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Elective Course Development: Occupational Therapy in the Acute Care Setting

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ELECTIVE COURSE DEVELOPMENT:
OCCUPATIONAL THERAPY IN THE ACUTE CARE SETTING

by

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Approval Form

CAPSTONE FINAL PAPER APPROVAL FORM

The Capstone Final Paper is the final product that the OTD students need to complete to report his/her Capstone Project and his/her Capstone Experience.

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Degree Sought	Occupational Therapy Doctorate (OTD)
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We, the undersigned, recommend that the Capstone Final Paper completed by the student listed above, in partial fulfillment of the degree requirements, be accepted by the Georgia State University.

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Abstract

Introduction: Observation, informal discussion with experts[1], and the literature indicate that occupational therapy (OT) students often enter the acute care setting for Level II Fieldwork (FW II) or new jobs post-graduation with deficits in knowledge, skills, and clinical judgment specifically for the acute care setting (Baird, Raina, Rogers, O'Donnell, & Holm, 2015; Gibbs, Dietrich, & Dagnan, 2017; Knecht-Sabres, 2013). Without specific courses in acute care, students in the majority of OT graduate programs do not get extensive exposure to this setting. The development of an elective on OT in acute care for Georgia State University's (GSU) OT graduate doctorate program was proposed to address this gap.

Protocol: A literature review was conducted in order to establish a basis for the course's underlying pedagogical models and to determine key elements that made similar programs successful in enhancing student confidence, knowledge, and skill application. A three-week observation at Grady Memorial Hospital was undertaken in order to gain a better understanding of the challenges, knowledge deficits, and skill deficits that FW II educators and students identify as initial impediments early on in the FW II experience. The remaining 11 weeks were dedicated to developing the course and gaining experience in teaching skills labs.

Resulting Program: A 14-unit elective course focused on OT in the acute care setting was designed to increase the confidence, performance skills, and clinical judgment of students in the OT doctorate program at GSU in preparation for FW II in the acute care setting. It follows a flipped classroom model, with asynchronous lectures to be reviewed prior to a hands-on skills lab with real-world simulations and hospital equipment. Underlying pedagogical models include Kolb's Experiential Learning (ELT) Model and more Authentic, Reflective and Collaborative (mARC) instructional design model, with findings that indicate the importance of incorporating self-reflection, debriefing, feedback, and experiential learning.

Conclusion: This course will allow the OT doctorate program at GSU to offer an additional specialized acute care elective course that students can take advantage of in order to increase their knowledge and competency in this practice setting. The offering of such a course also increases the value of GSU's program in the following two areas: (1) the program will be more attractive to students applying to OT school by offering this specialized practice course and (2) local hospitals can expect GSU students who have completed the course to have increased foundational knowledge and skills prior to beginning FW II in acute care.

[1] Experts refers to occupational therapists in Atlanta area hospitals and level II fieldwork students in Georgia State University's (GSU) doctorate occupational therapy program.

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Project Summary

Background

Students and fieldwork educators (FWEs) commonly express concern that occupational therapy (OT) students may not be adequately prepared for Level II Fieldwork (FW II) or entry-level positions in the acute care setting following graduation; and this concern over preparation is reflected both anecdotally by experts[2] and in the literature (Baird et al., 2015; Gibbs et al., 2017; Knecht-Sabres, 2013). This capstone project is the development of an elective course entitled *Occupational Therapy in Acute Care*. The proposed course would give students an opportunity to increase their knowledge and clinical skills via hands-on learning and self-reflection in a simulated acute care setting. It is recognized that all graduate-level OT program curricula include practical and didactic instruction as designated by the Accreditation Council of OT Education (ACOTE) standards. However, this course would be an opportunity for students with a genuine interest in acute care to further understand this practice setting and prepare for fieldwork and/or work through exposure to the advanced knowledge and skills applicable to this practice area.

Existing Knowledge & Skill Gap

Throughout the literature and in informal discussions with occupational therapy education experts in the acute care setting, there is a clear gap identified in knowledge and skills to practice in acute care. This vigorous, fast-paced setting is often considered to be more difficult at baseline than other occupational therapy settings, though it should be noted that practice within the acute care setting is still consistent with core occupational therapy tenets; it follows the occupational therapy philosophy

[2] Experts refers to occupational therapists in Atlanta area hospitals and level II fieldwork students in Georgia State University's (GSU) doctorate occupational therapy program.

that emphasizes the importance of increasing independence in functional activities, which in turn enhances quality of life (AOTA, 2018, 2020). The corresponding literature question paved the way for this project: *Will hands-on practice of acute care skills utilizing simulations of real-world patient care result in increased clinical skills, confidence, and self-efficacy in occupational therapy students within the acute care context?* While assessing the proposed course's effectiveness is beyond this project's scope, the literature indicates that hands-on practice with self-reflection and debriefing after activities will increase confidence and competency (Erickson, 2018; Falk-Kessler, Benson, & Witchger Hansen, 2007; Knecht-Sabres, 2013).

Purpose of Statement

This capstone project aimed to develop a comprehensive graduate-level course that prepares students for clinical work in the acute care hospital setting. The course structure developed for this project is intended for immediate use as a potential elective offering in the doctoral Occupational Therapy Doctorate (OTD) program at Georgia State University (GSU). The course utilizes hands-on practical activities and real-world simulations to facilitate the development of necessary skills during FW II and as a new-graduate hire.

Specific Aims

1. Conduct a literature review to determine other programs' past successes and better understand pedagogical models to determine the most effective use of these models.
2. Participate in a three-week immersive experience in an acute care hospital setting with Grady Memorial Hospital (GMH) occupational therapist site mentor to better understand the challenges for students identified by FW II students and their FWEs.

3. Develop a course, including a syllabus, lecture content, lab activities, and assignments, with the assistance of a GSU faculty site mentor, specifically for the GSU OTD program.

Outputs

Project outputs include the syllabus, course schedule, PowerPoints for lectures, assignment guidelines, recommended readings and video resources, and a concise proposal for offering this course including suggestions for implementation that maximize its potential impact. This course will be specific to the following stakeholders: GSU OTD students, GSU OTD faculty, and GMH rehabilitation department, who provided partnership and assistance to determine the needs of this project and the resulting course.

Significance and Impact

The impact of such a course offering for students could and would be significant immediately after completing the course. In the short term, the goal is for students to be better prepared in the acute care setting during their fieldwork and in preparation for initial jobs after graduation. In the long term, the goal is to increase confidence and competency in the acute care practice of occupational therapy, in turn, reflecting positively on the students, the OT program, the school, and the hospital in which students complete their FW II or begin their entry-level job.

Literature Review

Introduction

Students, faculty, and FWEs in the field of occupational therapy are eager for students to receive more hands-on instruction and practice in skills such as the treatment and transfers of medically complex patients, the ability to use or navigate around specialized medical equipment (Baird et al., 2015; Gibbs et al., 2017), and to facilitate the development of higher-level clinical skills (Coker, 2010; Gibbs et al., 2017). When we consider occupational therapy as a practice, the profession covers more than half a dozen well-recognized practice areas, including adult and pediatric branches of acute care, inpatient rehab, adult and pediatric outpatient services, home health, and school-based occupational therapy. Those are just the more common formally recognized practice areas, but OT can operate in many other contexts, such as workplace ergonomics, legislation, and advocacy. Therefore, it makes sense that some treatment areas get less attention in occupational therapy education curriculums, especially if there is an emphasis on populations over practice areas; there are multiple ACOTE standards dedicated to exposure and treatment based on populations and groups versus a single standard (A.5.1) that requires “broad exposure to practice settings” ("2018 Accreditation Council for Occupational Therapy Education (ACOTE®) Standards and Interpretive Guide (effective July 31, 2020)," 2018, p. 4).

It should be noted that there is nothing fundamentally different about occupational therapy practice in the acute care setting in comparison to other settings when drilling down to core tenets and methodology. Occupational therapy will always be focused on maximizing the independence of individuals through occupations such as activities of daily living (ADLs) and other functional activities that give meaning and increase quality of life (AOTA, 2020). What primarily separates

practice in acute care from other settings is the prevalence of medically complex patients and environmental setting restrictions specific to hospitals.

Ideally, there would be more time allotted to education on individual practice settings in a standard OT curriculum and with more repetition of all content; this would allow students to absorb more than just the education basics dictated by ACOTE standards. This is especially true with the acute care area of practice as exposure to the specifics of hospital practice is so limited. The limitations to curricula on time spent on specific practice areas can be seen as both a positive and a negative light; curricula is structured to produce newly graduated occupational therapists that are well-rounded generalists, as instructed by the ACOTE standards ("2018 Accreditation Council for Occupational Therapy Education (ACOTE®) Standards and Interpretive Guide (effective July 31, 2020)," 2018). However, this limitation also recalls the adage 'Jack of all trades, and master of none.' As Dr. Avril Drummond pointed out at the 2010 Elizabeth Casson Memorial Lecture:

> …the phrase initially probably strikes a chord with all of us: we turn our hands to most things. This is always sold as being a great strength… Let us flip the coin for a moment. The problem with being competent in many skills and working in many areas is dilution… Clearly, we cannot be masters of everything; that is not possible. But how do we decide what we should pursue? (Drummond, 2010, p. 293).

Just as a practicing OT cannot pursue all areas of practice at once, the occupational therapy student cannot be an expert in all areas to achieve entry-level generalist status. This potentially poses a problem in specific practice areas requiring advanced skills at the entry point. We see this type of required specialization in some areas of pediatrics, areas working with neurologically impaired populations, and hand therapy practice. However, one could argue that with medically-complex,

acutely-ill patients, there is a base-level requirement in the acute care setting that a therapist has to have in-depth knowledge of a wide array of conditions, specialized equipment, interpretation of lab results. They must be able to implement interventions and transfers while considering all of these factors. Many OT programs, including the doctorate program at GSU, provide electives in some of these more advanced practice areas, allowing students to "specialize" in an area they are interested in pursuing during their FW II rotation and/or post-graduation. Considering the benefits, it seems logical to offer an elective course that allows students to become more confident and prepared for acute care practice.

Pedagogical Models

Experiential Learning Theory

Experiential Learning Theory (ELT), developed by David Kolb, characterizes learning as "the process whereby knowledge is created through the transformation of experience. Knowledge results from the combination of grasping and transforming experience" (Kolb, 1984, p. 41). ELT builds upon the ideas of influential philosophers, educators, and psychologists from the 19th and 20th centuries, emphasizing that learning is an iterative, holistic, adaptive, and transformative process. This process, which includes debate and contrast, is fundamental to the learning process, and authentic learning is a result of knowledge being created within the learner, not just transferred or transmitted (Kolb & Kolb, 2005). This process is conceptualized as a "learning cycle or spiral where the learner 'touches all of the bases' – experiencing, reflecting, thinking and acting – in a recursive process that is responsive to the learning situation and what is being learned" (Kolb & Kolb, 2005, p. 194). Kolb & Kolb specifically critique the style so often adopted in higher learning of loading students with information across a semester and relying solely on end-of-semester multiple-choice tests for

assessment. They advocate for what they refer to as an arts education that utilizes demonstration, practice, and critique, with action being a critical part of the learning process, triggering reflection and, therefore, integration of created knowledge (Kolb & Kolb, 2005). Goldbach and Stella (2017) note that there are many studies over the last 20+ years with encouraging results when traditional didactic models are supplemented with experiential learning methods.

Building upon Kolb's model is mARC (more Authentic, Reflective and Collaborative) instructional design model, a model geared towards higher education learning, which underscores the significance of authenticity, reflection, and collaboration in the learning process (Radović, Hummel, & Vermeulen, 2021). mARC is considered to be both a procedural and a conceptual tool. It facilitates both the contextualization and de-contextualization of knowledge, both of which are considered critical to long-term, experiential learning, and provides insight into the way optimal learning within an experiential learning model occurs. The model promotes engagement through varied and real-world content and contexts, incorporating debate and facilitating guided critical reflection, fostering a shared understanding (Radović et al., 2021).

Overall, these perspectives heavily emphasize the multifaceted nature of experiential learning and highlight the importance of reflection, practice, feedback, and mentorship in facilitating meaningful learning experiences within the field of occupational therapy. In many ways, these models are currently being used by OT graduate programs such as GSU, but the time spent on specific topics can be limited, such as with acute care. By utilizing Kolb's ELT, mARC, and other research findings on the importance of reflection as the scaffolding of this project, student acquisition of practical skills and contextual knowledge in the area of acute care will be maximized. This, along with access to a form skills lab, will promote increased skills, confidence and improved clinical judgment for students completing this course.

Existing Program Development Models

The literature indicates that programs with simulation or real-world patient care outside of standard FW II experiences are resulting in students' increased clinical reasoning and clinical thinking skills (Coker, 2010) and increased confidence in clinical skills, intervention planning, and level of comfort in working with medically complex patients (Erickson, 2018; Falk-Kessler et al., 2007; Gibbs et al., 2017). These studies and programs are widely varied, ranging in duration, frequency, and focus of practice area; however, there is general evidence that experiential learning is valuable (Kolb & Kolb, 2005; Radović et al., 2021), and specific examples of where implementation within occupational therapy led to an increase in skills and confidence amongst participating students (Baird et al., 2015; Coker, 2010; Erickson, 2018; Falk-Kessler et al., 2007; Gibbs et al., 2017; Goldbach & Stella, 2017; Knecht-Sabres, 2013).

As noted, the use of reflection is present in the Kolb and mARC models of learning. Records of successful implementation of occupational therapy acute care coursework in the literature also cite reflection as being a critical aspect of improvement in clinical judgment, improvement in confidence, and overall course success (Erickson, 2018; Falk-Kessler et al., 2007; Knecht-Sabres, 2013). The core elements of ELT and mARC can be seen as emerging themes in the literature on implementation of educational experiences similar to the aims of this capstone project. Erickson (2018) documented the implementation of an occupational therapy course for second-year graduate students that provided opportunity to develop skills within an on-campus clinic. Within this study, Erikson emphasizes the importance of professional role modeling and feedback in experiential learning within occupational therapy contexts for the students. It was further demonstrated that instructors play a crucial role in cultivating confidence, clinical reasoning, and adaptability among students. Instructor involvement is

essential in encouraging reflection, providing feedback, and serving as positive role models for aspiring occupational therapists (Erickson, 2018).

While some studies have encouraged moving away from case studies and lab activities in favor of authentic, real-world application (Falk-Kessler et al., 2007; Knecht-Sabres, 2013), it isn't always possible. Similarly to Erickson (2018), a course documented by Falk-Kessler et al. (2007) also involved actual clinical experience at a pediatric community site as part of the course instead of a simulated lab in an acute care context. However, the learning principles employed with hands-on practice and reflection align with this capstone project's proposed course. Knecht-Sabres (2013) also documented a similarly constructed course revolving around home health practice, though the course was only a third of a semester. Key takeaways included the importance of translating knowledge from didactic material into application; this format increased confidence, improved clinical reasoning skills, and exposed students to client-centered practice and appreciation for "the interaction between person, task, and the environment" (Knecht-Sabres, 2013, p. 29).

Allen and Toth-Cohen (2019) conducted a study with OT students that examined the efficacy of using case studies to increase clinical judgment and reasoning. Their quantitative data pointed to successful translation of academic knowledge into practical knowledge, an increase in problem-solving skills, increased self-confidence, decreased anxiety, and an increase in critical thinking and clinical judgment. While students reported that skills gained in the class applicable and helpful for their subsequent FW II, those who had acute care rotations did not feel the material was helpful, as the case study settings were not in acute care and did not include relevant populations and conditions. This highlights the importance of matching content with goals; case studies can be helpful if executed correctly. "Case studies must be carefully designed so that students understand the skills they are learning can be carried over to different diagnoses and clinical settings" (Allen & Toth-Cohen, 2019,

p. 13). The transfer of skills to different contexts is a critical piece of acquiring and integrating knowledge, and this is something the researchers pointed out was less effectual than anticipated. They acknowledge that within the classroom, educators may need to be more explicit in making these connections to help students transfer knowledge and skills to real-world situations (Allen & Toth-Cohen, 2019). This study can be seen as a contrasting example that highlights the benefits of inclusion of ELT and mARC principles, particularly authenticity and hands-on practice, both of which were missing in this course. While there was transferability in some areas, researchers explicitly came away with the understanding that knowledge, skills, and confidence did not necessarily translate from one practice setting case study to other practice settings in real-world scenarios, namely FW II.

One study that informed the course development for this capstone project was the 2015 study by Baird et al. that documented a one-day course set in a simulation center with a heavy focus on transfers in the a mock hospital setting with medically-complex patients. Faculty contacted 10 acute care OTs and had them create real-world scenarios that students could practice in the simulator. The session included student debriefing and feedback from faculty and was followed up with a practical exam two weeks later. Students found the experience helpful, which is reflected in their performance in the follow-up practical exams. The researchers did note that students demonstrated more flexibility in adjusting treatment when events in treatment revolved around equipment versus medical complexity. Therefore, future course development should attempt to account for this discrepancy and spend time to specifically address adapting treatment approaches in response to the complexities encountered during acute care treatment sessions (Baird et al., 2015). Notably, the use of experiential learning and the expanded mARC learning principles correlated with successful increases in

performance of transfers and increases in clinical reasoning skills and confidence; and the students reported satisfaction with teaching methods (Baird et al., 2015).

Another study modeled around a one-off simulation event showed that students demonstrated increased knowledge, comfort, and confidence in their skills after completing the session (Gibbs et al., 2017). Gibbs et al. (2017) also reported an increased interest in working in acute care after the experience. The researchers noted that their students reported preferring this style of learning, similar to other findings in the literature where experiential learning occurs (Gibbs et al., 2017; Knecht-Sabres, 2013; Shoemaker, Riemersma, & Perkins, 2009; Smith, Prybylo, & Conner-Kerr, 2012).

Implications for Acute Care Course Development

Occupational therapy students across accredited programs express that they don't feel prepared for acute care after completing the didactic portion of their program, and faculty and FWEs recognize this as well, as reported by both experts and by researchers (Baird et al., 2015; Gibbs et al., 2017; Knecht-Sabres, 2013). Not only would this acute care course benefit students moving through the GSU OTD program, but it could also provide a template for other programs to include a course dedicated to acute care.

This course aims to increase the skills and self-efficacy of occupational therapy students within the context of acute care, ultimately cultivating more competent clinicians and helping students bridge the gap between theoretical and practical understanding. This course is designed to harness elements of Kolb's experiential learning model (Kolb & Kolb, 2005) and the mARC model (Radović et al., 2021) by increasing authenticity. This will be done through the use of a specialized skills lab that can simulate the hospital environment, activities that require the progressive learning and implementation of practical performance skills, and the use of feedback and reflection. It is aligned with the

philosophy behind occupational therapy education, which "promotes professional and clinical reasoning; critical thinking; cultural understanding; and the integration of professional values, theories, evidence, ethics, and skills. This [philosophical] approach will prepare practitioners to collaborate with clients to achieve health, well-being, and participation in life through engagement in occupation" (AOTA, 2018, p. 1).

By adopting an approach that incorporates experiential learning, reflection, and real-world simulation, this course has the potential to provide students and future OTs with the adequate skills and confidence to collaborate with clients in acute care settings to achieve health, well-being, and meaningful participation in their ADLs and other occupations. Increased skills, confidence, self-efficacy, and clinical judgment will allow students to be successful in their acute care FW experience and in OT practice, ultimately enhancing their ability to perform occupational therapy through evaluation, intervention, and targeted outcomes.

Needs Assessment

Through formal observation and informal discussions with students and experienced therapists, several themes emerged. Both OT FWEs and OT students participating in FW II report challenges in the following areas:

1) Line management:

   This includes the manipulation, movement, and consideration of lines, tubes, and drains attached to patients in acute care settings. It is often necessary to rearrange these lines to allow slack for transferring patients without dislodging the lines.

2) Transfers:

   This also includes line management during transfers but broadly addresses the limited experience students get with transfers in real-world contexts or simulations. While transfer practice is generally blocked, the transfers are being done in isolation, and students would benefit from transferring in the context of simulated treatment sessions.

3) Chart reviewing to include lab values and precautions:

   Specific lab values are important for therapists to consider when treatment planning, either to inform choices in therapeutic activities or when to defer treatment. Students would benefit from practicing chart reviewing in order to make these treatment decisions.

4) Vitals:

   While students do practice taking vitals and learning the parameters within an OT graduate program, it is necessary to continually monitor vitals throughout the entire session and know which situations to continually monitor vitals.

5) Equipment:

   It is difficult to become familiar with specialized hospital equipment during the core OT curriculum, as exposure and access to this equipment is limited. Students would benefit from increased exposure in real-world simulations prior to entering the hospital environment.

6) Documentation:

   While time management and efficiency in documentation increases across the 12-week FW II experience, students often take an extensive amount of time to document their patient interactions. While this is not unique to this setting, it is notable in such a fast-paced and high-productivity setting.

Additional areas that FWEs cite as areas students would benefit from working on prior to and in preparation for FW II are professionalism, time management, and initiation in preparedness. The latter involves students taking the initiative to review content in preparation for certain conditions they know they will encounter and doing retrospective research on areas they found they didn't understand.

While no formal surveys or interviews were conducted, both students and educators consistently noted the above challenges during the clinical education process. While it is not common for OT programs to offer a separate course on acute care, students and FWEs are eager to offer it to increase student preparedness for this setting. Indeed, didactic and practical content related to acute care is limited due to the density and breadth of curricula required by current standards and reflective of the broad scope of practice OT covers. There is also limited practical application of acute care skills, specifically medically complex patient transfers and interventions, screening charts, and

understanding lab results. It is challenging to practice skills in a regular classroom environment. With GSU's recent acquisition of a skills lab that mimics an acute care setting, there is now the opportunity for such a course to be designed.

Capstone Experience Protocol

Site: Grady Memorial Hospital (GMH), Rehabilitation Department

Grady Memorial Hospital is a Level 1 trauma center in downtown Atlanta near the GSU campus, and it was the capstone site for clinical observation. The hospital's mission statement states:

> Grady Health System improves the health of the community by providing quality, comprehensive healthcare in a compassionate, culturally competent, ethical and fiscally responsible manner. Grady maintains its commitment to the underserved of Fulton and DeKalb counties, while also providing care for residents of metro Atlanta and Georgia. Grady leads through its clinical excellence, innovative research and progressive medical education and training (GradyHealth).

GMH is a teaching hospital, and GMH occupational therapists have expressed an eagerness to teach, both in a role as an FWE at GMH, and also as part time instructors within an occupational therapy program, such as at GSU or neighboring programs. Therapists at GMH have served as guest lecturers in multiple classes within GSU's OTD curriculum sharing their expertise, but there has yet to be a role as part-time instructor for an entire course.

Along with a vital role in medical education, GMH also advocates for health equity, as noted in its mission statement with references to providing care for the underserved population of Fulton and Dekalb county. They cite the Robert Wood Johnson Foundation definition of health equity:

> Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality

> education and housing, safe environments, and health care (Braveman, Arkin, Orleans, Proctor, & Plough, 2017).

GMH puts this into practice and, this capstone student observed free healthcare provided to people with low socioeconomic status and/or experiencing homelessness during the observation period.

There were three weeks of observation at GMH under senior occupational therapists who treated patients in multiple acute care settings within the hospital. Shadowing with senior occupational therapists at GMH allowed for observation and investigation of the significant challenges and barriers that students face in successfully transitioning to practice in the acute care setting as a fieldwork student or a new graduate. Senior therapists conveyed what they observed as critical areas of concern regarding student education, training, and preparation for FW II experiences. Included in the observation period was exposure to how therapists spend their time, the chart reviewing process, and the skills most frequently employed during treatment sessions in acute care settings.

Site: Georgia State University, Occupational Therapy Doctorate Program

Following the first three weeks of the capstone development period observing acute care occupational therapy at GMH, the remainder of the project was spent developing the acute care course in cooperation with site mentorship from a faculty member within The Occupational Therapy Department at GSU. GSU's OT department mission:

> …to improve human lives through innovations in research, community engagement, and education in occupational therapy and rehabilitation in general. We will prepare highly competent and ethical entry-level occupational therapist [sic] in the delivery of evidence-based, culturally competent, and compassionate care to improve the health and independence of individual [sic] and community [sic] within a technological and globally diverse

environment (Byrdine F. Lewis College of Nursing and Health Professions: Occupational Therapy, 2024).

Program development for this proposed course falls under this site mentor's purview as she has experience in educational program development and given that the ultimate goal is to offer this course within this specific institution. Students in the GSU OTD program have vocalized eagerness to take an acute care elective, which would bolster GSU's OTD curriculum. It would increase student exposure to the acute care setting and treatment for adult populations beyond the base requirements defined by ACOTE.

At this site, time was focused primarily on developing a syllabus, lecture content, and lab activity outlines. In order to produce high-quality content, time was spent consulting with experts and reviewing the literature, GMH acute care guidelines, educational resources, and texts. Lecture content took the form of PowerPoints including annotations with the expectation that an incoming instructor will follow a flipped classroom model with pre-recorded lectures; there is additional understanding that a future instructor will likely modify and augment the content prior to releasing recorded lectures. Lab time was mapped to practical activities to bolster student learning and retention of lecture content and practical skills.

Along with content development, responsibilities at the capstone site included providing assistance in lecture and in lab in the Orthopedic Assessment and Intervention (OAI) course, a required course within GSU's OTD program, on relevant crossover material. Such content included acute care adjacent clinical skills, such as transfers, evaluation, and assessment. Other responsibilities included assisting faculty in teaching and assessing practical skills within both a classroom setting and during practical evaluations respectively. Additional responsibilities included providing content on the topic of acute care in order to increase student exposure of the acute care practice setting for students

currently taking OAI and commensurate with that course's content and ACOTE standards. The purpose of this portion of the capstone project was to work alongside an experienced instructor to gain skills and insight in how best to structure and deliver lab and lecture content, how to build course content, and teaching principles at the graduate level. This experience supplemented this capstone student's prior two years of experience in teaching anatomy lab at the undergraduate level.

Time was also spent in the skills lab recently acquired by GSU's OTD program and the proposed classroom for this course. The room and its equipment was inventoried to determine what equipment was already available and to determine if more equipment would be needed for the class, with a proposed needs list to be provided in Appendix C.

Project: Building an Acute Care Elective Course

The following were the steps taken during the capstone experience.

1) Conduct literature review:

    A literature review was conducted on pedagogical models, occupational therapy's role in the acute care setting, and pilot courses in acute care settings that were published from other universities' occupational therapy departments.

2) Participate in a three-week immersive experience in an acute care hospital setting with Grady Memorial Hospital occupational therapist site mentor:

    The first three weeks of the capstone semester were spent observing four senior occupational therapists in the Rehabilitation Department at Grady Memorial Hospital across various acute care settings, including Surgical Intensive Care Unit, Intensive Care Unit (ICU) Burns, Cardiac ICU, and other floors. Discussion of challenges and

barriers with the senior therapists with experience in taking on students in their FW II was achieved during this process. The observation period consisted of 14 days, with a total of 108 hours on site. This allowed for the observation of evaluation procedures, treatment planning and implementation, and critical appraisal of specific treatment skills necessary for effective care in this setting.

3) Develop elective course to be offered in GSU's OTD program:

   Development included the creation of a course syllabus, lecture content, lab activities, and relevant assignments. Development was primarily linear, but changes to early content and syllabus redesign were an iterative process in order to improve the structure and progression of the course and its contents.

4) Assist in the teaching and evaluation of adjacent practical skills within the context of the Orthopedic Assessment and Intervention course offered by GSU's OTD program:

   Adjacent practical skills consisted of both technical and power skills, including transfers, equipment and line management, and patient interaction. Instruction and evaluation of these skills were conducted under the GSU site mentor's purview.

5) Submit all materials and capstone paper by project deadline of April 12th, 2024.

Output

Overview: An Elective on the Practice of Occupational Therapy in Acute Care

The course content is divided into 14 units across a semester, following a flipped classroom design, with lectures provided asynchronously and class time dedicated to time in the skills lab. Didactic content provides a contextual backdrop, but there is a strong emphasis on hands-on, practical skill learning in this course as that is the area students reportedly would benefit the most from. The course was designed to be able to be offered in any single semester.

There is a comprehensive syllabus, with 11 of the 14 units of content on the topic of acute care and an additional three dedicated to assessment. There is flexibility in the course schedule if the incoming instructor wants to add or modify content. A course platform has been created within GSU's iCollege that can be replicated for future use. This platform contains quizzes, assignments, and other course content including handouts and links. The lecture material is in the form of PowerPoint (PPT) decks. Content is contained in both the slides and the notes section of each topic PPT, with the expectation that the instructor will provide voice-over recordings where appropriate to provide context, real-world examples, and enhance learning.

Content Topics

1. Introduction
2. Transfers and levels of assistance
3. SOAP note writing
4. Line Management
5. Interpreting lab results
6. Monitoring vitals
7. Chart Review
8. Precautions
9. Early Mobility
10. Refusals
11. Pain
12. MMT & ROM
13. Evaluation
14. Discharge Planning
15. Trauma
16. Burns
17. Respiratory System
18. Cardiovascular System
19. Safety
20. Cotreatments

Assessment

Quizzes

The quizzes were designed to be open note and timed, taken asynchronously prior to lab, with the goal to promote review of material in preparation for use and application of the content in class. Quizzes are currently only set to be available after students have reviewed PPT content, and settings may be updated in the future so that they are only available after students have watched asynchronous lecture videos, as per the prerogative of the instructor.

Assignments

The take-home assignments due prior to class will cover the topics introduced for that specific class and are designed to enhance learning on those subjects. Those assignments will require students to think creatively and critically. Other assignments include a weekly SOAP note and discussion board reflection, completed in class and due by the end of each class period. SOAP notes will be graded initially with an emphasis on fluency in writing, and then with more focus on accuracy as the semester progresses.

Practicals

There are three lab practical exams across the course, with the first two designed as traditional lab practical exams in the skills lab classroom, following case studies and prompting evaluation and/or intervention. The initial practical exam will be graded with an emphasis on fluency, rapport building, and therapeutic use of self, while the second practical will have more emphasis on accuracy and use of technical skills learned throughout the first 2/3rds of the semester. The final practical exam will follow an established escape room design created by faculty at GSU; it will also be based on the treatment and evaluation of a patient in the skills lab.

Discussion

Reflection on Capstone Experience

The challenge was developing an entire course during the short amount of time allotted to the capstone experience. Twenty-nine PPT decks were created to cover content in the acute care elective course, with an additional four created to present supplemental information for the OAI course. Creating quizzes and assignments was less onerous as the former was based off of the PPTs and the latter less structured. It was necessary to revise the syllabus continuously throughout the 14-week capstone experience in order to ensure a logical and progressive flow of content over the course. Creating this course was a highly iterative process. An additional challenge was this capstone student having only limited experience in the acute care setting, and that limited experience made the creation of realistic case studies more challenging than anticipated. It should be noted that this capstone student's hospital experience in an inpatient rehabilitation facility was helpful for context and some content creation.

Impact

Value for GSU OTD Students

Providing students with an elective to focus on acute care occupational therapy is intrinsically valuable to students as they pursue knowledge and practical experience. With six credits in electives required to complete the GSU OTD program, it increases the options that students have to choose from in elective course offerings. Most importantly, offering such a specialized class allows students to develop specialized skills in this chosen area of interest. With the course built to incorporate components of experiential learning and mARC, there is an emphasis on the use of reflection and

debriefing; it is expected that students who take this course will see improved performance skills, knowledge, clinical judgement, and confidence.

Value for GSU OTD Program

Including this course as an elective is valuable to the GSU OTD program in several ways. First, it increases the course offerings for students. While it is a requirement within the GSU OTD program to take six credits of elective coursework, offerings are limited in both topic and times offered. With an outside instructor not incumbent to teaching other courses across three cohorts, there is ideally more flexibility in when this course can be offered. The addition of this course could also make the program more attractive to prospective students. It is not an ACOTE requirement to provide such a course or to extensively cover this practice area; many programs only cover the basics of OT education, similar to the existing core curriculum within GSU's OTD program. The inclusion of this course may also make GSU OT students with additional acute care knowledge more attractive to hospitals, such as GMH, including for taking on FW II students or hiring new graduates.

Value for Capstone Partner, Grady Memorial Hospital, and other Atlanta Area Hospitals

In order to develop this course, both guidance and observation experience came directly from occupational therapists in the rehabilitation department at Grady Memorial Hospital. It is expected that in turn, their rehabilitation department will also see a benefit from the time spent contributing to the creation of this course as it may be possible to specifically funnel GSU OTD students who have completed this course to GMH for their FW II experience. This will set the hospital, the students, and the clinical instructors up for greater success during FW II clinical rotations.

Conclusion

Future Directions

While assessment of the following outcomes is not within the immediate scope of *this* project as it would require a full cycle of implementation, the desired outcomes of this class would be increased clinical skills and increased confidence and self-efficacy in clinical skills. While outside the scope of this project, this could be assessed during the first implementation of this course with pre/post comparisons of the first and last practical scores within a semester and using scales utilized by other studies on this topic, such as The Self-Assessment of Clinical Reflection and Reasoning (SACRR) and California Critical Thinking Skills Test (CCTST) (Coker, 2010, p. 282).

Limitations

One common area of feedback from students is that lab activities simply don't replicate what practice is like in the real world, and students have expressed frustration with the limitations of in-class lab activities (Falk-Kessler et al., 2007). Simulation can only go so far, and there is no substitute for a real patient with a real condition that needs to be evaluated and treated in that moment. It is not possible to practice "live" in every setting; some settings are more conducive than others. Studies such as Falk-Kessler et al. (2007) were able to create a "living lab" in a local school working with children with developmental disabilities, learning disabilities, or neurological impairments. While Erikson (2018) did not describe a specific setting, their college set up an on-campus clinic which served an outpatient population of adults in the first semester and outpatient pediatric population in the second semester, providing real world experience in treating both adults and children for a single cohort of occupational therapy students across five cohorts. Goldbach and Stella (2017) designed a similar outpatient elective course with volunteer patients from the community that began as an

elective and eventually became a required course. Within the GSU OT Program, the course Community Based Practice Assessment and Intervention across the Lifespan (OT 9230) is taught with a similar model, with both a didactic portion and work in the community each week at non-profits and community organizations. It would be ideal to create a class which incorporates real-world experience, but acute care is difficult to facilitate with concerns with HIPAA, safety (patient and student), and general logistics in a hospital setting, and it is not feasible to create a clinic that is structured like an acute care setting. This course has been designed with this limitation in mind and with as much compensation as possible for real-world simulation accounted for in activities and in the lab setting itself, which is modelled like a hospital setting with the necessary equipment.

Another barrier in the design of this course is the limitation for creating fully-detailed content, specifically recorded lectures, which would be ready for handoff to an incoming instructor. This was not due to limitations in time, but because (1) prior to finalizing PPTs or recorded content, any instructor will want to personalize and modify the information, and (2) an instructor will have a wealth of knowledge to add prior to recording that will come from their experience in practice. This limitation should not be considered particularly onerous, as any instructor will need to finalize any outgoing content; however, it must be noted as it impacts the final product of this project.

Implementation

The most ideal scenario is that GSU's OTD program hires a part-time instructor who currently works in acute care to teach this course. Clinical practice guidelines and official regulations are constantly changing, and it will be beneficial to have someone who is currently working in acute care with this population, who is up to date with current standards of practice. The majority of course material is already provided, with an instructor likely only requiring assistance in becoming familiar with GSU's online class portal (iCollege) and guidance on how to pre-record lectures. In order to hire a part-time

instructor, the OT department will be required to allocate funding for the part-time instructor for three credits worth of compensation. The course should be limited to between 10-12 students in order to provide focused feedback, promote reflection, and facilitate hands-on learning, consistent with ELT and mARC principles (Kolb & Kolb, 2005; Radović et al., 2021) that have been shown to be successful in the literature (Baird et al., 2015; Erickson, 2018; Falk-Kessler et al., 2007; Knecht-Sabres, 2013). The full sustainability plan can be found in Appendix D and the suggested implementation plan is in Appendix E.

Conclusion Summary

With occupational therapy having such a broad scope of practice, there is always more to learn. The acute care setting is a highly specific area for occupational therapy and one such area that would benefit from more intensive, targeted instruction. Occupational therapists will always be focused on increasing independence and function in patients through the mastering or reacquisition performance skills in order to complete functional tasks and ADLs across settings. This is true in the acute care setting, acute care presents unique challenges due to medical complexity, physical limitations of the setting, and the subsequent unique performance skills required on the part of the therapist. There are physical challenges, such as transferring critically ill patients connected to multiple lines and drains or reacting rapidly to changes in medical status. These skills are difficult to teach without hands-on practice and more dedicated time than is currently allotted in GSU's OT curriculum, due to other extensive ACOTE curriculum requirements. Any opportunity for a program to provide additional content should be encouraged, and electives are an excellent way to supplement the current GSU OT curriculum to enhance student learning in this practice area. This elective course was designed to increase competency and confidence on the part of FW II students. It includes elements of ELT, mARC, and with an emphasis on debriefing and reflection in order to increase the retention and

transferability of skills and knowledge. It was specifically designed with a prominent portion dedicated to simulation in the skills lab with the aim to incorporate real-world equipment and realistic medical scenarios into students' learning.

Students have the opportunity to greatly benefit from this course, with the desired outcome of those students entering their FW II and clinical practice with increased confidence, clinical skills, knowledge, and clinical judgment. FWEs who take on students who have completed this course can feel more confident that their incoming FW II students will more smoothly transition into clinical practice as those students have been exposed to and challenged in the fundamental skills and knowledge necessary to succeed in the acute care practice area.

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Appendix A: Original Learning Objectives

Note, these changed and were redefined throughout the project on an ongoing, iterative basis

Learning objectives (LTGs) (What you hope to learn; must fit with the GSU OT Curricular Design & Objectives) ***Include 2-4**	**Short-term objectives (STGs)** (Short-term steps to help you reach your learning objectives) ***Include 2-3/objective**	**Learning activities** (What you will do to achieve the learning objective) ***Include 2-4/objective**	**Outcome measures** (What will you produce as evidence for achieving the learning objective; the deliverables of your project)	**Timeline for completion** (When will this outcome measure be completed) **This section will be completed in the summer semester*
Understand experience of fieldwork student or new grad in acute care setting	Experience Acute Care setting for an equivalent of ≥15 days, ~ 120 hours)	Observe / participate as allowed	Write up on the challenges of the acute care setting for a student, along with key areas for learning	Week 3
Create syllabus for proposed class	**STGs** will consist of creating each given **part** of a syllabus	Review previous syllabi Consultation and collaboration on syllabus creation with Drs. Podolski, Buchman, and Holloway Review pilot AC/AP class from another program Consultation and collaborate with Annamarie McFarland to develop key areas of need	Formulate Syllabus	*Week 4*
Create relevant assignments that will bolster student learning in this course	Determine an optimal **quantity** of assignments for a 3 credit course Determine the optimal mix of assignment **types** for a graduate program Determine the optimal mix and quantity for **THIS course** based on the two above STGs	charting out assignment types and quantity from our other classes refer to literature review consultation with faculty Looking at other pilot AC/AP class from another program	XYZ Assignments	Week 9
Design lab activities; create appropriate	Individual case studies (6?)	Discuss with secondary site mentor	XYZ case studies	Week 12

Appendix B: Project Supervision Plan

CAPSTONE FACULTY ADVISOR	SITE MENTORS		STUDENT MENTEE
Carolyn Podolski, OTD, OTR/L	Jade Holloway, OTD, OTR/L, CSLT	Annamarie McFarland, OTR/L	Ella Thompson, OTD Student
cpodolski@gsu.edu	jgross11@gsu.edu	amcfarland@GMH.edu	ethompson43@student.gsu.edu
Roles & Responsibilities			
1. Provides oversight to the entire capstone project 2. Ensure that this capstone project will contain all necessary components to meet ACOTE accreditation standards 3. Ensure that this capstone project will contain all necessary components to meet those outlined by GSU's Occupational Therapy OTD program curriculum 4. Be main point-of-contact for GSU 5. Will oversee completion and delivery of project materials	1. Oversee curriculum design, lecture content creation, and assignment/knowledge testing generation for the proposed course 2. Collaborate on individualized, specific objectives and supervision plan 3. Provide feedback and guidance based on expertise in order for mentee to appropriately format and deliver class content in line with GSU and OTD program course requirements 4. Evaluate and assess student performance throughout semester 5. Verify student time log	1. Oversee clinical experience for mentee in the acute care hospital setting 2. Collaborate on individualized, specific objectives and supervision plan 3. Provide onsite supervision and mentoring of mentee 4. Provide feedback and guidance based on expertise in order for mentee to appropriately address key areas of need for clinical instruction in setting 5. Evaluate and assess student performance throughout semester 6. Verify student time log	1. Maintain regular contact with faculty advisor and site mentors, notifying advisor and mentors of any absences or concerns 2. Complete student requirements to participate in clinical experience 3. Collaborate with site and faculty mentors on individualized, specific goals/objectives, evaluation, and supervision plan, revising as necessary 4. Meet learning objectives and goals 5. Complete component tasks of project per supervision plan by appropriate deadlines 6. Complete minimum of 560 hours dedicated to capstone experience, tracking time in log 7. Self-evaluation; evaluate sites and site mentors to help continue to improve educational outcomes
Scheduled Meetings with Student Mentee			
1-2x/month or as needed, virtual or in person	2x/month in person As needed in person or virtually	1x/week in January in person 1x/month virtual or in person Feb – April	
Student Mentee Deliverables			
Needs Assessment + Project Outline IRB response GMH MOU Final Project Materials	Syllabus Lecture Content Assignments Syllabus Lab/In-class Activities		

Appendix C: Materials Needed Prior to Offering Elective Course

- NASAL CANULAS (1 per student)
- HOSPITAL SOCKS (1 per student)
- FOLEY'S (1 per student)
- PAPER SHORTS
- PAPER SHIRTS
- PAPER TAPE (this will be used extensively each class by each student throughout the semester)
- 2 CHEST TUBES + WATER SEAL CANISTERS
- 12+ SMALL (~8"X12") WHITE BOARDS
- LARGE ROLLING WHITE BOARD
- WHITE BOARD MARKERS + ERASERS

Appendix D: Sustainability Plan

Mission

Increase GSU OTD students' competency in acute care settings in order to increase skills and confidence in fieldwork or as a new graduate in the acute care setting.

Monitoring & Evaluation

A good monitoring and evaluation system that is already in place for this type of course is the rate of sign-up, and the pass rate. Sign-up will demonstrate interest, particularly in the first year; sign-up in subsequent years may account for interest and appeal of course, as some students will directly or indirectly make signing-up decisions based on peer feedback. Final grades will determine if the students are learning what the course intends to teach them, and student feedback from the course using the GSU's student evaluation system will provide insight into the student experience of the course. FE feedback for those students who have taken this course can be monitored using the AOTA Fieldwork Performance Evaluation (FWPE) and could be used as another way to determine the efficacy of the course in preparing students for success in their acute care OT Fieldwork.

Adaptability of the Approach

The developed course materials will be a guide for future professors; they can be treated as the design, or as a jumping off point for professors to personalize the course as they see fit. The course design and material produced in this project will be the building blocks of the future elective.

Staff Training

Existing staff can teach this course, or an occupational therapist who practices in the acute care setting can use these course materials and curriculum design to teach on this topic, with little-to-no training

required for the existing professor, assuming they have had some experience in the practice area. Training for the professional guest professor would be whatever the current standard is for bringing in outside professionals as guest or adjunct professors.

Funding

While funding would be required to hire an outside professional to teach the course, if it is unavailable, then an existing, salaried professor can teach this course.

Organizational Stability & Community Support

Offering this course will not decrease organizational stability; it may, in fact, increase it through a cascade triggered by increasing competency in students. Increasing competency in traditional difficult settings will increase GSU's local and professional regard, with the potential for making it a more desirable school to attend and/or new graduates more desirable to hire. This will only increase stability.

Integration into Existing Systems

Every semester, courses may be dropped, added, and recreated based on student feedback, and there are a limited number of elective courses offered currently, despite the requirement of 6 credits for graduation. This project will result in a ready-made, easy to deliver and/or easy to modify course that will increase students' confidence and competency, while providing them with a valuable elective experience.

Appendix E: Suggested Implementation Plan

Existing Content	Suggested Additions	Suggested Implementation
Lecture PPTs	Voice-over recordings: • Transfer + Assist Levels • SOAP note writing • Line Management • Lab Results + Monitoring Vitals • Chart Review • Early Mobility + Refusals • Pain • Discharge Planning • Trauma & Burns • Safety	Prior to class; must be completed (watched) to access quiz/assignments (iCollege setting).
Quizzes	None	Due prior to class or completed in first 10-20 minutes of class (timing dependent on specific quiz). Open note but short timing or closed note (in class) and more time allowed.
Assignments	Create and share rubric	Due prior to class (cardiovascular and respiratory are both preparatory assignments and *must* be done before class).
	Additional assignment ideas	Student records video educating friend/family member on hip precautions. Student writes up reflection on experience after following (1) hip precautions or (2) dominant hand injury restrictions for 2-3 days.

Additional Implementation Suggestions:

- Students must have passed Orthopedic Assessment and Intervention
- SOAP notes and reflections are completed within class and handed in before leaving
    - Initial ones graded for completion over quality in order to encourage fluency and efficiency, with an emphasis on accuracy increasing as course progresses