provide resources to other departments and share the outcomes of my project.

Dr. Wickboldt shared that communicating with other students about my project can students learn in an untraditional way. In her experience, peer to peer communication has yielded more unique and creative ideas versus faculty to student conversations. She is hopeful that my project will identify gaps and tangible steps from a faculty development perspective.

7. Are there any resources you have found helpful that I should explore? Are there any other people (internal or external to St. Kate's) that you feel would be helpful to interview during the timeline of the project? I will be interviewing Dr. Fitzpatrick and Dr. Broughten in the next two days.

Dr. de Sam Lazaro added that I would benefit from interviewing Denise Silva from the DEI taskforce at St. Kate's and Katie Tune from the OTA program on her recent AOTA presentation.

Dr. Wickboldt agreed and shared the importance of choosing to interview others from different backgrounds than myself. She also noted that Dr. Coss and Dr. Flemming would be good resources to share about their experience with the True North training.

Name, Title/Role, and Summary of Interview Two – Renee Broughten, Professor,
Interprofessional Education

Interview guide and summary of each response:

1. From your lens, how do you think students could benefit from learning more about diversity, equity, and inclusion and cultural fluency?

Dr. Broughten believes that being cultural fluent is absolutely critical for all healthcare providers. She stated that healthcare providers need to have humility, an understanding of our world, and how we impact others. She described the school of health's goal of ecological approaches and humility. "With our world becoming increasingly diverse, we need to care for all patients across socio-economic and cultures."

2. What examples of diversity do you currently see in the healthcare curriculum?

Within the IPE program at St. Kate's, Dr. Broughten explains the aspects of simulation that include DEI. The program has opportunities for conversation about a simulated patient's race, ethnicity, location, and gender and its impact on their healthcare outcomes. The team that creates the simulation patients has paid greater attention to including more diversity. In addition, she states there is a deliberate attempt to buy more brown skin mannequins and wigs with different hair types for students to practice skills on. She explains that overall, she believes the healthcare programs at St. Kate's do a good job of including DEI concepts within the didactic curriculum.

3. What do you feel is currently lacking specific to DEI concepts?

Dr. Broughten kept this answer simple. "We can always do better."

4. How do you believe DEI and cultural fluency concepts meet within St. Kate's mission and vision?

Dr. Broughten believes that cultural humility goes hand in hand with St. Kate's mission to fulfill social justice. "We live through the social justice practices at St. Kate's." In addition, the conversation leads towards how influential undergraduate courses such as the Reflective Woman and Global Search for Justice can leave an impact on improving social justice. She adds that graduate programs would benefit

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from either a course such as these or having cultural fluency be a part of final
projects.

5. Can you think of examples of tools or skills students need to become a culturally fluent practitioner?

Dr. Broughten described how the CQ instrument is currently being implemented into all the graduate programs. She applauded the OT program for utilizing this tool more than other graduate programs have currently. In addition, the CQ instrument is being utilized to measure how well the ecological models and academic excellence goals are being achieved. Although this is a great tool for students, faculty, and the institution, Dr. Broughten is curious if a better tool exists to move students through the learning continuum in DEI.

6. Do you have any advice or resources to share about curriculum development in this area?

Dr. Broughten shared the CQ resource slides with me as well as the Med Ed portal by the AAMC and St. Kate's library resources.

7. Are there any other people (internal or external to St. Kate's) that you feel would be helpful to interview for this project?

Dr. Broughten stated that I should ask Dr. Fitzpatrick about specific DEI resources for faculty. She also recommended Denise Silva who is the apart of the DEI taskforce at St. Kate's.

Name, Title/Role, and Summary of Interview Three – Sean Fitzpatrick, Interim Dean of Health Sciences

Interview guide:

- 1. From your lens, how do you think students could benefit from learning more about diversity, equity, and inclusion and cultural fluency?**

Dr. Fitzpatrick believes St. Kate's need to be ready and skilled to work with a wide range of clients. "We aren't preparing students to sit in an office. We are a service based school."

He further explains that as the population continues to diversify, the School of Health needs to prepare students to meet a variety of needs. He also described the importance of not treating every client or diagnosis the same.

2. What examples of diversity do you currently see in the healthcare curriculum?

Dr. Fitzpatrick describes that St. Kate's has taken initiative to expand case studies, role playing, and simulations to include diverse factors. In addition, he explained the recommendations listed in research that St. Kate's has followed in recent history. In the past ten to fifteen years, recommendations focused on implementing representation of different races within classroom content. In the past five years, research focused on implementing changes in diversity into the content and perspectives. This also included making changes at St. Kate's in the authors of textbooks. Currently, St. Kate's is following the recommendation of application outside of the classroom. This includes thoughtfully choosing clinical experiences, choosing clinical instructors, and opportunities for students to work with different populations.

3. What do you feel is currently a challenge specific to DEI concepts?

One key challenge Dr. Fitzpatrick outlined comes from a profession and discipline level. Healthcare programs overall lack representation across student and faculty populations. We discussed the specific demographics of the OT profession, and how the application process begins early and is very specific for graduate programs. Dr. Fitzpatrick pointed out that if an individual isn't exposed to graduate level healthcare program opportunities or lacks support, it is very difficult to apply to graduate programs. He also explained the challenge university's face with accreditation standards. Many standards in healthcare

programs do not explicitly list DEI concepts as learning outcomes. This leaves a gap for professors and universities to teach students. Specifically at St. Kate's, Dr. Fitzpatrick has observed a challenge with knowing how to adequately teach faculty this content. "We need to broaden the training we give outside of diversity, such as explaining gender, body size, and cognitive ability." There is an identified need to address equity gaps across all different levels, students, faculty, and professions.

4. How do you believe DEI and cultural fluency concepts meet within St. Kate's mission and vision?

Dr. Fitzpatrick believes that cultural fluency is central to what St. Kate's teaches. He quoted the motto, "the ethos of serving thy neighbor" which the university focuses on achieving. He points out that cultural fluency is a large part of the St. Kate's identity which is a benefit and a challenge. "A belief of shared importance is sometimes not enough." He explains that the university has made initiatives, yet not enough time has been dedicated to achieving these major outcomes.

5. Can you think of examples of tools or skills students need to become a culturally fluent practitioner?

Dr. Fitzpatrick shared a personal experience of teaching a sports sociology class in rural Wisconsin. He said he found it helpful to diversify course materials by adding different perspectives, activities, and discussions to ensure students are aware of the many characteristics that impact a person or population. In addition, he described the importance of thoughtfulness and slowly introducing different DEI concepts to students.

6. Do you have any advice or resources to share about curriculum development in this area?

Dr. Fitzpatrick provided the advice of gauging uncomfortableness when developing this project. He explained that feeling uncomfortable is normal, but being too uncomfortable

can be harmful. He also provided me with a PDF of teaching taxonomy's that he developed for faculty.

7. Are there any other people (internal or external to St. Kate's) that you feel would be helpful to interview for this project?

Dr. Fitzpatrick guided me towards the teaching seminars for St. Kate's students and faculty by the St. Kate's library.

Part 4: Public Records and Organizational/Community Resources

Resource: Chapter 3: Section 19. [Using Public Records and Archival Data](#)

Instructions: Select ONE internal record or resource and ONE external record or resource as related to your chosen priority/need/issue. Develop a summary of the record or resource that informs your needs assessment for the doctoral capstone project.

Name, Description, and Summary of Record or Resource One

Why St. Kate's

This webpage gives insight on the St. Catherine University (St. Kate's) community and provides statistics on student and faculty demographics. Looking broadly, St. Kate's has over 600 internship partners and has been ranked first in economic mobility rates for graduates among schools in the MPCC. St. Kate's has a total of 3,915 students among the College for Women, College for Adults, and Graduate College programs. Within these three colleges, there are four schools which include the School of Business, Henrietta Schmoll School of Health Sciences, School of Nursing, and School of Humanities, Arts and Sciences.

Next, the student demographics to be discussed are based on the Fall 2021 student census data for the graduate college. Of the 1,322 graduate students, 89% identify as women, 20% belong to the BIPOC community, 18% are student parents, 20% are first-generation graduate students, and 2% live on campus. The average age of graduate students at St. Kate's is 32 years old. Of the 291 ranked faculty members at St. Kate's, 89% are women (St. Catherine University, 2023d). This data provides further background of the students and faculty of St. Kate's graduate students for my project. As the United States population continues to become more diverse, students will need to prepare to provide culturally relevant care.

Name, Description, and Summary of Record or Resource Two

AOTA Academic programs annual data report academic year 2020-2021

This report summarizes and organizes several demographics and types of occupational therapy programs across the United States. The main categories include: programs (doctorate, master, OTA); accreditation status; different learning formats; trends in student enrollment into different programs; student demographics; types of faculty (full time, part time, and adjunct); student ratios in labs; faculty demographics; program outcomes (retention, graduation, level II fieldwork pass rates, certification); and employment/salary rates (Harvison, 2022).

The most useful information from this report involves student and faculty demographics from OT doctorate and master programs. In 2021 for both programs, 85% of students reported being non-Hispanic. Doctoral students self-reported the following race percentages: 76% White; 8% Asian; 5% Black or African American; <1% American Indian or Alaska Native, <1% Native Hawaiian or other Pacific Islander; and 10% other or missing information. Master's students self-reported the following race percentages: 74 % White; 8% Asian; 6% Black or African American; <1% American Indian or Alaska Native, <1% Native Hawaiian or other Pacific Islander; and 11% other or missing information. Slight increases in minority student race percentages were noted from comparison between 2010 and 2021 with 88% of students identifying as White in 2010 across both programs. Nationally, 91% of student's in doctoral programs identified as female, 8% as male, and 1% as other. For Master's programs, 89% of students identified as female, 10% as male, and 1% as other (Harvison, 2022). These statistics demonstrate the vast majority of students in doctoral and master's programs being of White race and female gender.

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Race—Percent of enrolled students who self-identified:

	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Missing/ Other
Doctoral	<1%	8%	5%	<1%	76%	10%
Master's	<1%	8%	6%	<1%	74%	11%
OTA	<1%	5%	11%	1%	68%	14%

Section III Students: Table 11 (Harvison, 2022)

Race—2010 versus 2021

	American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White		Missing/ Other	
	2010	2021	2010	2021	2010	2021	2010	2021	2010	2021	2010	2020
Doctorate	0%	<1%	4%	8%	4%	5%	0%	<1%	88%	76%	4%	10%
Master	0%	<1%	5%	8%	6%	6%	1%	<1%	86%	74%	1%	11%
OTA	1%	<1%	2%	5%	13%	11%	1%	1%	82%	68%	2%	14%

Section III Students: Table 12 (Harvison, 2022)

Gender:

Self-identified ethnicity of associate-degree-level students			
	Female	Male	Other
Doctorate	91%	8%	1%
Master	89%	10%	1%
OTA	85%	14%	1%

Section III Students: Table 13 (Harvison, 2022)

National data of faculty in 2021 was collected for faculty across all doctoral, master's, and OTA programs. 88% of faculty members self-identified as non-Hispanic, 4% as Hispanic, and 8% had no response. Races of faculty were self-identified as follows: 76% White; 6% Asian; 6% Black or African American; <1% American Indian or Alaska

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Native; <1% Native Hawaiian or other Pacific Islander; 3% other; and 8% no response. For all of faculty's self-identified sex, 84% were female, 14% were male, and 2% did not respond. It is noted that there was not an option listed for other. This data also suggests that majority of faculty members follows trend of students in occupational therapy programs (Harvison, 2022). Overall, this data further exemplifies the need for an increase of diversity, equity, and inclusion within occupational therapy education programs.

Faculty Ethnicity

Self-identified ethnicity of faculty members		
Hispanic	Non-Hispanic	No Response
243 (4%)	4,735 (88%)	461 (8%)

Faculty Race

No Response	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Other
470 (8%)	10 (<1%)	306 (6%)	334(6%)	20 (<1%)	4,153 (76%)	146 (3%)

Faculty Sex:

Self-identified ethnicity of associate-degree-level students		
Female	Male	No response
4,593 (84%)	748 (14%)	98 (2%)

Section IV Faculty: Tables 4-6 (Harvison, 2022)

Harvison, N. (2022). Academic programs annual data report academic year 2020-2021.

American Occupational Therapy Association. <https://www.aota.org/-/media/corporate/files/educationcareers/educators/2020-2021-annual-data-report.pdf>

St. Catherine University. (2023d). Why St. Kate's. <https://www.stkate.edu/about/why-st-kates>

Part 5: Organization or Community Assets

Resource: Chapter 3: Section 8. [Identifying Community Assets and Resources](#)

Instructions: Select TWO organization or community assets as related to your chosen priority/need/issue. Assets may be individuals, attributes of the organization or community, or resources that will be available to you as you conduct your doctoral capstone project. Develop a summary of the asset that informs your needs assessment for the doctoral capstone project. Note: Select assets other than your capstone mentor or faculty advisor.

Name, Description, and Summary of Asset

Denise Silva, Interim Director of Equity and Inclusion, St. Catherine University.

Denise Silva will be a great personal asset throughout my project to answer technical questions, provide resources, and existing learning opportunities for students at St. Kate's. Silva's role as the Interim Director of Equity and Inclusion is to create equity and inclusion workshops, learning opportunities, and professional development. She also focuses on equity and inclusion recruitment and retention strategies at the university. Silva will serve as a resource outside of the healthcare programs that can potentially provide support, feedback, and perspective on my project (St. Catherine University, 2023e). This website will provide me with unique statistics, real life stories of social change, and opportunities for collaboration.

Name, Description, and Summary of Asset

Center for Antiracist Research, Boston University

The Center for Antiracist Research website contains valuable historical information, resources, committees, and current research on systemic policy changes in education. Their research aims to, "...answer a host of systemic policy challenges with equally expansive solutions, from our Racial Data Lab, a national online database of racial inequality, to our narrative effort to collect videos, photos, and essays from people of color about how COVID-19 has affected their lives and loved ones" (Boston University Center for Antiracist Research, 2023).

References:

St. Catherine University. (2023e). Denise Silva. <https://www.stkate.edu/careers/contact-hr/senior-hr-rep>

Boston University Center for Antiracist Research. (2023). Research. <https://www.bu.edu/antiracism-center/antiracism-research/>

Part 6: Proposed Methods to Collect Other Information During the Doctoral Capstone Experiences and Project

Resource: Chapter 3: Section 4. [Collecting Information about the Problem](#)

Instructions: Summarize the information and resources that you will use to learn more about this priority/need/issue during the doctoral capstone experience and project. Differentiate between internal information and resources versus external information and resources. Information and resources may include public reports, websites, informational interviews, meetings, handbooks and manuals, practice guidelines, systematic reviews, population-level summaries.

Internal Information and Resources

Name of Information or Resource	Description of Information or Resource	Brief Summary of Focus of Learning
Inclusive Excellence Resource Guide	This resource guide was set up by St. Catherine University to provide workshops created by the Inclusive Excellence Committee. There are 4 sections which include: foundations of inclusive excellence; understanding and analyzing	This resource guide will allow me to learn about St. Kate's expectations for inclusive excellence and the best approaches I can take to adapt the curriculum and teach students and faculty. I

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	systemic racism; a path forward; and anti-racist pedagogy.	can also share this resource with faculty as a part of their learning.
St. Kate's Implicit Bias Resources and On Demand Training	This resource explains the implicit bias test and includes the Implicit Bias Video Series by UCLA Office of Equity, Diversity, and Inclusion. There are six lessons which include: schemas; attitudes and stereotypes; real world consequences; explicit vs implicit bias; the IAT; and countermeasures.	This training course will prepare me to teach the implicit bias test and make adaptations to the existing curriculum as needed. It will be important for me to have specialized training in this test before teaching the material.
St. Kate's Inclusive Excellence	This guide provides various resources for faculty to gain information on inclusive excellence.	This will be a resource I come back to throughout my experience to find

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<p>Resources for Faculty and Staff</p>	<p>The page includes human resource contacts, equity and inclusion staff, workshops, trainings, upcoming events, employee resource groups, campus resources, and other resources (movies and television, TED Talks, articles, novels, non-fiction, short videos, IE resource guide and implicit assumptions test)</p>	<p>additional learning topics. I can also use this source to reach out to other stakeholders to collaborate throughout my project.</p>
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External Information

Name of Information or Resource	Description of Information or Resource	Brief Summary of Focus of Learning
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<p>Western University of Health Sciences DEI Curriculum.</p>	<p>This website explains the COMP Diversity, Equity, & Inclusion Curriculum Model, DEI curriculum learning objectives, central thesis, stages of change, delivery models for DEI content, and anti-bias teaching in stages.</p>	<p>This resource provides concrete examples and methods of making DEI changes in healthcare curriculum. I can use this as a key source when making curriculum changes.</p>
<p>SAEM Diversity, Equity and Inclusion (DEI) Curriculum: Starting the DEI Conversation without Starting from Scratch</p>	<p>This resource contains information from a project created by the Academy for Diversity & Inclusion in Emergency Medicine. The topics this website uses includes: key concepts; specific groups; strategies/tools; and understanding burdens on URiM.</p>	<p>This website provides me with key understandings of important concepts and strategies to implement within healthcare education. I will look further into the strategies and tools before choosing the best methods for my project.</p>

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<p>Higher Learning Commission, Higher Education Initiatives: Equity</p>	<p>This website contains valuable information on the role of equity in quality assurance, equity in access and success student survey, key DEI definitions, and the EVOLVE 2025 strategic plan. Each heading provides additional links to other resources. The strategic plan involves action steps and measures for program development.</p>	<p>This website helped expand my learning on quality assurance steps I can take during my program evaluation. The strategic plan has action steps for assessing policies and procedures that will also be useful methods to follow throughout my project.</p>
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Part 7: SWOT Analysis: Strengths, Weaknesses, Opportunities, and Threats

Resource: Chapter 3: Section 8. [SWOT Analysis: Strengths, Weaknesses, Opportunities, and Threats](#)

Instructions: Based on the information and findings from your needs assessment, develop a SWOT analysis as related to the chosen priority/need/issue for your doctoral capstone project. Complete your summary of the SWOT using the following format:

Internal		External	
Strengths	Weaknesses	Opportunities	Threats
The project aligns with St. Kate's Setting Our Sails Strategic plan to improve inclusive excellence.	Strong best practice evidence has not been created specific to OT for modifying DEI curriculum.	Opportunities to expand the project to all OT curriculum and to other health sciences programs.	This project will only target a small portion of the entire curriculum.
Strong stakeholder support of proposed project outcomes.	The field of OT (students, faculty, practicing OT's) is	Potential to increase students and staff's cultural fluency to	Chance that the key learning outcomes will not carryover to future practice due

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	comprised mostly of white, women.	improve future client outcomes.	to the course being early in the curriculum.
Low/no cost to complete the project.	Other healthcare programs have already established DEI principles into curriculum, making the OT profession fall behind.	Opportunity for staff to expand learning and teaching methods across courses.	Potential for poor student buy-in to the proposed content.
In person learning promotes collaborative learning and critical thinking.	The long term impacts (past graduation) will not be assessed due to the timeline of the capstone project.	The project meets AOTA's Vision 2025 to increase DEI education.	Proposed changes may not fit within ACOTE standards.

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<p>Multiple types of learning opportunities will be offered (in person, online pre-class questions, additional resources, recorded training for faculty).</p>	<p>The long term impact on changes in faculty teaching will not be assessed due to the timeline of the capstone project.</p>	<p>Opportunity to share outcomes of the project at local and/or national conferences (if selected).</p>	<p>Small curriculum changes made specifically for OT may be difficult to carryover to other healthcare curricula at St. Kate's.</p>
<p>There are not any risks to students or faculty for participating in this project.</p>	<p>Small sample size of students and staff that will be impacted by the training.</p>	<p>Recorded online training can be given to future faculty members.</p>	<p>The project may not fit within Setting Our Sails strategic plan.</p>

Part 8: Preliminary Evidence Review on Populations, Interventions, and Programs of the Organization/Community

Resource: Resources and Forms from Evidence Based Practice Course

Instructions: Conduct a strategic search for TEN scholarly resources that address the populations, interventions, or programs related to your priority/need/issue. Prepare a summary of your initial appraisal of each scholarly resource using the following template, including a focused question, clinical bottom line, professional summary, and lay summary.

1	Overview of Article
Type of article	Overall Type: Review of Research Study (e.g., systematic review, meta-analysis, scoping review, etc.) Specific Type: Review of evidence, scoping review
APA Reference	Grenier, M. -L., Zafran, H., & Roy, L. (2020). Current landscape of teaching diversity in occupational therapy education: A scoping review. <i>American Journal of Occupational Therapy</i> , 74(6). 1-15. https://doi.org/10.5014/ajot.2020.044214
Abstract	“Importance: Critical research in health professions education makes clear the role of educational institutions in perpetuating problematic discourses related to diversity, as well as their potential role in

dismantling and rebuilding those discourses to reflect the realities of power relations that create systemic injustice.

Objective: To provide a comprehensive overview of current pedagogical practices and educational paradigms used by occupational therapy educators to teach concepts of, and skills for, equity and diversity.

Data Sources: Seven education and health care databases were searched for articles published between 2007 and 2018.

Study Selection and Data Collection: Consensually developed criteria were refined until an agreement rate of >80% was achieved among the authors. Inclusion criteria focused on entry-level occupational therapy education across the world and explicitly examined approaches to teaching diversity. All articles meeting the criteria were kept for full-text review (N= 87).

Findings: Diversity in professional occupational therapy education programs is taught within five main underlying educational paradigms and theories: competency-based (44%), social justice (29%), critical

	<p>(11%), social accountability (10%), and constructivism (6%). Within these paradigms, 14 key pedagogical practices were applied, with community service learning (37%), international service learning (25%), and didactic or course-based practices (23%) making up the majority of pedagogical practices.</p> <p>Conclusions and Relevance: Although current occupational therapy research demonstrates a trend toward critical paradigms and practices, problematic cultural competency theories and uncritical international service learning practices continue to dominate occupational therapy education for diversity. Educators should implement pedagogies and approaches within critical educational paradigms.</p> <p>What This Article Adds: This article highlights the importance to occupational therapy education of attending to coherence across educational ethics, paradigms, and learning outcomes in teaching for diversity and health equity” (p. 1).</p>
Author	<p>Credentials: Marie-Lyne Grenier, MScOT, DOT</p> <p>Position and Institution: Department of Integrated Studies in Education and School of Physical and Occupational Therapy in Canada.</p>

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	Publication History in Peer-Reviewed Journals: Moderate (cited by 18 peer-reviewed articles)
Publication	Type of publication: Scholarly peer-reviewed journal Publisher: AJOT Other: AJOT is associated with AOTA. The article contains a detailed reference list.
Date and Citation History	Date of publication: 2020 Cited By: 100+
Stated Purpose or Research Question	“To provide a comprehensive overview of current pedagogical practices and educational paradigms used by occupational therapy educators to teach concepts of, and skills for, equity and diversity” (p.1).
Author’s Conclusion	“Although current occupational therapy research demonstrates a trend toward critical paradigms and practices, problematic cultural competency theories and uncritical international service learning practices continue to dominate occupational therapy education for diversity. Educators should implement pedagogies and approaches within critical educational paradigms” (p.1).
Overall Relevance to your Doctoral Capstone Project	Overall Relevance of Article: Good Rationale: This scoping review contains best practice evidence through a detailed review of the current literature on incorporating DEI into occupational therapy curricula.

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Overall Quality of Article	<p>Overall Quality of Article: Good</p> <p>Rationale: This article has been published in the last three years, has credible authors, and comes from a reputable publisher in the field of OT.</p>
Your Focused Question and Clinical Bottom Line	<p><i>Question:</i> What current pedagogical practices and education paradigms are being used in OT curriculum to teach diversity and equity?</p> <p><i>Clinical Bottom Line:</i> The most commonly used teaching paradigms and theories regarding diversity and equity in OT curriculum include competency based, social justice, critical, social accountability, and constructivism. The most common pedagogical practices being utilized include community service learning, international service learning, and didactic or course-based practices.</p>
Your Lay Summary	<p>This research study summarized the current research on different teaching methods in occupational therapy classwork. The researchers picked out research articles that included teaching methods about diversity, equity, and inclusion. They chose 87 articles written between</p>

	<p>2007 and 2018. The researchers examined the articles and picked out common themes. These themes included theories about diversity and equity being taught in the classroom. They also picked out the most common ways teachers taught this material. This includes community service learning, international service learning, and course based learning. This research article explains how diversity is taught in different ways. This research helps me understand the different teaching methods I can use during my project. The researchers explain that formal classwork is one of the best ways to teach diversity. I can also use the different strategies to teach professors how to teach students about diversity.</p>
Your Professional Summary	<p>This scoping review aimed to summarize the different pedagogical practices and educational paradigms related to teaching diversity and equity in occupational therapy curriculum. Researchers used a scoping review protocol by Joanna Briggs Institute. The research team used seven different education and health care databases with the following</p>

criteria: published after 2007; any publication type; reference to occupational therapy teaching, learning, or practice; links to diversity of students, faculty, or clients; full text; and peer-reviewed articles. The final number of articles chosen following the protocol and inclusion and exclusion criteria yielded 87 articles. A few limitations this article explains include several articles including interdisciplinary education, potential bias while reviewing articles, and difficulty categorizing pedagogies and paradigms. The article highlights three key implications for occupational therapy educators and programs. The first is that educators should list and critically examine the current paradigms they are using to teach diversity. Secondly, educators should include diversity and equity within learning objectives, teaching ethics, when choosing pedagogies, and student outcomes. Last, occupational therapy programs should assess and include diversity within formal and informal/hidden coursework.

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2	Overview of Article
Type of article	Overall Type: Conceptual or Theoretical Article (or other?) Specific Type: AOTA statement, official document
APA Reference	American Occupational Therapy Association. (2020). Occupational therapy's commitment to diversity, equity, and inclusion. <i>American Journal of Occupational Therapy</i> , 74(3). 1-6. https://doi.org/10.5014/ajot.2020.74S3002
Abstract	“The American Occupational Therapy Association’s (AOTA’s) Vision 2025 conveys a strong commitment to diversity, equity, and inclusion (AOTA, 2019). AOTA affirms the inalienable right of every individual to feel welcomed, valued, a sense of belonging, and respected while accessing and participating in society, regardless of the internal or external factors that make every individual unique. This statement supports efforts to increase diversity, equity, and inclusion within all aspects of occupational therapy, including practice, education, and research, as well as policy development and advocacy” (p. 1).
Author	Credentials: AOTA Position and Institution: AOTA is a nationally recognized organization. Publication History in Peer-Reviewed Journals:
Publication	Type of publication: Grey literature Publisher: AJOT

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	Other: This article is an official report from a reputable national organization. This article has not been peer reviewed.
Date and Citation History	Date of publication: 2020 Cited By: 16
Stated Purpose or Research Question	“This statement supports efforts to increase diversity, equity, and inclusion within all aspects of occupational therapy, including practice, education, and research, as well as policy development and advocacy” (p. 1).
Author’s Conclusion	“Occupational therapy’s client-centered approaches distinctly focus on facilitating participation in meaningful occupations, and this outcome would not be possible without a commitment to diversity, equity, and inclusion. The profession of occupational therapy is resolute in its commitment to diversity, equity, and inclusion for its student bodies, workforce, and client populations and to advocacy for policies that lead to stronger, healthier, and more engaged communities” (p.4).
Overall Relevance to your Doctoral Capstone Project	Overall Relevance of Article: Good Rationale: This article highlights the need for increased DEI concepts within occupational therapy curriculum. The implications of this report reflect the areas of growth the field of occupational therapy has.
Overall Quality of Article	Overall Quality of Article: Moderate Rationale: This report is not peer-reviewed but was written by reputable authors in the field. The report has a detailed reference list and has been published in the past three years.

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<p>Your Focused Question and Clinical Bottom Line</p>	<p><i>Question:</i> Why do DEI concepts need to be implicated into occupational therapy education, practice, research, and policy development?</p> <p><i>Clinical Bottom Line:</i> Increased cultural fluency and knowledge of DEI concepts will improve occupational therapists' abilities to meet diverse client outcomes.</p>
<p>Your Lay Summary</p>	<p>This report was written by a national association in occupational therapy. It summarizes the need for improved diversity, equity, and inclusion for occupational therapy practice, occupational therapists, research, and policies. The report starts by listing definitions. These include diversity, nondiscrimination, equity, inclusion, and health equity. The definitions are all linked to occupational therapy. The next part of the report explains the history, ethics, and values that are related to diversity, equity, and inclusion. This part also explains how occupational therapists can use cultural humility. Cultural humility means listening and being open to other cultures and using self-reflection. The next part of the report explains how occupational therapy can improve diversity in</p>

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	<p>practice, education, research, and policy. The education section of this part of the report is more relevant to my doctoral project. It explains that diversity, equity, and inclusion should be used in student recruitment, student admissions, teaching classwork, and creating new classwork.</p>
<p>Your Professional Summary</p>	<p>This report was written by reputable authors within AOTA, a national association related to occupational therapy. This statement was written in alignment with AOTA's vision 2025 which has a commitment to improving diversity, equity, and inclusion. The report provides key definitions and its relation to occupational therapy practice and framework. These definitions include diversity, nondiscrimination, equity, inclusion, and health equity. The next section of this statement describes the history, ethics, and values of occupational therapy and DEI. The implications of this study describe in detail how DEI and cultural humility need to improve in occupational therapy practice, research, and policy development. The most relevant information from this statement related to my capstone project comes in this section.</p>

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	<p>AOTA explains that DEI should be included within student recruitment, classwork, and curriculum design. In addition, they note that academic programs are gatekeepers to the workforce, so it is extremely important students are being taught these concepts. This report is not peer-reviewed and is not academic research. However, it contains valuable information on how the occupational therapy profession can advance its role in cultural humility and DEI.</p>
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3	Overview of Article
Type of article	<p>Overall Type: Primary Research Study (qualitative, quantitative, etc.)</p> <p>Specific Type: Case study</p>
APA Reference	<p>Sanderson, C. D., Hollinger-Smith, L. M., & Cox, K. (2021). Developing a social determinants of learning framework: A case study. <i>Nursing Education Perspectives</i>, 42(4). 205-211. doi:10.1097/01.NEP.0000000000000810</p>
Abstract	<p>“AIM The aim of the study was to propose a framework, social determinants of learning™ (SDOL™), an actionable model to address learning disparities and expand learning opportunities to support nursing</p>

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	<p>student diversity, equity, and inclusion. BACKGROUND There is significant growth in the racial and ethnic diversity across students at all levels of higher education, mirroring the growing diversity of the US population. Yet, lower rates of persistence and higher attrition rates among these student groups continue. METHOD The authors established six socially imposed forces, causative domains, as foundational to the SDOL framework. Key attributes of each domain were identified through a literature search. A case study illustrates an initial study of interventions targeting specific domains of the framework aimed toward student success. Conclusion Equitable education for all has far-reaching implications across nursing education and higher education in general. Further development and testing of the SDOL framework will support the goal of equitable education for all” (p. 205).</p>
<p>Author</p>	<p>Credentials: Carla D. Sanderson, PhD, RN Position and Institution: provost, Chamberlain University Publication History in Peer-Reviewed Journals: Extensive</p>
<p>Publication</p>	<p>Type of publication: Scholarly peer-reviewed journal Publisher: Wolters Kluwer Health Inc. Other: There is a statement listing that the authors do not have any conflict of interest. This article is also used as continuing education for nurses.</p>
<p>Date and Citation History</p>	<p>Date of publication: 2021 Cited By: 15</p>
<p>Stated Purpose or</p>	<p>“The aim of the study was to propose a framework, social determinants of learning (SDOL), an actionable model to address learning disparities</p>

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Research Question	and expand learning opportunities to support nursing student diversity, equity, and inclusion” (p.205).
Author’s Conclusion	“The desired outcome of an SDOL framework is self-determined ,accountable, confident, and courageous students who engage faculty and fellow students in order to build intellectual and social capital as a means to employment and a poverty-free future” (p. 210).
Overall Relevance to your Doctoral Capstone Project	Overall Relevance of Article: Good Rationale: This article provides an example of a framework I can use while developing curriculum in the human occupation course.
Overall Quality of Article	Overall Quality of Article: Good Rationale: This article is peer-reviewed, published in the past two years, and comes from a reputable journal. The author is well-known in this area of research and has extensive publishing.
Your Focused Question and Clinical Bottom Line	<i>Question:</i> What frameworks exist to promote student learning of DEI concepts? <i>Clinical Bottom Line:</i> The Social Determinants of Learning framework is a model that is taught to students to promote inclusive care and learn about diversity, equity, and inclusion.

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<p>Your Lay Summary</p>	<p>This research study has the goal of explaining a model of social determinants to nursing students. The study starts by explaining the background. The background explains that most nursing programs do not have very diverse students. This is important because nurses treat people from many different backgrounds. Because of this, the researchers made a model to teach students about diversity. Next, the researchers explained how they did the study. Then they explain how they tested the study on students at Chamberlain University. The model includes student characteristics, diversity, equity, inclusion, and the university's culture. The model also explains different ways to teach students. Professors can use different topics like belonging, motivation for learning, and coaching for success. These different parts all work together to teach students. I can use this model during my project. I will keep the model in mind when I make changes to the classwork. I will also explain this model to the professors.</p>
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<p>Your Professional Summary</p>	<p>This case study's aim was to describe the social determinants of learning framework to explore learning disparities and improve learning opportunities for nursing students in relation to diversity, equity, and inclusion. The methodology of this study started with the researchers stating six different socially imposed forces and causative domains as part of the foundation of the social determinants of learning framework. The literature search included studies from nursing and non-nursing disciplines. The researchers used a literature search to identify key attributes of each domain. The researchers also completed a case study of several interventions related to the social determinants of learning framework to measure student success. The center of the framework includes student characteristics. These characteristics include physical health, psychological health, economic stability, self-motivation, social environment/community, and physical environment/community. Diversity, equity, and inclusion surrounds the center of the student characteristics. The last ring contains students, campus life,</p>
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	<p>administration, environment, curriculum, faculty, and institution’s culture and activities. The author’s list several interventions following the framework which include topics such as mindfulness, self-awareness strategies, belonging, motivation for learning, and coaching for success. The implications of this study suggest that using this framework can support student resilience and student success after graduation. One major weakness of this study is that further testing of student outcomes has not yet been studied.</p>
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4	Overview of Article
Type of article	<p>Overall Type: Conceptual or Theoretical Article</p> <p>Specific Type: Evidence-based column</p>
APA Reference	<p>Brown, K., Lamont, A., Do. A., & Schoessow, K. (2021). The issue is - Increasing racial and ethnic diversity in occupational therapy education: The role of accreditation council for occupational therapy education (ACOTE) standards. <i>American Journal of Occupational Therapy</i>, 75(3). 1-6. https://doi.org/10.5014/ajot.2021.047746</p>

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Abstract	<p>“Now more than ever, the lack of racial and ethnic diversity must be addressed within the health care system, specifically in occupational therapy. This change starts with the successful completion of educational programs by underrepresented minority (URM) occupational therapy students. To increase diversity in the profession, accrediting bodies should mandate support for students of all backgrounds to be successful in higher education. As addressed in the American Occupational Therapy Association 2020 Code of Ethics, the Vision 2025 statement and its pillars, current knowledge on health disparities and occupational therapy demographic data, and other health professional programs’ accreditation standards, there is a need for an addition to, or revision of, the Accreditation Council for Occupational Therapy Education (ACOTE®) standards to support the recruitment and retention of URM occupational therapy students.</p> <p>What This Article Adds: This column provides an evidence-based rationale to address the need for an ACOTE standard requiring documented efforts to support racial and ethnic diversity within occupational therapy education” (p. 1).</p>
Author	<p>Credentials: Kasey Brown, OTD</p> <p>Position and Institution: Recent OTD graduate from MGH Institute of Health Professions</p> <p>Publication History in Peer-Reviewed Journals: limited</p>
Publication	<p>Type of publication: Scholarly peer-reviewed journal</p> <p>Publisher: AJOT</p> <p>Other: There is a detailed reference list.</p>

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Date and Citation History	Date of publication: 2021 Cited By: 11
Stated Purpose or Research Question	“This column provides an evidence-based rationale to address the need for an ACOTE standard requiring documented efforts to support racial and ethnic diversity within occupational therapy education” (p. 1).
Author’s Conclusion	“With an addition to or revision of the current ACOTE standards, an occupational cascade will begin to effectively support the academic performance of URM occupational therapy students. It will also begin to shift our profession, and those affected by it, toward equity, inclusion, and justice” (p.4).
Overall Relevance to your Doctoral Capstone Project	Overall Relevance of Article: Good Rationale: My capstone project is directly impacted by ACOTE standards while adapting the curriculum. This issue brief furthers my understanding of the gaps in practice and the need for changes in ACOTE standards.
Overall Quality of Article	Overall Quality of Article: Good Rationale: This evidence-based column was published by a peer-reviewed journal, has credible authors, and has been published in the past two years.
Your Focused	<i>Question:</i> What changes in ACOTE standards need to be made to improve diversity, equity, and inclusion learning for students?

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Question and Clinical Bottom Line	<p><i>Clinical Bottom Line:</i> ACOTE standards need to make changes to the learning outcomes to include a holistic admissions process, develop mentorship programs, and include remediation and tutoring programs.</p>
Your Lay Summary	<p>This article explains why the Accreditation Council for Occupational Therapy Education (ACOTE) needs to make changes. The authors say that changes need to be made to include racial and ethnic diversity in occupational therapy education. First, the authors describe the history of underrepresented people in healthcare in the United States. They explain that most of occupational therapists identify as non-Hispanic White. Minority students have more challenges in college than other students. The authors explain that changes in healthcare education programs need to be made. This includes changing the curriculum, program plans, and admissions process. Next, the authors explain some of the gaps in ACOTE's current standards. They also explain how other healthcare professions have already made changes. They describe recent changes that physical therapy and speech therapy have already</p>

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	<p>done. This helps us understand how we can make changes in occupational therapy. The authors finish by describing three ways ACOTE can make changes.</p>
<p>Your Professional Summary</p>	<p>This evidence-based column uses current literature to make a claim that racial and ethnic changes need to be made in the Accreditation Council for Occupational Therapy (ACOTE) standards. The design of the column includes the background/history, gaps in current standards, a description of what other disciplines are doing, and future directions for occupational therapy practice. The background provides important statistics regarding occupational therapy practitioners and students demographics, and key definitions of diversity, race, ethnicity, and underrepresented students. The authors summarize that current literature suggests changes in policy, program strategic plans, curriculum, and admission processes can be made in accreditation standards to improve racial and diversity outcomes for students. This column adds that ACOTE does not have any listed definition of diversity</p>

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in ACOTE standards. Another key gap that was identified describes that ACOTE standards are not up to date with AOTA's Vision 2025 platform. This platform has a main pillar of improving diversity, equity, and inclusion as a profession. Other disciplines like physical therapy and speech-language pathology have taken strong initiatives to support underrepresented students and teach diverse concepts. The authors urge that ACOTE should create a standard to ensure occupational therapy programs make an effort to recruit and retain underrepresented students. The key implications include using a holistic admissions process, creating mentorship programs, and remediation programs.

5	Overview of Article
Type of article	Overall Type: Conceptual or Theoretical Article Specific Type: Evidence based guide

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APA Reference	Dogra, N., et al. (2016). Teaching diversity to medical undergraduates: Curriculum development, delivery and assessment. AMEE GUIDE no. 103. <i>Medical Teacher</i> , 38. 323-337. DOI: 10.3109/0142159X.2015.1105944
Abstract	<p>“The aim of this Guide is to support teacher with the responsibility of designing, delivering and/or assessing diversity education. Although, the focus is on medical education, the guidance is relevant to all healthcare professionals. The Guide begins by providing an overview of the definitions used and the principles that underpin the teaching of diversity as advocated by Diversity and Medicine in Health (DIMAH). Following an outline of these principles we highlight the difference between equality and diversity education. The Guide then covers diversity education throughout the educational process from the philosophical stance of educators and how this influences the approaches used through to curriculum development, delivery and assessment. Appendices contain practical examples from across the UK, covering lesson plans and specific exercises to deliver teaching. Although, diversity education remains variable and fragmented there is now some momentum to ensure that the principles of good educational practice are applied to diversity education. The nature of this topic means that there are a range of different professions and medical disciplines involved which leads to a great necessity for greater collaboration and sharing of effective practice” (p. 323).</p>
Author	<p>Credentials: Nisha Dogra, Ph.D., B.M., MRCPsych., M.D.</p> <p>Position and Institution: Professor of Psychiatry Education and an honorary consultant in child and adolescent psychiatry, University of Leicester, UK</p>

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	Publication History in Peer-Reviewed Journals: Extensive
Publication	Type of publication: Scholarly peer reviewed journal Publisher: Medical Teacher Other: This article provides a comprehensive reference list.
Date and Citation History	Date of publication: 2016 Cited By: 78
Stated Purpose or Research Question	“The aim of this Guide is to support teacher with the responsibility of designing, delivering and/or assessing diversity education” (p. 323).
Author’s Conclusion	“This Guide provides support for teachers through systematically covering the educational process from design to delivery with examples. As this Guide shows, there is N. Dogra et al. 334 a body of literature that teachers can refer to as they develop, deliver and assess curricula” (p. 334-335).
Overall Relevance to your Doctoral Capstone Project	Overall Relevance of Article: Good Rationale: This article describes the components needed to make curriculum changes to include diversity in healthcare education.
Overall Quality of Article	Overall Quality of Article: Good

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	Rationale: This article has reputable authors, has been cited by several authors, and includes strong literature. The article was written in the past 10 years.
Your Focused Question and Clinical Bottom Line	<p><i>Question:</i> What principles and considerations should be followed when designing equality and diversity education?</p> <p><i>Clinical Bottom Line:</i> This guide provides several evidence-based principles and considerations when designing and adapting curriculum to include education.</p>
Your Lay Summary	The authors of this article created a guide for curriculum changes. It starts by listing definitions of diversity. Next, the authors explain different educator perspectives. The different perspectives can be used to approach teaching about diversity. The next section of the guide explains diversity curriculum design for college students. The curriculum has a focus on culture. The authors explain that teaching students about culture helps improve patient care. The next section describes ways to build a diverse curriculum. This section explains who should be involved and at what time in the student's program. It also describes learning

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	<p>outcomes and content. Next, the guide continues to explain the best ways to teach students about diversity. The last part of the guide gives examples of ways to assess students' learning. I will use this guide during my entire project. I will use the author's examples and principles to teach students.</p>
Your Professional Summary	<p>This evidence-based guide focuses on describing the design, delivery process, and assessment of diversity education for medical undergraduate students. The strength of this guide is that it is evidence and practice based and it uses peer-reviewed research. The limitations of this guide are that it may contain personal bias due to the nature of the writing and it was written by authors outside of the United States. The guide has numerous implications for diversity-based curriculum. The guide begins with providing terminology around diversity. The authors describe three different educational philosophies. The educator perspective is a method of self-reflection and awareness of professor's</p>

identities. The positivist approach builds off the idea that there are truths to be discovered about the world. The last approach, social constructionist, looks at a broad perspective that people may identify their culture differently than others. The next section of the guide focuses on curriculum design. The authors argue that it is important to consider the planned, delivered, and experienced curriculum in that order when designing new curriculum. The highlighted areas of curriculum design the authors describe include patient centered care, professionalism, and health inequality. The next section, building a diversity curriculum, includes the team members of the design, including diverse content early in the program, learning outcomes, and curriculum content. The authors add that the delivery of the diversity curriculum should discuss the importance of diversity and be engaging to students. The authors explain how diversity should be taught in different formats (lectures, clinical communication skills training, seminars and workshops, community based, e-learning, case material, personal

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development portfolios, student-centered learning, peer learning, and hidden and informal teaching). Lastly, the authors provide evidence-based methods of assessing diversity curriculum. The methods provided include observed structured clinical exams, written assessments, reflective portfolios, questionnaires, and short answer questions. Overall, this guide will be extremely useful to follow throughout my development of student and faculty content.

6	Overview of Article
Type of article	Overall Type: Conceptual or Theoretical Article Specific Type: Thesis, dissertation. Specifically mixed methods study.
APA Reference	Anzalado, L. M. (2020). <i>Transformative learning within social work diversity education: A mixed methods study</i> . ProQuest Dissertations Publishing. i.-313. file:///C:/Users/ashle/Downloads/Transformative Learning within.pdf
Abstract	“Recent societal shifts underscore the importance of preparing social work students for effective practice with diverse populations. Lack of cultural competence among social workers is a problem that can

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	<p>negatively impact communities (Sue et al., 2009). Diversity education is thus a fundamental component of accredited social work graduate programs. The purpose of this convergent mixed methods study was to explore the transformative impact of diversity education on the cultural competence of graduate social work students at a public university in the Southeastern United States. Transformative learning theory, which addresses the change process in education (Mezirow, 1991), offered a framework to explore emergent cultural competence for one cohort of 49 full-time social work students selected as a case study. A convergent mixed methods design with an embedded case study approach offered a multifaceted understanding of participant experiences. Extant field assessment data served as a quantitative data source. Classroom observation and interviews provided qualitative data. Data sets were analyzed then merged and compared. A paired-samples, two-tailed t test indicated a statistically significant difference in mean cultural competence scores on the field assessment between midterm (M = 41.43, SD = 8.12) and final (M = 47.18, SD = 9.63); $t(27) = -5.9, p < .01, d = 0.65$. Thematic analysis of qualitative data revealed themes of developing cultural competence as well as constructs and phases that are associated with transformative learning. Integration and interpretation of quantitative and qualitative data offered an expanded understanding of emergent cultural competence within social work diversity education” (p. xi).</p>
Author	<p>Credentials: Lauren Marie Anzaldo, EdS, MS, MSW, BA</p> <p>Position and Institution: Doctor of Education student, University of West Florida College of Education and Professional Studies</p> <p>Publication History in Peer-Reviewed Journals: Limited</p>

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Publication	<p>Type of publication: Grey literature</p> <p>Publisher: ProQuest Dissertations Publishing</p> <p>Other: This study is unpublished at this time.</p>
Date and Citation History	<p>Date of publication: 2020</p> <p>Cited By: 0</p>
Stated Purpose or Research Question	<p>“The purpose of this convergent mixed methods study was to explore the transformative impact of diversity education on the cultural competence of graduate social work students at a public university in the Southeastern United States. This study used quantitative measures and qualitative inquiry to examine changes in knowledge, skills, and values associated with cultural competence among graduate social work students receiving diversity education and to identify the learning experiences that may contribute to these changes” (p. 11).</p>
Author’s Conclusion	<p>“The first conclusion supported by the data was that diversity education had a minimal transformative impact on the cultural competence of the social work students in the cohort that was selected as a case for this study... The second conclusion based on the data was that a gap existed between classroom-based education and field-based education for cultural competence in this case... Lastly, the third conclusion derived from the data was that there was a need for an aligned and purposeful approach to diversity education with the goal of cultural competence for social work students” (p. 197-199).</p>
Overall Relevance to your Doctoral	<p>Overall Relevance of Article: Good</p> <p>Rationale: This research project provides an example of diversity education at another university within the social work program.</p>

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Capstone Project	
Overall Quality of Article	<p>Overall Quality of Article: Moderate</p> <p>Rationale: This article is not published by a written journal but is completed research as a doctoral dissertation. The author is a student who was supported by professors at the university. The article has been written in the past three years.</p>
Your Focused Question and Clinical Bottom Line	<p><i>Question:</i> What other fields have completed research on student learning on diversity and cultural competency?</p> <p><i>Clinical Bottom Line:</i> This study found that social work students who completed diversity training using transformative learning theory developed skills of cultural competency.</p>
Your Lay Summary	<p>This study was completed by a doctoral student. The study measured student learning on diversity education. The study was completed on social work students at a university. The researcher wanted to understand how the training impacted students' knowledge, skills, and values. The researcher used data from interviews, observation, and test</p>

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	<p>scores. The researcher found that the current diversity training had a small impact on student outcomes. Second, the researcher found that students felt unprepared for clinical work. Several students noted they would have benefited from more diverse education in the classroom.</p> <p>The last conclusion found that there is a need for more diverse education. My project will measure similar themes as this study. This information helps me understand how other healthcare fields are completing diversity training. I can also use the same theory or a similar theory while creating diversity classwork for students.</p>
Your Professional Summary	<p>The objective of this convergent mixed methods study was to identify the impact of transformative learning on diversity and cultural competence training. The author used a cohort of 49 graduate social work students. The author used non-random purposive sampling to select the cohort of students. The qualitative data was observation of two social work classes, one in semester two and one in semester four of the program. The researcher used a case sampling approach to</p>

conduct three semi-structured interviews with students. The researcher used quantitative data to collect information on the students' perspectives of cultural competence. A few strengths of this study design is that quantitative data is easy to replicate and qualitative data explores detailed phenomena. One limitation from this study was the small sample size of students. The researcher did not make conclusions on the external factors (demographic or geographic background) that impacted a student's learning. Another limitation to the study was limited research on transformative learning for the field of social work. The two noted limitations of the study were low response rates for quantitative data and observation of only a select number of courses. It is unclear if diversity training is completed in other courses of the social work program. The implications of this study highlight theory, policy, practice, and unexpected outcomes.

7	Overview of Article
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Type of article	<p>Overall Type: Primary Research Study (qualitative, quantitative, etc.)</p> <p>Specific Type: Qualitative, ethnography</p>
APA Reference	<p>Hudson, N. J. (2020). An in-depth look at comprehensive diversity training program for faculty. <i>International Journal for the Scholarship of Teaching and Learning</i>, 14(1). 1-10. https://doi.org/10.20429/ijsofl.2020.140103</p>
Abstract	<p>“This ethnographic research project examines a five-month diversity training program that 16 faculty participated in voluntarily at a university in the western United States. In addition to reviewing diversity issues and challenges in higher education, this article provides information about the program, describes my participant-observer experience, and provides evidence that assesses the program’s effects on teaching practices. This annual program includes learning, reflection and application and helps the participants develop new inclusive teaching strategies for the courses they teach. A post-program survey of the participants indicates that the majority felt that the program had a lasting beneficial effect on their teaching practices, and the results include specific inclusive teaching strategies that faculty can use in the classroom” (p. 1).</p>
Author	<p>Credentials: Nancie J. Hudson, M.A., Ph.D.</p> <p>Position and Institution: Professor, California Polytechnic State University</p> <p>Publication History in Peer-Reviewed Journals: Extensive</p>

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Publication	<p>Type of publication: Scholarly peer reviewed journal</p> <p>Publisher: International Journal for the Scholarship of Teaching and Learning</p> <p>Other: This article provides a detailed reference list.</p>
Date and Citation History	<p>Date of publication: 2020</p> <p>Cited By: 16</p>
Stated Purpose or Research Question	<p>“RQ#1: From an individual perspective, what is it like to be a participant in a comprehensive diversity training program for faculty? RQ#2: From a collective assessment standpoint, does participation in a comprehensive diversity program for faculty have a lasting beneficial effect on teaching practices?” (p.1).</p>
Author’s Conclusion	<p>“All faculty, even those at predominantly White institutions, need diversity training so they will be able to model inclusive language and behavior and will be prepared to handle sensitive discussions about diversity issues that arise in the classroom (Waite & Colvin, 2018)” (p.8)</p>
Overall Relevance to your Doctoral Capstone Project	<p>Overall Relevance of Article: Good</p> <p>Rationale: This article provides me with key information on the best approaches and rationale of teaching diversity to professors.</p>
Overall Quality of Article	<p>Overall Quality of Article: Good</p>

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	Rationale: Dr. Hudson is well known in the field. The article uses evidence-based methods, was recently published, and has a detailed reference list.
Your Focused Question and Clinical Bottom Line	<p><i>Question:</i> What training programs currently exist to teach faculty about diversity?</p> <p><i>Clinical Bottom Line:</i> The researcher leads an annual 5 month diversity training on teaching strategies for faculty at the California Polytechnic State University.</p>
Your Lay Summary	<p>This research article summarizes diversity training for professors at a university. The author explains that one day or half day staff training is not enough. The Teaching Inclusion and Diversity Everywhere program is used in this study. The training is five months long. It includes different learning formats. The first part of the training is 12 sessions long. Each session talked about racism. The next part of the training had faculty read a book about diversity in the classroom. They completed online assignments related to the book. The next part of the training included a workshop to help faculty create classwork for students. The last part of</p>

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	<p>the training looked at how well the professors were teaching the new material. The author made a survey for other professors to take. The survey found that the professors were able to make their courses more inclusive. This study helps me understand what important things I should teach faculty members. I can use parts of the Teaching Inclusion and Diversity Everywhere program for my project.</p>
Your Professional Summary	<p>The objective of this ethnographic research study was to examine the outcomes of faculty training on diversity using the Teaching Inclusion and Diversity Everywhere program. The author explains her personal experience with the program and conducted a survey following the training. The program was developed in 2016 by the university's Center for Teaching, Learning, and Technology with the goal of gaining personal insight of diversity and promoting inclusive teaching practices. The author used qualitative ethnography to gather data about the training. The data she collected included course materials from the program, notes from the training, notes about observations, interviews</p>

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	<p>with the training facilitators, and a survey from other participants. The strengths of this study include first hand experience from the training. Furthermore, the author provides evidence that the training program was successful. The main weakness of this study is personal bias. The author reflects on her experience with transformative learning and different approaches she used in the classroom. A few highlighted approaches she uses after the training include limiting self-introductions, including diverse videos in class content, eliminating gender roles in personal speech, including current events in class content, and redesigning course materials. She notes that her end of term evaluation ratings improved following the training. Another implication of this study suggests that longer term trainings are more effective than one day or half day trainings.</p>
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8	Overview of Article
Type of article	Overall Type:

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	<p>Primary Research Study (qualitative, quantitative, etc.)</p> <p>Specific Type: Quantitative, pilot study</p>
APA Reference	<p>Maeder, K. A., et al. (2022). DPT diversity, equity, and inclusion (DEI) practices and study physical therapists' self-perceived cultural competence. <i>Journal of Student Physical Therapy Research</i>, 12(3). 32-49. http://www.ptstudentjournal.org/assets/JSPTR_Volume_12-2_article_3.pdf</p> <p>*note: I could not locate a DOI for this article.</p>
Abstract	<p>“Purpose: The purpose of this study is to survey current and recently graduated students of Physical Therapy regarding the Diversity, Equity, and Inclusion (DEI) practices of their Doctorate of Physical Therapy programs, and how these practices influenced their experience and their perceived cultural competence in clinical practice. Student perceptions of these concepts and practices give programs an overall idea of the impact of the DEI and cultural competency training within their program. Number of Subjects: 162. Methods: Current students and recent graduates of eight physical therapy programs in the southeastern United States were recruited via email to participate in an online Qualtrics survey. The survey questions aimed to capture the student experience/perception of DEI practices implemented in their program and their perceived cultural competence skills. Results: A total of 162 students/alumni (n=162) completed the Qualtrics survey from 8 different DPT programs in the southeastern United States. True/False/Unsure questions regarding the presence of a student/faculty from an underrepresented minority group (URM) and the presence of someone of the same race/ethnicity as the subject in their cohort, program, and</p>

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	<p>faculty showed an overall mean score of $x=0.907$ (0=False, 0.5=Unsure, 1=True). Questions regarding the subject's perception of their cohort, program, and faculty as "racially and ethnically diverse" showed an overall mean score of 3.3 (0=Strongly Disagree- 6=Strongly Agree). Questions regarding the subject's self-perceived cultural competency skills showed an overall average score response of 4.75. Conclusion: Subjects overall regard their program as racially and ethnically diverse across student cohorts and programs. Students on average regarded themselves as overall culturally competent. Faculty representation and diversity was overall reported below the average response. This suggests adequate DEI environments and cultural competency training, yet students recognize there may be a lack of diverse representation amongst DPT faculty" (p. 32).</p>
Author	<p>Credentials: Kathryn A. Maeder, PT, DPT</p> <p>Position and Institution: Georgia State University, Department of Physical Therapy</p> <p>Publication History in Peer-Reviewed Journals: limited</p>
Publication	<p>Type of publication: Scholarly peer-reviewed journal</p> <p>Publisher: Journal of Student Physical Therapy Research</p> <p>Other: This article provides several graphs and appendixes. There is a detailed reference list.</p>
Date and Citation History	<p>Date of publication:2022</p> <p>Cited By: 0 (recently published)</p>
Stated Purpose or	<p>"This study aims to capture the student experience of DEI initiatives within their programs by surveying current and recently graduated</p>

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Research Question	students of Physical Therapy regarding the DEI practices of their Doctorate of Physical Therapy programs, and how these practices influenced their experience and their perceived cultural competence in clinical practice” (p. 34).
Author’s Conclusion	“This study provides valuable insight into the current student experience of the DEI practices and preparation in their DPT programs. Acknowledging the impact of how each DPT program currently implements DEI principles directly impacts physical therapy as a profession and better advances greater DPT Diversity, Equity, and Inclusion practices overall patient care” (p. 39-40).
Overall Relevance to your Doctoral Capstone Project	Overall Relevance of Article: Good Rationale: This article provides an example of what my survey could look like to give to students and faculty. It also furthers my understanding of what other disciplines are currently doing to increase DEI concepts.
Overall Quality of Article	Overall Quality of Article: Good Rationale: This article was written by several authors in the PT field. The publication was published in the past year.
Your Focused Question	<i>Question:</i> How does DEI education improve interdisciplinary student’s culture competence?

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<p>and Clinical Bottom Line</p>	<p><i>Clinical Bottom Line:</i> PT students across 8 schools had higher scores in cultural competence training compared to racially and ethnically diverse training.</p>
<p>Your Lay Summary</p>	<p>This study surveyed physical therapy students and recently graduated students. The survey was on the impact of diversity, equity, and inclusion content in their classes. The survey also looked at if the content impacted their future practice. There was a total of 162 participants across 8 different physical therapy schools in the United States. The survey included questions about the demographics of students and professors in the program. It also asked questions about the type of diversity material in their classes. The authors found that students reported that overall, they are culturally competent. Student and professor demographics ranged across the different schools. The authors state that overall, there is good diversity, equity, and inclusion training. They also say that physical therapy education would benefit from more diversity training. This study is helpful for my project. I can</p>

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	<p>base my survey questions off their ideas. It is helpful to understand what other professions are currently doing.</p>
<p>Your Professional Summary</p>	<p>The objective of this pilot study was to understand how diversity, equity, and inclusion (DEI) is included within physical therapy programs, the demographics of physical therapy students and faculty, and how students perceive cultural competence practice. The research team developed a 33-question survey using true/false, Likert scale, and open-ended questions. The survey was sent to current and recently graduated students from 8 different physical therapy schools in southeastern United States. The demographics of faculty ranged from each program, but overall students only slightly agreed that programs were racially and ethnically diverse. Overall, students reported higher rates of being culturally competent. A total of 162 participants completed the study. One key limitation of this study is the personal bias of the students and practitioners who completed the study. Another limitation is that the study did not complete any qualitative analysis on the open-ended</p>

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questions. The researchers note that the survey was given after the murder of George Floyd, which may have impacted their results due to national attention to this topic. This study implies that faculty needs to continue improving culturally competent material in coursework for students. The authors note that future research should be completed to compare students and new graduates' self-perceived cultural competence and actual cultural competence skills.

9	Overview of Article
Type of article	Overall Type: Conceptual or Theoretical Article Specific Type: Conceptual article
APA Reference	Taff, S. D. & Blash, D. (2017). Diversity and inclusion in occupational therapy: Where we are, where we must go. <i>Occupational therapy in Health Care</i> , 31(1). 72-83. https://doi.org/10.1080/07380577.2016.1270479
Abstract	“Diversity is a fundamental element of the AOTA Centennial Vision and a critical aspect for the visibility, growth, and sustainability of the occupational therapy profession. In this article, the authors suggest that,

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	<p>while the profession has been aware of the need for a diverse workforce and has taken steps to increase diversity and cultural competency, a more structured, comprehensive, and action-oriented approach must be considered to address an issue which impacts professional roles and client engagement, satisfaction, and well-being. Informed by the value-added and mutual accommodation models of cultural diversity, the authors provide specific strategies and actions which promote diversity and inclusion at the personal, institutional/organizational, and professional levels” (p. 72).</p>
Author	<p>Credentials: Steven Taff, PhD, OTR/L, FNAP, FAOTA</p> <p>Position and Institution: Division Director, Professional Education; Assistant Professor of Occupational Therapy and Medicine, Washington University School of Medicine, St. Louis, Missouri, USA</p> <p>Publication History in Peer-Reviewed Journals: Moderate</p>
Publication	<p>Type of publication: Scholarly peer-reviewed journal</p> <p>Publisher: Taylor & Francis Group</p> <p>Other: This article has a detailed reference list.</p>
Date and Citation History	<p>Date of publication: 2017</p> <p>Cited By: 6</p>
Stated Purpose or Research Question	<p>“We follow this with a brief synopsis on the current state of diversity and inclusion in Occupational Therapy- “where we are” in terms of creating a diverse workforce. Next, we briefly describe four models of diversity which are commonly found in organizations and institutions. We then conclude with examples and a case study which utilize the value-added and mutual accommodation models of diversity to guide practical ideas</p>

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	for implementing change in occupational therapy at the person, program/institutional, and professional levels— “where we must go” (p. 73).
Author’s Conclusion	“The pathway from where we are to where we must go starts with open and honest reflection on the individual, institutional, and professional levels. Honest reflection alone, however, is insufficient if not followed by understanding, commitment and action” (p. 81)
Overall Relevance to your Doctoral Capstone Project	Overall Relevance of Article: Good Rationale: This article provides an overview of the current state of diversity within the occupational therapy profession. It adds relevance to the need for improved diversity concepts within the educational system.
Overall Quality of Article	Overall Quality of Article: Good Rationale: This article is peer-reviewed, contains evidence from quality sources, and has been published in the past 6 years.
Your Focused Question and Clinical Bottom Line	<i>Question:</i> Why does the field of occupational therapy need to improve diversity and inclusion? <i>Clinical Bottom Line:</i> The field of occupational therapy needs to follow AOTA’s Centennial Vision by improving a diverse workforce and creating culturally competent practitioners.

<p>Your Lay Summary</p>	<p>This article provides information on the background of diversity in occupational therapy and the steps the profession needs to take. The article starts by explaining that diversity and inclusion is often talked about, but steps to improve it have not been made. The authors provide definitions for diversity and inclusion. They also explain that most practicing occupational therapists are white women. They state that increasing diverse demographics can improve the culture of organizations. In addition, they argue that occupational therapists should be trained to meet the needs of diverse clients. The authors explain what work is currently being done to address the problem. Next, they give examples of person, program, and professional changes that can be made. They also give examples of research that has been done on this topic. The authors list different barriers that make change hard. Overall, this article can help me provide background information to students and faculty. I can explain what areas need to be addressed in my project.</p>
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<p>Your Professional Summary</p>	<p>The objective of this article is to conceptualize the history of diversity and inclusion in occupational therapy, steps that have been taken, and future directions for the profession. The most notable information from this article is the guide for future directions. The authors provide four cultural models of diversity that should be utilized in higher education. These include sameness, common identity, value-added, and mutual accommodation. They provide three main approaches for making change, including personal, program/institution, and profession. For each approach, value-added and mutual accommodation strategies are listed. A strength of this article is that they use evidence to base all their claims. They provided models and strategies that have been proven successful through evidence-based research. One limitation to this article is potential bias while conceptualizing existing research and creating new ideas. They added a barriers section to the paper which addresses a few of these concepts. Overall, this article adds to the recognition that changes need to be made to occupational therapy</p>
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	<p>education. The authors imply that the profession should utilize diversity models, encourage new practice areas, and promote inclusive learning and working climates. They urge that change is needed on individual, institutional, and professional levels in order for the profession to become more inclusive and diverse.</p>
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10	Overview of Article
Type of article	<p>Overall Type: Primary Research Study (qualitative, quantitative, etc.)</p> <p>Specific Type: Qualitative and quantitative review of training</p>
APA Reference	<p>Kosset, E. E., et al. (2022). Implementing diversity training targeting faculty microaggressions and inclusion: Practical insights and initial findings. <i>The Journal of Applied Behavioral Science</i>, 0(0). 1-37. DOI: 10.1177/00218863221132321</p>
Abstract	<p>Despite the importance of faculty diversity training for advancing an inclusive society, little research examines whether participation improves inclusion perceptions and belongingness. Integrating training and diversity education literature concepts, this study examines the effectiveness of training targeting microaggressions in six STEM (Science, Technology, Engineering, Mathematics) oriented departments</p>

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	<p>at a research-intensive university. Reactions data collected at the end of face-to-face training suggested that participation generally increased inclusion understanding. Self-assessments on inclusion concepts collected from 45% of participants before and three weeks after training suggest participation increases perceptions of the importance of inclusion, microaggression allyship awareness, inclusive behaviors, and organizational identification. Compared to white men, women and minorities reported a greater increase in satisfaction with their department affiliation. While self-assessment results are exploratory and have limitations, analysis suggests that diversity training may enhance knowledge of microaggressions, allyship, inclusive behaviors, and belongingness perceptions. We provide insights for evaluating and implementing diversity training interventions” (p. 1-2).</p>
<p>Author</p>	<p>Credentials: Ellen Ernest Kossek, M.B.A., Ph.D.</p> <p>Position and Institution: Basil S. Turner Distinguished Professor of Management, Purdue University</p> <p>Publication History in Peer-Reviewed Journals: extensive</p>
<p>Publication</p>	<p>Type of publication: Scholarly peer-reviewed journal</p> <p>Publisher: Sage Publications</p> <p>Other: This article has a detailed reference list.</p>
<p>Date and Citation History</p>	<p>Date of publication: 2022</p> <p>Cited By: 0 (recently published article)</p>
<p>Stated Purpose or</p>	<p>“Hypothesis 1: Comparing self-assessments of participants’ knowledge and behaviors relevant to the understanding of inclusion concepts prior to and following the training, faculty who attend training will perceive</p>

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<p>Research Question</p>	<p>increased understanding of the importance of diversity and inclusion for institutional excellence. Hypothesis 2: Comparing self-assessments of participants' knowledge and behaviors relevant to the understanding of inclusion concepts prior to and following the training, faculty who attend training will perceive increased understanding of microaggressions and how to be an ally when a bystander to their occurrence. Hypothesis 3: Comparing self-assessments of participants' knowledge and behaviors relevant to the understanding of inclusion concepts prior to and following the training, faculty who attend training will perceive greater use of inclusive behaviors on the job. Hypothesis 4: Comparing self-assessments of participants' belongingness perceptions prior to and following the training, faculty who attended the training will perceive greater identification with the university and satisfaction with department affiliation. Hypothesis 5: Comparing self-assessments of participants' belongingness perceptions prior to and following the training, the increase in perceptions of their identification with university and satisfaction with department affiliation will be stronger for women and minority faculty who participated in the training than for white male faculty" (p. 6-8).</p>
<p>Author's Conclusion</p>	<p>"Overall, we provide preliminary evidence that a brief 2-hour interactive training with follow-up after training on goal-setting and self-monitoring activities is positively received by faculty training reactions. DEI training participation also may be related to improvements in faculty's understanding of microaggressions and behaviors supporting inclusion, organizational identification, and likely retention" (p. 31)</p>
<p>Overall Relevance to your Doctoral</p>	<p>Overall Relevance of Article: Good</p>

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Capstone Project	Rationale: This study provides an excellent example of the positive impact DEI training can have on faculty teaching outcomes. It provides specific examples of what training may look like.
Overall Quality of Article	Overall Quality of Article: Good Rationale: This article is peer-reviewed, recently published, and has credible authors in the field.
Your Focused Question and Clinical Bottom Line	<p><i>Question:</i> How does DEI faculty training impact teaching methods?</p> <p><i>Clinical Bottom Line:</i> Faculty DEI training may improve faculty's understanding of microaggressions, support inclusion within departments, and promote faculty retention.</p>
Your Lay Summary	This study summarizes a diversity training completed with faculty at a university. The authors begin by explaining the background on this topic and a model they followed. The researchers then described different research on diversity, equity, and inclusion training, microaggressions, bystanders and allies, and diversity trainees. The authors describe their process for developing five hypotheses. The hypotheses are all related to diversity excellence, microaggressions, inclusive behaviors, and

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	<p>satisfaction. The authors describe the layout of the two-hour training and how they collected information. The trainees completed a survey and open-ended questions. The authors found that using different teaching methods is the most useful for trainees. They also found that the diversity training can improve faculty's feeling of belonging at the university. Overall, the faculty found the training helpful. This research will help me develop a training for faculty at St. Kate's. I can use their models and layout of the training as well.</p>
Your Professional Summary	<p>The objective of this qualitative and quantitative research study was to examine the effects of faculty DEI training on faculty behaviors. The researchers specially wanted to measure DEI learning and behavior outcomes and work belongingness outcomes. Before developing the training, the research team conducted theory and literature reviews on microaggressions, bystanders and allies, and faculty as diversity trainees. Following the literature review, the researchers developed 5 hypotheses. Faculty, researchers, and graduate students across several</p>

departments at Purdue University developed the Be a Better Ally: What We Say and Why It Matters training based off the results of the literature review. The goals of the training were to increase faculty knowledge on diversity and inclusion on an organizational level, microaggressions impact on work culture, and strategies for inclusive language and behavior. The training was two hours long. Participants were selected using human subjects research protection protocols. Participants included faculty members from various STEM departments at Purdue University. The research team collected quantitative data (Likert scale questions) and qualitative data (open-ended questions) following each session. The study points out the following limitations: small, non-randomized sample; test-retest effects; attrition of participation; and no control group. The study also took place at the beginning of the COVID-19 pandemic. A strength of the study is that they used evidence-based research for developing the training and measured its effectiveness. The implications of this study suggest DEI centered faculty training may

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	increase belongingness to the organization, reduce microaggressions, and increase inclusive behaviors.
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Appendix D:

Student Pre Survey

1. PAGE ONE:

- a. You are invited to participate in this research project as a part of Ashley Fosness' capstone project on improving diversity, equity, and inclusion (DEI) and cultural humility in the St. Catherine University curriculum. This project is being conducted by Ashley Fosness, student in Doctorate in Occupational Therapy at St. Catherine University. The purpose of this survey is to gather baseline information about students' current understanding of DEI and cultural fluency topics in occupational therapy. The survey includes terms about diversity, equity, and inclusion, cultural humility, and the CQ assessment. The data that we collect from this survey will be used to determine the effectiveness of student teaching. It will take approximately 10 minutes to complete.

Your responses to this survey will be anonymous and results will be presented in a way that no one will be identifiable. Confidentiality will be maintained to the degree permitted by the survey technology used, Google Surveys. Specifically, no guarantees can be made regarding the interception of data sent via the Internet by any third parties.

Your participation is voluntary and your decision whether or not to participate will not affect your relationships with the researchers, your instructors, any others in the OT department, or St. Catherine University. If you decided to stop at any time you may do so. You may also skip any item that you do not want to answer. If you have any questions about this project, please contact Ashley Fosness, 605-295-4920, abfosness230@stkate.edu or the Institutional Reviewer Board Chair: John Schmitt, PT, PhD, 651-690-7739; jsschmitt@stkate.edu. By responding to the items on this survey you are giving us your consent to allow us to use your responses for research and educational purposes.

- a. I agree to participate.
 - b. I do not agree to participate.
-
1. Please list your last 4 digits of your cell phone number. This will be used in place of your personal data to compare pre/post data.
 - a. (open-ended)
 2. How would you describe your current knowledge of cultural humility, or diversity, equity, and inclusion (DEI)?
 - a. Low (limited)
 - b. Moderate (some)
 - c. High (significant)

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3. How would you describe your current knowledge on how implicit bias may affect a patient, student, or practitioner?
 - a. Low (limited)
 - b. Moderate (significant)
 - c. High (significant)
4. What level of importance do you place on proactively incorporating cultural humility into client evaluations and interventions?
 - a. Low (limited)
 - b. Moderate (some)
 - c. High (significant)
5. How would you describe your level of understanding of the impact of culture on daily occupations?
 - a. Low (limited)
 - b. Moderate (some)
 - c. High (significant)
6. What is your comfort level discussing DEI and cultural humility concepts with peers?
 - a. Low (limited)
 - b. Moderate (some)
 - c. High (significant)

Student Post-survey

7. Please list the last 4 digits of your cell phone number. This will be used in place of your personal data to compare pre/post data.
 - a. (Open-ended)
8. How would you describe your current knowledge of cultural humility, or diversity, equity, and inclusion (DEI)?
 - a. Low (limited)
 - b. Moderate (some)
 - c. High (significant)
9. How would you describe your current knowledge on how implicit bias may affect a patient, student, or practitioner?
 - a. Low (limited)
 - b. Moderate (significant)
 - c. High (significant)
10. What level of importance do you place on proactively incorporating cultural humility into client evaluations and interventions?
 - a. Low (limited)
 - b. Moderate (some)
 - c. High (significant)
11. How would you describe your level of understanding of the impact of culture on daily occupations?
 - a. Low (limited)
 - b. Moderate (some)
 - c. High (significant)

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12. What is your comfort level discussing DEI and cultural humility concepts with peers?
 - a. Low (limited)
 - b. Moderate (some)
 - c. High (significant)
13. What are three new things you've learned about the impact of culture in OT practice?
 - a. (Open ended answer)
14. What two actions would you consider taking as relates to cultural humility within OT practice?
 - a. (Open ended answer)
15. What other questions do you still have on cultural humility and/or DEI knowledge related to OT?
 - a. (Open ended answer)

Appendix E:

Faculty pre survey

1. PAGE ONE:

You are invited to participate in this research project as a part of Ashley Fosness' capstone project on improving diversity, equity, and inclusion (DEI) and cultural humility in the St. Catherine University curriculum. This project is being conducted by Ashley Fosness, student in Doctorate in Occupational Therapy at St. Catherine University. The purpose of this survey is to gather baseline information about faculty's current understanding of DEI and cultural fluency topics in occupational therapy. The survey includes terms about diversity, equity, and inclusion, and cultural humility. The data that we collect from this survey will be used to determine the effectiveness of faculty learning. It will take approximately 10 minutes to complete.

Your responses to this survey will be anonymous and results will be presented in a way that no one will be identifiable. Confidentiality will be maintained to the degree permitted by the survey technology used, Google Surveys. Specifically, no guarantees can be made regarding the interception of data sent via the Internet by any third parties.

Your participation is voluntary and your decision whether or not to participate will not affect your relationships with the researchers, your instructors, any others in the OT department, or St. Catherine University. If you decided to stop at any time you may do so. You may also skip any item that you do not want to answer. If you have any questions about this project, please contact Ashley Fosness, 605-295-4920, abfosness230@stkate.edu or the Institutional Reviewer Board Chair: John Schmitt, PT, PhD, 651-690-7739; jsschmitt@stkate.edu. By responding to the items on this survey you are giving us your consent to allow us to use your responses for research and educational purposes.

- a. I agree to participate.
 - b. I do not agree to participate.
-
1. Please list the last 4 digits of your cell phone number. This will be used in place of your personal data to compare pre/post data.
 1. (Open-ended)
 2. How would you describe your current knowledge of implicit bias, cultural humility, or diversity, equity, and inclusion (DEI)?
 1. Low (limited)
 2. Moderate (some)
 3. High (significant)
 3. How would you describe your level of importance to practice cultural humility with patients?
 1. Low (limited)

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2. Moderate (some)
3. High (significant)
4. What is your current comfort level in facilitating class activities that discuss diversity, equity, and inclusion (DEI) and/or cultural humility?
 1. Low (I do not feel very comfortable)
 2. Moderate (I feel somewhat comfortable)
 3. High (I feel very comfortable)
5. How frequently do you discuss DEI and culture in your course content?
 1. Never
 2. Once a semester
 3. More than 3 times a semester
 4. These concepts are not applicable in my courses

Faculty Post Survey

1. Please list the last 4 digits of your cell phone number. This will be used in place of your personal data to compare pre/post data.
 - a. (Open-ended)
2. How would you describe your current knowledge of implicit bias, cultural humility, or diversity, equity, and inclusion (DEI)?
 - a. Low (limited)
 - b. Moderate (some)
 - c. High (significant)
3. How would you describe your level of importance to practice cultural humility with patients?
 - a. Low (limited)
 - b. Moderate (some)
 - c. High (significant)

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4. After taking the training, what is your comfort level in facilitating class activities that discuss diversity, equity, and inclusion (DEI) and/or cultural humility?
 - a. Low (I do not feel very comfortable)
 - b. Moderate (I feel somewhat comfortable)
 - c. High (I feel very comfortable)
5. After participating in the training, how likely are you to increase the times you discuss cultural humility, culture, and/or DEI concepts in your courses?
 - a. Not likely
 - b. Somewhat likely
 - c. Very likely
 - d. These concepts are not applicable to my courses
6. What concepts from the training would you use in your courses?
 - a. (Open ended)
7. What concepts from the training would you NOT use in your courses?
 - a. (Open ended)
8. What questions do you still have about DEI and/or cultural humility in teaching OT content?
 - a. (Open ended)

Appendix F:

Human Occupation Pre-class questions:

Students will first begin by taking a pre-class survey before starting any readings. The survey will be used to collect data on the effect student learning for Ashley Fosness' capstone project. Students will complete class preparation in a Jigsaw format. You will be chosen to read two articles, listen to a podcast, or watch two TED talks. You will answer the questions related to your assigned material and report back to students in other groups in class. All students will review the iceberg concept of culture. Please bring your CQ self-reflection from week 4 to class this week.

Link to survey (everyone complete first):

[https://docs.google.com/forms/d/e/1FAIpQLSdwUM3iFoG-YKJ5uDukwkbh-T8LiR0t49e2kg3tSg_c9legzw/viewform?usp=sf link](https://docs.google.com/forms/d/e/1FAIpQLSdwUM3iFoG-YKJ5uDukwkbh-T8LiR0t49e2kg3tSg_c9legzw/viewform?usp=sf_link)

Journal articles: **Complete if your last name is A - J**

Taff, S. D. & Blash, D. Diversity and inclusion in Occupational Therapy: Where we are, where we must go. *Occupational Therapy in Health Care*, 31(1). 72-83.

<https://doi.org/10.1080/07380577.2016.1270479> (link to PDF <https://www.tandfonline-com.pearl.stkate.edu/doi/pdf/10.1080/07380577.2016.1270479>)

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American Occupational Therapy Association. (2020). Occupational therapy's commitment to diversity, equity, and inclusion. *American Journal of Occupational Therapy*, 74(3). <https://doi.org/10.5014/ajot.2020.74S3002>

Podcast: Complete if your last name is K - P

#51 Racism and Occupation with Ryan Lavalley and Khaliliah R. Johnson. Episode:

<https://www.podcastrepublic.net/episode/88113650244>

<https://audio.buzzsprout.com/9ni8068l0p7bip1iq64ptc7wgxyy?response-content-disposition=inline&>

TED Talks: Complete if your last name is Q - Z

Belonging, A Critical Piece of Diversity, Equity, & Inclusion, Carin Taylor

https://www.ted.com/talks/carin_taylor_belonging_a_critical_piece_of_diversity_equity_inclusion

The danger of a single story, Chimamanda Ngozi Adichie

https://www.ted.com/talks/chimamanda_ngozi_adichie_the_danger_of_a_single_story/c

From the inside out: Diversity, Inclusion, & Belonging, Wendy Knight Agard

https://www.ted.com/talks/wendy_knight_agard_from_the_inside_out_diversity_inclusion_belonging

Questions:

1. Review the iceberg concept of culture PDF. [icebergconceptofculture.pdf](#) . Reflect on the following questions.

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- a. What aspects of culture listed on the surface and deep culture resonate with you?
 - b. Are there any parts of culture listed below the surface that surprised you?
 - c. Can you think of any additional parts of your culture or someone else's that you can think of?
2. After completing your assigned material, answer the following questions:
- a. What are your main three takeaways?
 - b. Describe two ideas that align with your beliefs and values.
 - c. What is one question you still have?

Pre-Class CQ Debrief Questions (Completed three weeks before other pre-class materials and after taking the CQ assessment)

After taking the CQ Assessment, reflect on the following questions. You will use this document in a few weeks when we talk about the CQ Assessment in more detail.

1. Reflect on your scores. What domains did you score higher/lower in? Are there any domains that surprised you?
2. What prior experiences or cultural considerations have you previously had that you believe shaped your scores?
3. What steps/actions can you think of to overall improve your domain scores?

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Pre-Class VoiceThread: CQ Debrief Guide

Link: <https://voicethread.com/share/23193955/>

Appendix G

In-Class PowerPoint with In-Class Activities and Agenda

<https://skate.box.com/s/mqlpcldv4f3l6hbkw133tx6k51ru8iv>

Appendix H

Link to CQ Assessment webpage (includes description): <https://culturalq.com/products-services/assessments/cultural-values-profile/>

Appendix I

Recruitment Email Statement for Faculty

Hello,

You are invited to participate in this research project as a part of Ashley Fosness' capstone project on improving diversity, equity, and inclusion (DEI) and cultural humility in the St. Catherine University curriculum. This project is being conducted by Ashley Fosness, student in Doctorate in Occupational Therapy at St. Catherine University. The purpose of this survey is to gather baseline information about faculty's current understanding of DEI and cultural fluency topics in occupational therapy. The survey includes terms about diversity, equity, inclusion, and cultural humility. The data that we collect from this survey will be used to determine the effectiveness of faculty learning on this listed topics. There will be two surveys, one pre and one post, that will take approximately 10 minutes to complete each. Participation in this survey is completely voluntary, without any compensation.

In addition to the pre-survey, you will have access to a resource training guide and a short video lecture on evidence-based teaching strategies. Following the training, I ask you to take a post-survey. Please do not hesitate to reach out with any questions.

Ashley Fosness

OTD Capstone Student

St. Catherine University

605-295-4920

abfosness230@stkate.edu

Appendix J

Faculty training video

<https://voicethread.com/share/23288898/>

Appendix K

Faculty Resource Sheet:

Please feel free to review the following resources for additional information and tips regarding DEI and cultural fluency concepts in the classroom. Many resources include strategies for inclusive teaching. You can reach out to Ashley Fosness (abfosness230@stkate.edu) with any questions.

General resources:

American Occupational Therapy Association. (2020). Educator's guide for addressing cultural awareness, humility, and dexterity in occupational therapy curricula.

American Journal of Occupational Therapy, 74(3). 1-19.

American Occupational Therapy Association. (2023). Practice essentials. Diversity, equity, and inclusion in OT. <https://www.aota.org/practice/practice-essentials/dei>

American Occupational Therapy Association. (2020). Educator's guide for addressing cultural awareness, humility, and dexterity in occupational therapy curricula. *The American Journal of Occupational Therapy*, 74(3).

<https://doi.org/10.5014/ajot.2020.74S3005>

Avarna. (2023). Diversity, inclusion, equity, and justice vocabulary.

<https://docs.google.com/document/d/1nv7qLTt4M7HbgCpAUv174AJAlhrrH9oe0Y4kGIOpyw/edit>

Columbia University. (2023). Inclusive teaching and learning online.

<https://ctl.columbia.edu/resources-and-technology/teaching-with->

[technology/teaching-online/inclusive-teaching/](#) (strategies for inclusive teaching in an online format)

St. Catherine University. (2023). Setting out sails strategic plan.

<https://www.stkate.edu/about/university-leadership/strategic-plan> (download of full PDF available at the bottom on the screen)

University of Michigan Inclusive Teaching. (2023). Planning for inclusive classrooms.

<https://sites.lsa.umich.edu/inclusive-teaching/planning-main-page/> (browse guides for strategies for inclusive teaching)

University of Wisconsin Center for the Integration of Research, Teaching, and Learning.

(2023). Inclusive teaching. <https://cirtl.net/inclusive-teaching/> (see guides for ethical dilemmas, case studies, and addressing gender bias)

Implicit bias resources:

Harvard Implicit bias trainings: <https://implicit.harvard.edu/implicit/takeatest.html>

Project Implicit: <https://www.projectimplicit.net/> (explore website and training)

Trainings:

St. Catherine University Library and Archives. (2023). Inclusive excellence resource guide. <https://libguides.stkate.edu/inclusiveexcellence> (browse all sections, specifically section 4)

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Appendix L

Student Quantitative Statistical Analysis Tables

	Q1 Pre	Q1 Post	Q2 Pre	Q2 Post	Q3 Pre	Q3 Post	Q4 Pre	Q4 Post	Q5 Pre	Q5 Post
High	5	15	9	22	26	34	12	26	14	20
Total	36	37	36	37	36	36	36	37	36	37
p-hat	0.138889	0.405405	0.25	0.594595	0.722222	0.944444	0.333333	0.702703	0.388889	0.540541
Alpha	0.01		0.01		0.01		0.01		0.01	
p-bar	0.273973		0.424658		0.833333		0.520548		0.465753	
q-bar	0.726027		0.575342		0.166667		0.479452		0.534247	
z	-2.55261		-2.97794		-2.52982		-3.15827		-1.29864	
p-val	0.010692		0.002902		0.011412		0.001587		0.194067	

Appendix M

Student Qualitative Topics

Q.1. What are three new things you've learned about the impact of culture in OT practice?

1. Culture's impact on occupation and values - 19
2. Increasing DEI in OT education/lack of diversity in the OT field - 13
3. Cultural considerations during the OT process - 9
4. Culturally appropriate interventions - 7
5. Asking questions/being open minded/adaptability/self-awareness - 7
6. Slavery's connection to occupation/history of racism in occupations - 6
7. Be open to all different backgrounds/respecting other cultures/cultural awareness - 5
8. Implicit bias - 4
9. Resources and strategies - 3
10. Working with the entire team to make cultural accommodations - 2
11. Incorporating DEI into environments - 1
12. Barriers - 1

Q.2. What two actions would you consider taking as it related to cultural humility within OT practice?

1. YouTube videos, books, Ted Talks, podcasts, online training, continuing education other resources - 19

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2. Seeking out new experiences - Volunteering/joining a club/becoming an ally - 10
3. examine implicit biases further, taking Harvard Implicit bias tests - 6
4. Asking questions - 5
5. Open mindedness and improving self-awareness - 4
6. Teamwork - 4
7. Connect with others from different backgrounds - 3
8. Open conversations - 2
9. Creating a safe space for others - 1
10. Applying culture to class activities and projects to receive feedback - 1

Q.3. What other questions do you still have on cultural humility and/or DEI knowledge related to OT? (Note: Questions were placed into topics)

1. N/A or none – 8
2. Having difficult or cultural conversations:
 - a. “What do we do when a cultural difference gets in the way of care for our client?”
 - b. “How to juggle the balance between advocating for all minorities and pleasing out clients. How do we correct/redirect a client who makes racially insensitive remarks?”
 - c. “How do we have conversations about cultural differences without assuming there are differences or offending people?”

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- d. “How can occupational therapists practically and tangibly contribute to anti-racist transformation in their everyday practices and broader institutional settings?”
3. Further resources or strategies:
 - a. “What resources are recommended to continue learning about this topic?”
 - b. “Are there strategies for building rapport while simultaneously recognizing these systemic issues with clients?”
 - c. “Where can I get reliable training on DEI and implicit bias?”
 4. History of OT and occupation being used to oppress:
 - a. “What specific ways was occupation used to oppress?”
 - b. “I want to know more about the history of OT to give some context on how white our profession is. Also I want to learn more about the history of occupations being used to oppress people of color.”
 - c. “How exactly have occupations been used to put people of color and different colors down?”
 5. Using information to move the profession forward through a DEI lens
 - a. “How is OT changing in DEI as we develop culture and the world? Where do you see DEI in OT 10 years/ a generation later from now?”
 - b. “Are there case studies where OT clinics have shut down over a failure to identify with the area they are in?”