1995

Assessing knowledge of health/medical personnel regarding occupational therapy

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Assessing Knowledge of Health/Medical Personnel
Regarding Occupational Therapy

A Thesis

Presented to

The Faculty of the Division of Occupational Therapy
San Jose State University

In Partial Fulfillment
of the Requirements for the Degree
Masters of Science

by

Margaret Brunke

and

Domenique Hendershot-Embrey

August, 1995

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ABSTRACT

ASSESSING KNOWLEDGE OF HEALTH/MEDICAL PERSONNEL REGARDING OCCUPATIONAL THERAPY

by Margaret Brunke and Domenique Hendershot-Embrey

The purpose of this study was to assess the effectiveness of an educational program on health/medical personnel responses to a pre- and post-test questionnaire regarding knowledge of the role and purpose of occupational therapy. Subjects for this study consisted of forty-seven John Muir Medical Center health/medical personnel 22 years of age and older, who function in either a Rehabilitation, Acute Care or Out-Patient setting. This study is pre-experimental and used a one group pre/post design. Each correct answer and non answer on the questionnaire was given a value of one and analyzed by using a paired t -test to determine levels of significance. The findings were not statistically significant. Although statistical significance was not reached, change in test scores was noted for most respondents. When analyzed by profession, scores of individuals representing seven professions demonstrated positive change.

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Chapter 1

INTRODUCTION

Purpose

The purpose of this study was to assess the effectiveness of an educational program on the responses by health/medical personnel to a questionnaire regarding knowledge of the role and purpose of occupational therapy. The impact of an educational program on their level of knowledge was determined by use of a pre- and post-test questionnaire.

Statement of the Problem

Historically, Occupational Therapy emerged as a profession during the early 1900's (Bockoven, 1971). The question has arisen; how is it that a profession can exist for such a significant period of time, and still have people confused as to its role and purpose? This confusion regarding Occupational Therapy not only exists among the general public but also among peers in the medical and health professions. Because of this, occupational therapists may need to ask themselves the question; why do so many family members, friends, relatives, politicians, acquaintances, co-workers and colleagues still not know what Occupational Therapy is (Froehlich, 1992)?

This question points to an ongoing struggle within

Occupational Therapy for personal and public recognition of the value and meaning of its work (Froehlich, 1992).

Although many factors contribute to this struggle, a primary factor may be the lack of knowledge regarding Occupational Therapy, its role and purpose. In order for the field of Occupational Therapy to arouse increased levels of consciousness among the general and health/medical community, education may be an effective means to effect change. Through education, disparate groups can gain exposure to the profession, and this exposure can familiarize them with the purpose, terminology and content of the field. Once the self-imposed barriers of terminology and content are removed, the interested party has an avenue for increased knowledge and understanding through continued experience and study.

Studies in the past have had a single dimensional focus comparing Occupational Therapy to Nursing or to Physical Therapy. Although these studies presented information to advance the understanding of Occupational Therapy, such knowledge was not framed in a multidisciplinary setting, such as the Occupational Therapist faces today. By approaching the macrocosm of hospital interrelatedness, and tackling the issues of education and understanding, this study proposes to determine the impact of an educational

program about Occupational Therapy in the overall interdependent environment of a Rehabilitation, Acute Care, and/or Outpatient department.

Research Questions

The research questions to be answered in this study were:

1. Prior to an educational program, what is the range of correct scores by health/medical personnel on a pre-test questionnaire regarding the role and purpose of occupational therapy?
2. What is the effect of an educational program on post-test questionnaire scores by health/medical personnel regarding the role and purpose of occupational therapy.

Definitions

The following definitions were generated for use in this study:

1. Activities of Daily Living (ADL) - ADL include mobility, self care, management of environmental hardware and devices, communication, and home management activities. These major classifications are further defined as follows: 1) mobility includes movement in bed, wheelchair mobility and transfers, indoor ambulation with special equipment, outdoor ambulation with special equipment, and management of public or private transportation; 2) self-care includes dressing, feeding,

toileting, bathing, and grooming activities; 3) management of environmental hardware and devices includes the ability to use telephones, keys, faucets, light switches, windows, doors, scissors, and street control signs; 4) communication skills include the ability to write, operate a personal computer, read, type, use the telephone, a tape recorder, or a special communications device; 5) home management activities include marketing, meal planning and preparation, cleaning, laundry, child care, and operating household appliances, such as vacuum cleaners, can openers, ranges, refrigerators, electric mixers, and hand operated utensils (Pedretti, 1990).

2. Educational Program - Training through the use of an instructional video followed by a brief verbal presentation.

3. Health/Medical professionals - Physical Therapists, Speech and Language Pathologists, Nurses, Neuropsychologists, Recreational Therapist, Physicians, Social Workers and Social Services.

4. Level of knowledge - In this study, the number of correct responses on a pre and post test questionnaire.

5. Neuropsychology(ist) - [One who uses] the branch of psychology concerned with brain behavior relationships and measurement of the manifestations of brain function (Reitan & Wolfson, 1993).

6. Nurse(ing) - One who has graduated from a state approved school of nursing, has passed the professional nursing state board examination and has been granted a license to practice within a given state (Thomas, 1985). Nursing is the diagnosis and treatment of human responses to actual or potential health problems (American Nursing Association, 1980).

7. Occupational Therapy(ist) - [One who uses] the therapeutic use of self care, work, and play activities to increase independent function, enhance development, and prevent disability. This may include adaptation of task or environment to achieve maximum independence and enhance quality of life (American Occupational Therapy Association, 1986).

8. Physical Therapy(ist) - [One who uses] treatment by physical means; the health profession which is concerned with health promotion, prevention of physical disabilities, and with rehabilitation of persons disabled by pain, disease, or injury; and which is involved with evaluating clients, and with treating through the use of physical therapeutic measures as opposed to medicines, surgery, or radiation (American Physical Therapy Association, 1994).

9. Physician - American Medical Association affirms that a physician is an individual who has received a ``Doctor of Medicine'' or ``Doctor of Osteopathy'' degree following successful completion of a prescribed course of study from a school of medicine or osteopathy (American Medical Association, 1993).
10. Pre- and post-test questionnaire - This questionnaire was designed by the researchers for this study. Test questions were derived from the American Occupational Therapy Association video entitled, ``The Human Resource-- Occupational Therapy.'' Additional questions were based upon occupational therapy educational requirements and certification criteria.
11. Purpose - The object toward which one strives of for which something exists; goal; aim.
12. Recreational Therapy(ist) - Professionals who are trained and certified, registered and/or licensed to provide Therapeutic Recreation. Therapeutic Recreation is the provision of Treatment Services and the provision of Recreation Services to persons with illnesses or disabling conditions. The primary purposes of Treatment Services which are often referred to as Recreational Therapy, are to restore, remediate or rehabilitate in order to improve functioning and independence as well as reduce or eliminate

the effects of illness or disability. The primary purposes of Recreational Services are to provide recreation resources and opportunities in order to improve health and well-being (American Therapeutic Recreation Association, 1987).

13. Role - A function or position.

14. Social Workers - Graduates of schools of social work (with either bachelor's or master's degrees), who use their knowledge and skills to provide social services for clients (who may be individuals, families, groups, communities, organizations, or society in general). Social workers help people increase their capacities for problem solving and coping, and they help them obtain needed resources, facilitate interactions between individuals and between people and their environments, make organizations responsible to people, and influence social policies (Barker, 1991).

15. Social Services - The activities of social workers and other professionals in promoting the health and well-being of people and in helping people to become more self-sufficient; preventing dependency; strengthening family relationships; and restoring individuals, families groups, or communities to successful social functioning. Specific kinds of social services include helping people obtain adequate financial resources for their needs, evaluating the

capabilities of people to care for children or other dependents, counseling and psychotherapy, referral and channeling, mediation, advocating for social causes, informing organizations of their obligations to individuals, facilitating health care provisions, and linking clients to resources (Barker, 1991).

16. Speech and Language Pathology(ist) - Speech and Language Pathologist is a professional educated in the study of human communication, its development and disorders, by evaluating the speech and language skills of children and adults; the Speech and Language Pathologist determines if communication problems exist and decides the best way to treat these problems (American Speech and Hearing Association, 1988)

Assumptions

Assumptions held for this study were:

1. Previous levels of knowledge regarding Occupational Therapy would vary among other health/medical personnel.
2. Previous levels of knowledge regarding Occupational Therapy could be revealed by a questionnaire and affected by an educational program.
3. Participants would be able to fill out pre- and post-test questionnaires and would respond accurately and honestly.

4. Participants would limit their post-test responses to those items in the educational program.

Limitations

This study used only day and evening shift, health/medical personnel who work in Rehabilitation, Acute Care, or Out-Patient settings at a single community hospital. Because of this, results will not be generalizable to other institutions/settings where health/medical personnel may work. Other limitations may include: The date the educational program was delivered, years of professional experience of the participants, educational and professional background of the participants, possible non-equal numbers of participants from each medical/health profession and a non-standardized questionnaire. This study only tested immediate recall following an educational program. Lastly, due to the method by which participants were selected for the study subjects may have self-selected by previous experience or knowledge on the topic.

Significance of the Study

During this time of rapid change in health care the profession of Occupational Therapy is increasingly challenged to insure its position and role in the health/medical community. To thrive, Occupational Therapy

must continue to provide evidence of its worth and demonstrate the vitality of the services it provides.

One primary method that a profession has to ensure its preservation is through exposure. One method to gain exposure is through education. Education is a medium through which a profession can expound its uniqueness, not only among those within the profession but to others as well. One targeted area of education to ensure a professions' continuance must be to those key players who provide its basis for support. In the case of Occupational Therapy these key players can be identified as other health/medical personnel, especially physicians who are the professions' key source for referrals. A lack of peer and public awareness and understanding regarding occupational therapy is one of the problems facing the profession.

The significance of this study lies primarily in its educational component. The model that provided the framework for the educational module was Understanding Organizational Behavior by Umstot (1984). Umstot has described a model to facilitate the Change Process. Change is defined as the process of moving from one state or condition to another. While change is constant and inevitable, it does not always occur in the direction one wants it to go. For the change process to be successful,

change must be carefully managed and directed toward the desired goal(s) using a total systems perspective. In this study the change process was mediated through challenging current knowledge, presenting desired information and reinforcing new learning. Umstot described the above three steps as unfreezing, moving/changing and refreezing.

Although the above outlined model is simple in content it is efficient in obtaining its goal which is change. Other studies in the past have discussed reasons to change; however, they have not identified a method for achieving that goal.

While previous research has examined the perception of selected groups relative to Occupational Therapy, the strengths of this study lie in the dual emphases on change through education and its use of a multidisciplinary sample.

Chapter 2

LITERATURE

The literature has been examined from three distinct perspectives; the profession of occupational therapy - a historical analysis, professional identity, and a model for change. Each of these perspectives adds value and a different viewpoint to the research.

The Profession of Occupational Therapy

A Historical Analysis

Despite being in existence for over 75 years, the profession of Occupational Therapy is a relative newcomer when compared to other medical and health professions. Bockoven (1971) stated that organizations of any size take longer to reach maturity than individuals, hence Occupational Therapy is a rather young adult who must now face the next step of maturation toward adulthood and eventually parenthood.

Occupational Therapy's transcendence through time to the present date can be characterized by what Darwin referred to as "critical periods." This is a developmental process of discovery which postulates that times of most rapid growth are also those when an organism is most vulnerable to chance environmental modification (Rerek, 1971).

Since the philosophical inception of Occupational Therapy during the period commonly known as Moral Treatment, the rate of growth and change in knowledge has been astounding. To the present date, a historical analysis demonstrates that Occupational Therapy has passed through two paradigms and has survived several states of crisis (Kielhofner & Burke, 1977).

The paradigm of occupation that grew out of the 19th century school of thought in psychiatry called Moral Treatment was the first Occupational Therapy paradigm. The paradigm provided a holistic orientation to Man and health in the content of the culture of daily living and its activities (Keilhofner & Burke, 1977). The paradigm of occupation was criticized for its "common-sense" approach and its lack of scientific orientation and Occupational Therapy became uncomfortable with its simple operating principles (Keilhofner & Burke, 1977). In the profession's efforts to increase its relationship with and gain the respect of organized medicine during the Rehabilitation Movement of the 1940's and 50's Occupational Therapy laid aside its initial beliefs of Moral Treatment and adopted a mode of thinking and acting termed Reductionism. This paradigm yielded three major treatment models: 1) Psychoanalytic, 2) Kinesiological, and 3) Neurological.

During this period a great deal was learned about the application of Psychology, Physiology, Kinesiology and Neurology. Despite this increase in the knowledge base of Occupational Therapy, a sense of loss spread through the professional community, as described by Keilhofner and Burke (1977). This sense of loss was fueled by the fact that despite increases in technical knowledge occupational therapists functioned throughout the 1960's without the conscious use of a systematic theoretical base (Mosey, 1971). Occupational therapists were relegated to the role of technicians, and not viewed as professional persons (Mosey, 1971). Confusion spread regarding the role and identity of Occupational Therapy. As Keilhofner and Burke (1977) stated, the paradigm of Reductionism provided the field with precise and extensive methodology, but its technical orientation resulted in a loss of philosophical ideas that originally underlay the profession.

Another critical period occurred in the 1970's and the profession again entered crisis. A method was needed to unite the beliefs and values of the differing perspectives of the paradigms of Occupation and Reductionism. Laszlo (1972) stated, at that time, that the knowledge of the original paradigm of occupation was essential to the identity of the field and needed to be incorporated with

reductionism. He believed that Reductionism should be retained for application in the clinics where serious deficits were shown to impede the acquisition of competency skills and threatened disruption through further degeneration of internal mechanisms (Laszlo, 1972). Lastly, he remarked that the organizational structure of both perspectives, namely the paradigms of Occupation and Reductionism, would be necessary to support the emerging paradigm (Laszlo, 1972).

According to Kielhofner and Burke (1977), Occupational Therapy must look to an emerging view that will address the anomalies or problems that have arisen from the paradigm of Reductionism. This view must also support and understand a holistic and humanist conception of Man (Kielhofner & Burke, 1977). General Systems theory has been used as an organizing framework for integrating the paradigms of Reductionism and Occupation for application in Occupational Therapy.

General Systems Theory provided a method for uniting two very different perspectives which had developed as the field of Occupational Therapy changed and grew. A new paradigm was designed to allow the profession to organize the knowledge acquired in the past and incorporate new realms of ideas from the future. As the profession has

matured in the development of the model of Human Occupation, the philosophical base of the profession at its values and beliefs have been articulated based on history and new explorations (Keilhofner & Burke, 1977). However, self-esteem, image, professional identity, pride, confidence, and individuality continue as issues to be studied and resolved.

Professional Identity

A feeling of competence is a prerequisite to the development of a professional identity and commitment to a field (Bucher & Stelling, 1977). Failure to develop a sense of competence and mastery for occupational therapy practice will produce therapists whose professional identity, efficacy, and commitment are tenuous (Fidler, 1981). There is concern that Occupational Therapists lack unity and confidence in their professional identity (Keilhofner, 1983). Self-image is an important component of professional competence. The ability to perceive oneself as competent can increase one's professional efficacy (Breines, 1986).

Problems of personal and professional self-esteem are inherently tied to how others perceive an individual. Perceptions are a combination of both physiological and psychological processes that act on the systems of values and beliefs. One perception from Occupational Therapy's past is that of a profession that "keeps clients occupied"

(Woodside, 1971). Another perception is that there is nothing an Occupational Therapist does that another professional could not do (Carlisle, 1989). Such perceptions and/or generalizations about the profession can only continue to hinder its development. They force a profession into second class status, and if left to continue will eventually lead to feelings of inferiority (Woodside, 1971). To break this cycle the profession needs to stand visible and its practitioners must feel proud of the importance of its work and the ideas it professes. This has raised such questions as: Can the uniqueness of the profession of Occupational Therapy be adequately expressed, does each therapist speak out vigorously about the capabilities of the profession and the need for support regarding its continuance, and, in what ways is it possible to keep up with the vast changes experienced in the health care environment?

Due to many changes in the environment, the profession and its practitioners have encountered difficulties in maintaining the boundaries of the services that it provides to clients. As the profession has articulated its philosophical and technical knowledge base, other professions have recognized areas of uniqueness

claimed by Occupational Therapy and have adopted many of these aspects into their models. This has resulted in role blurring, and credit for the uniqueness of certain aspects of Occupational Therapy has been usurped by other professions.

Froehlich (1992) has asked, why do so many family members, friends, relatives, politicians, acquaintances, co-workers and colleagues not know what Occupational Therapy is, why does the profession struggle to convince third party payers and legislators of the value of occupational therapy, and why are the voices of occupational therapists often not heard in treatment team meetings? Such questions may stem from the lack of public awareness and understanding of Occupational Therapy. To remedy this situation, occupational therapists are being required to learn to promote the ideas of the profession as did Mary Reilly (Froehlich, 1992). Occupational therapists are called upon to endorse their view of optimism and hopefulness of human capacity and shout out this view for all to hear (Yerxa, 1992). Pellegrino (1983) has stated that society cherishes the idea of professions as groups who profess themselves to place the good of those they serve above their own self-interests. Occupational Therapy must preserve its service ideals while, at the same time, taking the risks that are

necessary to transform ideas to ventures that assure the professions' position in the marketplace (Gilfoyle, 1987).

A Model for Change

Umstot (1984) in a book entitled, Understanding Organizational Behavior, described a model to facilitate change through education. This, he called the Change Process. Change is the process of moving from one state or condition to another state or condition. While change is constant and inevitable, it does not always occur in the direction one wants it to go. For the process to be successful, change must be carefully managed and directed toward the desired goal(s) using a total systems perspective.

Umstot (1984) described three steps in the change process: 1) Unfreeze, 2) Move or Change, and 3) Refreeze. To unfreeze requires creating an imbalance in the system or arousing dissatisfaction with a current state. This is the most difficult task in the change process. Humans take comfort in the familiar, and although most living creatures are in a constant state of flux it is an innate drive to obtain equilibrium, therefore, humans often resist change. There are many reasons why people resist change, including interference with need fulfillment, new learning may be needed, vested interests, comfort with the status quo,

impaired feelings of self-control, group norms and ideological objections.

When resistance is overcome, movement occurs as change itself--the transition or movement from one state or condition to another (Umstot, 1984). Once the ``unfrozen'' state has been achieved, people want to know where to move. In order to manage this process, clear goals must be established. As the change process moves toward these goals, each step must include leverage points that reinforce and support the change, which adds structure to the transition. Lastly, maintaining communication is a key to driving the change process successfully to its conclusion.

Several strategies have been identified to assist Occupational Therapy in the promotion of its values and beliefs while increasing the knowledge available to other professionals and non professionals. Kelly and Steinhauer (1991) identified several strategies to promote the profession not only to other medical and health professionals but also to the general public. Methods to increase knowledge among other medical professionals included: 1) Provision of staff inservice training/competency training, 2) making rounds with other medical professionals so as to alert the professional to the advantages of Occupational Therapy for clients with specific

diagnoses, and 3) working toward clear and concise documentation of functional assessments, treatment plans, goals and results of Occupational Therapy to provide a basis for an educational program for physicians, case managers and Government reviewers. It is believed that an increase in knowledge among the community could be facilitated by setting up a speaker's bureau to make knowledge of Occupational Therapy available to special interest groups, local TV and radio, informational shows and health fairs.

Summary

The literature review has been examined from three distinct perspectives: The profession of occupational therapy - a historical analysis, professional identity, and a model for change.

A historical analysis demonstrated the challenges that have faced Occupational Therapy, how the profession has integrated paradigms and theories from the past, and how the professions present view has emerged.

Currently, Occupational Therapy faces a wide realm of challenges. One such challenge lies in defining the professional identity. To obtain this goal of defining the professional identity, Occupational Therapy must clarify its roles and purpose while maintaining its boundaries of

service, as well as, professing its values and beliefs to the community and other health/medical professionals.

In order for occupational therapy to preserve its service ideals while, at the same time, taking the risks that are necessary to transform ideas into ventures that assure the professions position in the market place, a model for change is suggested. Change from one state or condition to another state or condition must be carefully managed and directed.

Several strategies have been identified to assist Occupational Therapy in the promotion of its values and beliefs. Such strategies are concerned with increasing professional identity, as well as, increasing awareness of the profession with other professionals and non professionals.

Chapter 3

DESIGN AND METHODOLOGY

Purpose

The purpose of this study was to assess the effectiveness of an educational program on the responses by health/medical personnel to a questionnaire regarding knowledge of the role and purpose of occupational therapy. The impact of an educational program on their level of knowledge will be determined by use of a pre- and post-test questionnaire.

Research Questions

The questions to be answered in this study were:

1. Prior to an educational program, what is the range of correct scores by health/medical personnel on a pre-test questionnaire regarding the role and purpose of occupational therapy?
2. What is the effect of an educational program on post-test questionnaire responses by health/medical personnel regarding the role and purpose of occupational therapy.

Research Design

This study was pre-experimental using a one-group pre/post design. A pre/post design was utilized to quantify change in knowledge scores regarding the role and purpose of occupational therapy. An educational inservice

format was administered between the pre- and post-test questionnaire. After reviewing Kelly and Steinhauer's (1991) strategies to promote the profession, an inservice format was chosen due to its familiar nature and frequent use within the health and medical community.

Subjects

Subjects were selected from those day and evening shift health/medical personnel at John Muir Medical Center who responded to a letter that was delivered through mail boxes at the work site. The letter described the study and asked for volunteers who met the criterion to participate (See Appendix A). The major criterion for participation was employment as a physical therapist, speech and language pathologist, neuropsychologist, social worker, nurse, recreational therapist, or physician. In addition, all health/medical personnel who took part in the study possessed a license or certificate from their respective professional organizations which was on file at John Muir Medical Center.

Instrument

Questionnaires used in this study were designed by the researchers (See Appendices B & C). Test questions were derived from viewing the American Occupational Therapy

Association videotape entitled, ``The Human Resource-- Occupational Therapy.'' This is a videotape that is distributed for the purpose of marketing Occupational Therapy and for educating other professionals to its value. The researchers viewed the content of the videotape for general information on Occupational Therapy. The researchers wrote questions based on key points of practice arenas, assessment, diagnosis and referrals. Additional questions were based upon American Occupational Therapy Association educational requirements and certification criteria. As Occupational Therapy educational requirements were not addressed in the videotape the researchers chose to present this information using a lecture format.

Procedure

Permission to conduct this study was granted by John Muir Medical Center (See Appendix D). The educational component of this study was divided into three sections: 1) Introduction, 2) Presentation of video tape, and 3) Conclusion with a period for questions and answers. Each educational session was consistently delivered in terms of content. Presenters remained the same throughout the study. Subjects sat facing the presenters and a television set with

VCR in the rehabilitation gymnasium on a combination of therapy mats and chairs in uneven rows. Subjects participated during day or evening shift mealtime hours. Subjects were greeted and the presenters strictly adhered to the outline in Appendix C.

Data Analysis

All responses were entered into the Microsoft Excel (TM) spreadsheet program and responses were analyzed for differences between pre- and post-test questionnaire answers. The scoring of the pre- and post test questionnaire took place as follows. Pre-test questionnaire questions 1 to 7 represented demographic information regarding the subjects and were not scored. Questions 8 to 17 on the pre-test and 1 to 10 on the post-test were scored by assigning all correct answers circled a value of one and all non correct non circled answers a value of one. Correct answers that were not circled or incorrect answers circled were given a value of zero. A total possible score on each pre- and post-test questionnaire was 81. Data were then analyzed by a statistician through the use of a computational statistical technique; paired t -test, to determine levels of significance.

Chapter 4

DATA AND RESULTS

This pre-experimental study used a one-group pre/post design to assess the effectiveness of an educational program on the level of knowledge held by health/medical personnel regarding the role and purpose of occupational therapy. A paired t -test was used to analyze the pre- and post-test data. Seventy-nine letters were delivered to request subject participation through employee mail boxes at John Muir Medical Center.

Demographics

Forty-nine subjects responded to the request and attended the educational program. Of these participants forty-seven returned completed pre- and post-test questionnaires. Of these forty-seven subjects, two were male and forty-five were female. Subjects ranged from 22 to 69 years of age. The subject pool consisted of eighteen physical therapists, sixteen nurses, five 'Other' (two cardiopulmonary specialists, two recreational therapists and one respiratory therapist), three speech pathologists, three social workers/services, one neuropsychologist and one physician. All subjects were employees who worked in either a Rehabilitation, Acute Care or Out-Patient setting.

Data

Pre-test scores ranged from 39 to 73. Post-test scores ranged from 49 to 78. The maximum correct score on both the pre- and post-test questionnaires was 81. The mean difference between the pre- and post-test questionnaire scores was 5.1 points. At the 95% level of confidence the upper boundary for the mean difference between the pre- and post-test questionnaire scores was 15.9 and the lower boundary was -5.7. Since these figures cross zero, there was no statistical significance between the scores on the pre- and post-test questionnaire scores, $t(46) = 2.02$, $p > .05$ (See Table 1).

Research Questions Answered

Question 1

Prior to an educational program, what is the range of correct scores by health/medical personnel on a pre-test questionnaire regarding the role and purpose of occupational therapy?

Correct pre-test scores ranged from 39 to 73, with a mean of 65. The maximum correct score was 81.

Table 1

Statistical Analysis (N=47)

Subject	Pre Test Score	Post Test Score	% Changed	Difference	Dif Less Avg	Squared
1	56	68	21.43%	12	6.87234	47.2290629
2	64	75	17.19%	11	5.87234	34.4843821
3	67	76	13.43%	9	3.87234	14.9950204
4	66	69	4.55%	3	-2.12766	4.52693526
5	62	74	19.35%	12	6.87234	47.2290629
6	60	55	-8.33%	-5	-10.12766	102.569488
7	68	73	7.35%	5	-0.12766	0.01629697
8	51	57	11.76%	6	0.87234	0.76097782
9	57	74	29.82%	17	11.87234	140.952467
10	73	75	2.74%	2	-3.12766	9.78225441
11	69	70	1.45%	1	-4.12766	17.0375736
12	68	71	4.41%	3	-2.12766	4.52693526
13	66	56	-15.15%	-10	-15.12766	228.846084
14	43	49	13.95%	6	0.87234	0.76097782
15	68	74	8.82%	6	0.87234	0.76097782
16	69	73	5.80%	4	-1.12766	1.27161612
17	68	66	-2.94%	-2	-7.12766	50.803531
18	70	78	8.57%	6	0.87234	0.76097782

continued

Table 1 (continued)

19	71	77	8.45%	6	0.87234	0.76097782
20	68	73	7.35%	5	-0.12766	0.01629697
21	59	62	5.08%	3	-2.12766	4.52693526
22	64	70	9.38%	6	0.87234	0.76097782
23	64	66	3.13%	2	-3.12766	9.78225441
24	65	71	9.23%	6	0.87234	0.76097782
25	70	69	-1.43%	-1	-6.12766	37.5482119
26	39	51	30.77%	12	6.87234	47.2290629
27	66	75	13.64%	9	3.87234	14.9950204
28	67	78	16.42%	11	5.87234	34.4843821
29	64	72	12.50%	8	2.87234	8.25033952
30	64	72	12.50%	8	2.87234	8.25033952
31	58	64	10.34%	6	0.87234	0.76097782
32	72	78	8.33%	6	0.87234	0.76097782
33	71	76	7.04%	5	-0.12766	0.01629697
34	67	75	11.94%	8	2.87234	8.25033952
35	71	77	8.45%	6	0.87234	0.76097782
36	64	69	7.81%	5	-0.12766	0.01629697
37	70	75	7.14%	5	-0.12766	0.01629697
38	73	72	-1.37%	-1	-6.12766	37.5482119
39	64	60	-6.25%	-4	-9.12766	83.3141693

continued

Table 1 (continued)

40	73	78	6.85%	5	-0.12766	0.01629697
41	63	74	17.46%	11	5.87234	34.4843821
42	70	69	-1.43%	-1	-6.12766	37.5482119
43	56	75	33.93%	19	13.87234	192.441829
44	68	70	2.94%	2	-3.12766	9.78225441
45	70	71	1.43%	1	-4.12766	17.0375736
46	70	78	11.43%	8	2.87234	8.25033952
47	69	68	-1.45%	-1	-6.12766	37.5482119

<u>averages</u>	8.42%	5.12766	1343.23404
-----------------	-------	---------	------------

Std Dev = 36.65016

n = 47

Sqrt of n = 6.855655

95% Confidence Interval

Mean Diff	Crit t Val	SD/Sqrt n
5.12766	2.02	5.345975

continued

Table 1 (continued)

Upper Limit = 15.92653

Lower Limit = -5.67121

95% Confidence Range for difference between the groups is from -5.7 to 15.9,
since the confidence interval crosses zero, the mean difference is not significant

Question 2

What is the effect of an educational program on post-test questionnaire scores by health/medical personnel regarding the role and purpose of occupational therapy?

Correct post-test scores by health/medical personnel ranged from 49 to 78, with a mean of 70.127 (See Table 1). The maximum correct score was 81.

Although the data do not show statistical significance, positive change was noted in the post-test scores of the health/medical personnel. Graph 1 shows these results by individual respondent. Increases in the questionnaire scores from pre- to post-test was found among all of the respondents by profession (See Table 2) and (See Graph 2).

When the data were analyzed for percent change, positive change occurred for 39 respondents (See Graph 3). Percent change between pre- and post-test questionnaire scores was greatest for the physician, neuropsychologist, and social workers (See Table 3) and (See Graph 4).

Graph 1

Pre- vs. Post-Test Scores by Respondent (N=47)

Key

- 1 - Physician
- 2 - Neuropsychologist
- 3-5 - Social Workers
- 6-8 - Speech Pathologists
- 9-13 - Other
- 14-29 - Nurses
- 30-47 - Physical Therapists

Table 2

Pre- and Post-Test Scores by Profession (N=47)

Profession	<u>n</u>	Pre-Test Score	Post-Test Score
Physical Therapists	18	67.39	72.28
Nurses	16	63.44	68.88
Other	5	66.60	69.20
Speech Pathologists	3	59.67	61.67
Social Workers	3	65.00	73.00
Neuropsychologist	1	64.00	75.00
Physician	1	56.00	68.00

Graph 2

Pre- vs. Post-Test Scores by Profession (N=47)

Graph 3

Percent Change by Respondent (N=47)

Key

- 1 - Physician
- 2 - Neuropsychologist
- 3-5 - Social Workers
- 6-8 - Speech Pathologist
- 9-13 - Other
- 14-29 - Nurses
- 30-47 - Physical Therapists

Table 3

Percent Change Between Pre- and Post-Test Scores (N=47)

Profession	<u>n</u>	% Change	Pre-Test	Post-Test
Physician	1	21.43%	56.00	68.00
Neuropsychologist	1	17.19%	64.00	75.00
Social Workers	3	12.44%	65.00	73.00
Nurses	16	9.29%	63.44	68.88
Physical Therapists	18	7.62%	67.39	72.28
Other	5	4.65%	66.60	69.20
Speech Pathologists	3	3.59%	59.67	61.67

Graph 4

Percent Change by Profession

Chapter 5
DISCUSSION, RECOMMENDATIONS
AND CONCLUSION

This study assessed the effectiveness of an educational program on the scores of health/medical personnel on a questionnaire regarding knowledge of the role and purpose of occupational therapy. The impact of an educational program on participants' levels of knowledge as determined by a pre- and post-test questionnaire was not statistically significant.

Despite this finding, positive change was noted in the scores achieved by most respondents in seven professional groups. Scores demonstrated an increase on the post-test with a total average change of 8.42 percentage points for all respondents. When the data were analyzed for percent change, pre- and post-test questionnaire scores among the professional groups of physician ($n=1$), neuropsychologist ($n=1$), and social workers ($n=3$) demonstrated the greatest change with percentage changes of 21.43, 17.19 and 12.44 respectively.

Assuming that an increase in post-test scores indicates an increase in knowledge regarding the role and purpose of occupational therapy, the researchers may have identified

some possible explanations for the study's lack of statistical significance.

The first possible explanation may lie in the pre- and post-test questionnaire used in the study. Questions were created by the researchers following review of the American Occupational Therapy Association video tape entitled, ``The Human Resource--Occupational Therapy'', deriving from it key points regarding the role and purpose of occupational therapy. The researchers' use of a subjective method for generating questions may have resulted in a biased questionnaire. Questions may have focused primarily on those key points of the role and purpose of occupational therapy believed to be important by the researchers. Occupational therapists with an understanding of key terminology and occupational processes may have also influenced the actual wording of the questions; thus the questionnaire may have inadvertently posed leading questions.

Additionally, the sample for this study may have been skewed. A large percentage of the subjects in this study reported having daily to weekly contact with Occupational Therapy. The frequency of subject encounters with Occupational Therapy may have been one of the contributing

factors to high pre-test scores. High pre-test scores may not have allowed enough room for respondents to demonstrate a statistically significant difference between the pre- and post-test scores.

Given the results of this study, the researchers believe that this topic merits further study. Within the constantly changing medical and health industry, professionals will need to be outspoken and defend the importance of their profession to the overall well being of the patient in order to survive. Continued efforts need to be made toward educating public and health/medical personnel and further effort is warranted to find efficient and effective tools for the promotion of the profession's role and purpose, as well as its values and beliefs.

Recommendations for Future Research

Future researchers who may replicate this study are advised to consider this to be a pilot study and to correct the flaws discussed here. It is strongly recommended that the pre- and post-test questionnaire receive further attention and that a longer time frame be used to eliminate the effect of immediate recall. Allied health students, patients, and health/medical professionals with varied years of experience with or without previous exposure

to Occupational Therapy would be potential subjects for future research on this topic. Finally, future researchers are encouraged to conduct studies in other settings where occupational therapists work.

Conclusion

Despite the lack of statistical significance, this study's use of an educational program and a one group pre- and post-test questionnaire design, has begun to demonstrate that a positive effect can be achieved on health/medical personnel regarding the role and purpose of occupational therapy. Change was noted in most individual respondents, as well as, professional groupings. Scores demonstrated an average change of 8.42 percentage points for all respondents, with the physician, neuropsychologist and social workers demonstrating the greatest positive change.

It is felt that the use of the change process strategy challenged current knowledge, presented desired information and reinforced new learning regarding the profession of Occupational Therapy. To thrive, Occupational Therapy must continue to provide evidence of its worth and demonstrate the vitality of the services it provides. Continued efforts

need to be made toward educating not only other health/medical personnel but the public, as well. Finding efficient and effective tools to promote the profession's role and purpose, values and beliefs is a continuing challenge.

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Appendix A
Letter to Participants Requesting Assistance
in Conducting Research

Date

Dear Perspective Participant,

We are currently enrolled as graduate students at San Jose State University. In partial fulfillment of the requirements for the Master of Science degree, we are completing a thesis.

In order to achieve the above, we must first establish a subject base. As a Physical Therapist, Speech and Language Pathologist, Neuropsychologist, Social Worker, Nurse, Recreational Therapist, or Physician, you meet the criterion for our study and we wish to enlist your assistance.

We intend to gather data for our study through the use of a pre and post test questionnaire. An educational component will be presented between questionnaire administration. Each questionnaire will require approximately 15 minutes to complete including a 30 minute educational program requiring a total of 60 minutes. All information gathered will be voluntary, anonymous and held in strict confidence. Refusal to participate in this study at any time will in no way affect your working relationship with the researchers.

Complaints about the research may be presented to the investigators or Associate professor, Amy Killingsworth,

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Main Office: 408/924-3070 • Fieldwork Office: 408/924-3078 • FAX: 408/924-3088

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Interim Chair, Department of Occupational Therapy at San Jose State University (408) 924-3070. Questions or complaints may also be presented to Serena Stanford, Ph.D., Associate Academic Vice President for Graduate Studies and Research, at (408) 924-2480.

Your participation in this study will be of great value and results will hopefully be published. If you have any questions about this study, we will be happy to talk with you. We can be reached at (510)947-5252.

Thank you for your attention.

Sincerely,

Margaret Brunke

Margaret Brunke

Domenique Hendershot-Embrey

Domenique Hendershot-Embrey

Appendix B
Pre-Test Questionnaire
and
Answer Key

Pre-Test Questionnaire

1. What is your profession? (Circle one)
 - a) Nurse
 - b) Physician
 - c) Neuropsychologist
 - d) Social Worker
 - e) Physical Therapist
 - f) Speech Pathologist
 - g) Other
2. What is your level of education? (Circle one)
 - a) A.A.
 - b) B.A./B.S.
 - c) M.A./M.S.
 - d) Post graduate
 - e) Ph.D./Ed.D
 - F) other
3. Circle your appropriate age grouping?
 - a) 20-29 yrs.
 - c) 30-39 yrs.
 - c) 40-49 yrs.
 - d) 50-59 yrs.
 - e) 60-69 yrs.

4. How many years have you been practicing in your field?
(Circle one)
- a) 1-2 years
 - b) 3-5 years
 - c) 5-10 years
 - d) 10-20 years
 - e) More than 20 years
5. Do you work with Occupational Therapists? (Circle one)
- a) yes
 - b) no
 - c) I do not know
6. How frequently do you work with Occupational Therapists?
(Circle one)
- a) Daily
 - b) Weekly
 - c) Monthly
 - d) Yearly
 - e) I do not know
7. Circle your sex.
- a) Male
 - b) Female

8. What is the minimum level of education Registered Occupational Therapists need to achieve in order to practice in the state of California? (Circle one)

- a) A.A./A.S.
- b) B.A./B.S.
- c) M.A./M.S.
- d) Ph.D./Ed.D

9. To practice as a Registered Occupational Therapist in the state of California you must... (Circle one)

- a) Take a state exam.
- b) Graduate with a B.A./B.S. in a related health profession.
- c) Graduate with a B.A./B.S. degree in Occupational Therapy from an accredited college and take a national registry exam.
- d) Graduate with a M.A./M.S. degree in Occupational Therapy from an accredited college and take a national registry exam.

10. What is the highest degree one can achieve in Occupational Therapy? (Circle one)

- a) A.A./A.S.
- b) B.A./B.S.
- c) M.A./M.S.
- d) Ph.D./Ed.D

11. Which courses are Occupational Therapists required to study in order to obtain a degree? (Circle all that apply)

- a) Anatomy
- b) Chemistry
- c) Kinesiology
- d) Language Acquisition
- e) Human Relations
- f) Physics
- g) Human Development
- h) Pharmacology
- I) Physiology
- j) Physical Education
- k) Psychology
- l) Gerontology
- m) Art
- n) Sociology
- o) Calculus

12. Which of the following diagnoses or conditions would be appropriate for a referral to Occupational Therapy?

(Circle all that apply)

- a) Head Injury
- b) Cerebral Vascular Accident
- c) Spinal Cord Injury
- d) Psychiatric Disorders

- e) Rheumatoid Arthritis
- f) Amputations and Prosthetics
- g) Burns
- h) Acute Hand Injuries
- I) Cardiac Dysfunction
- j) Back Injuries
- k) Orthopedic Injuries

13. Which of the following areas of treatment or training/retraining would be appropriate for a referral to Occupational Therapy? (Circle all that apply)

- a) Activities of Daily Living
- b) Basic Home Management
- c) Community Reintegration
- d) Vocational Rehabilitation/Work Hardening
- e) Adaptive Equipment
- f) Upper Body Strengthening
- g) Range of Motion
- h) Cognitive
- I) Sensory
- j) Wheelchair Management
- k) Speech and Language
- l) Visual
- m) Prosthetic/Orthotic
- n) Gait

- o) Swallowing/Dysphagia
- p) Modalities
- q) Splinting
- r) Coma Stimulation
- s) Wound Care
- t) Family Training

14. What areas of function do Occupational Therapist assess and treat? (Circle all that apply)

- a) Activities of Daily Living (ADL) including self care, home and community skills.
- b) Cognitive Functioning
- c) Visual/Perceptual Skills
- d) Perceptual Motor Skills
- e) Functional Mobility
- f) Range of Motion
- g) Neuromuscular Status
- h) Muscle Strength
- I) Endurance
- j) Sensation
- k) Coordination
- l) Family Skills
- m) Reflexes/Reactions

15. In which setting(s) might you find an Occupational Therapist working? (Circle all that apply)

- a) Acute Care Hospital
- b) Mental Health Facility
- c) Recreation Programs
- d) School District
- e) Research Laboratory
- f) Skilled Nursing Facility
- g) Board and Care
- h) Group Homes
- I) Sports Training Centers
- j) Community Outreach
- k) Corporate Health Program

16. What medical/health professionals would address issues regarding a clients emotional states and feelings?

(Circle all that apply)

- a) Neuropsychologists
- b) Nurses
- c) Occupational Therapists
- d) Physicians
- e) Physical Therapists
- f) Social Workers
- g) Speech Pathologists

17. Which of the following is consistently a primary goal of Occupational Therapy regardless of setting? (Circle one)

- a) To assist clients to become independent.
- b) To assist clients to regain maximal potential use of mind and body to participate in home and work.
- c) All of the above.

Pre-Test Answer Key

1. No correct answer.
2. No correct answer.
3. No correct answer.
4. No correct answer.
5. No correct answer.
6. No correct answer.
7. No correct answer.
8. b.
9. c.
10. d.
11. a, c, g, i, k, l.
12. a, b, c, d, e, f, g, h, i, j, k.
13. a, b, c, d, e, f, g, h, i, j, l, m, p, q, r, s, t.
14. a, b, c, d, e, f, g, h, i, j, k, l, m.
15. a, b, c, d, e, f, g, h, j, k.
16. a, b, c, d, e, f, g.
17. b.

Appendix c
Post-Test Questionnaire
and
Answer Key

Post-Test Questionnaire

1. What is the minimum level of education Registered Occupational Therapists need to achieve in order to practice in the state of California? (Circle one)

- a) A.A./A.S.
- b) B.A./B.S.
- c) M.A./M.S.
- d) Ph.D./Ed.D

2. To practice as a Registered Occupational Therapist in the state of California you must... (Circle one)

- a) Take a state exam.
- b) Graduate with a B.A./B.S. in a related health profession.
- c) Graduate with a B.A./B.S. degree in Occupational Therapy from an accredited college and take a national registry exam.
- d) Graduate with a M.A./M.S. degree in Occupational Therapy from an accredited college and take a national registry exam.

3. What is the highest degree one can achieve in Occupational Therapy? (Circle one)

- a) A.A./A.S.
- b) B.A./B.S.
- c) M.A./M.S.

d) Ph.D./Ed.D

4). Which courses are Occupational Therapists required to study in order to obtain a degree? (Circle all that apply)

- a) Anatomy
- b) Chemistry
- c) Kinesiology
- d) Language Acquisition
- e) Human Relations
- f) Physics
- g) Human Development
- h) Pharmacology
- I) Physiology
- j) Physical Education
- k) Psychology
- l) Gerontology
- m) Art
- n) Sociology
- o) Calculus

5. Which of the following diagnoses or conditions would be appropriate for a referral to Occupational Therapy?

(Circle all that apply)

- a) Head Injury
- b) Cerebral Vascular Accident
- c) Spinal Cord Injury

- d) Psychiatric Disorders
- e) Rheumatoid Arthritis
- f) Amputations and Prosthetics
- g) Burns
- h) Acute Hand Injuries
- I) Cardiac Dysfunction
- j) Back Injuries
- k) Orthopedic Injuries

6. Which of the following areas of treatment or training/retraining would be appropriate for a referral to Occupational Therapy? (Circle all that apply)

- a) Activities of Daily Living
- b) Basic Home Management
- c) Community Reintegration
- d) Vocational Rehabilitation/Work Hardening
- e) Adaptive Equipment
- f) Upper Body Strengthening
- g) Range of Motion
- h) Cognitive
- I) Sensory
- j) Wheelchair Management
- k) Speech and Language
- l) Visual
- m) Prosthetic/Orthotic

- n) Gait
- o) Swallowing/Dysphagia
- p) Modalities
- q) Splinting
- r) Coma Stimulation
- s) Wound Care
- t) Family Training

7. What areas of function do Occupational Therapist assess and treat? (Circle all that apply)

- a) Activities of Daily Living (ADL) including self care, home and community skills
- b) Cognitive Functioning
- c) Visual/Perceptual Skills
- d) Perceptual Motor Skills
- e) Functional Mobility
- f) Range of Motion
- g) Neuromuscular Status
- h) Muscle Strength
- I) Endurance
- j) Sensation
- k) Coordination
- l) Family Skills
- m) Reflexes/Reactions

8. In which setting(s) might you find an Occupational Therapist working? (Circle all that apply)

- a) Acute Care Hospital
- b) Mental Health Facility
- c) Recreation Programs
- d) School District
- e) Research Laboratory
- f) Skilled Nursing Facility
- g) Board and Care
- h) Group Homes
- I) Sports Training Centers
- j) Community Outreach
- k) Corporate Health Program

9. What medical/health professionals would address issues regarding a clients emotional states and feelings?

(Circle all that apply)

- a) Neuropsychologists
- b) Nurses
- c) Occupational Therapists
- d) Physicians
- e) Physical Therapists
- f) Social Workers
- g) Speech Pathologists

10. Which of the following is consistently a primary goal of Occupational Therapy regardless of setting? (Circle one)

- a) To assist clients to become independent.
- b) To assist clients to regain maximal potential use of mind and body to participate in home and work.
- c) All of the above.

Post-Test Answer Key

1. b.
2. c.
3. d.
4. a, c, g, i, k, l.
5. a, b, c, d, e, f, g, h, i, j, k.
6. a, b, c, d, e, f, g, h, i, j, l, m, p, q, r, s, t.
7. a, b, c, d, e, f, g, h, i, j, k, l, m.
8. a, b, c, d, e, f, g, h, j, k.
9. a, b, c, d, e, f, g.
10. b.

Appendix D
Letter to the Facility Requesting Assistance
in Conducting Research

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Date

Dear Selected Facility,

We are currently enrolled as graduate students in the Department of Occupational Therapy at San Jose State University. In partial fulfillment of the requirements of the Masters of Science degree, we are completing a thesis entitled ``Assessing Knowledge of Health/Medical Personnel Regarding Occupational Therapy''.

By performing this study, we intend to promote understanding and awareness of Occupational Therapy among health/medical personnel at John Muir Medical Center. This study will have further implications for the profession of Occupational Therapy by providing information on how other health care professionals perceive the role and purpose of the profession.

In order to achieve this, we must first establish a subject base. As a hospital that utilizes Acute Care, Rehabilitation and Out-Patient Occupational Therapy Services, we wish to enlist your assistance.

We intend to gather data for our study through the use of a pre and post test questionnaire. An educational component will be presented between questionnaire administration. Each questionnaire will require approximately 15 minutes to complete including a 30 minute

educational program requiring a total of 60 minutes.

Questions will target educational background, role and purpose of Occupational Therapy. All information gathered will be voluntary, anonymous and held in strict confidence. Results of this study may be published, but any information that can be identified with this institution will be discussed only with permission. Refusal to participate in this study at any time will in no way affect the working relationship with the researchers employed at your facility.

Complaints about the research may be presented to the investigators or Associate professor, Amy Killingsworth, Interim Chair, Department of Occupational Therapy at San Jose State University (408) 924-3070. Questions or complaints may also be presented to Serena Stanford, Ph.D., Associate Academic Vice President for Graduate Studies and Research, at (408) 924-2480.

Your participation in this study will be of great value. It will help further promote the understanding of occupational therapy among health care professionals working with occupational therapists.

If you have any questions about this study, we will be happy to talk with you. We can be reached at (510)947-5252.

If you wish to participate in this study, please sign and return form.

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Signature of Participant

12/11/94

Date

Signature of Investigators

12/5/94

Date

Agree to allow survey to be given to
SJSU employees who volunteer on their time to
participate.

Appendix E
Educational Outline

The success of this study hinges upon the method in which the educational component is carried out. Because of this, a strict outline is needed in order to limit possible contaminants that might alter the results of the study.

The educational component of this study will be divided into three sections: 1) Introduction, 2) video presentation, 3) conclusion including a period for questions and answers. Below is the standard format for which the study, ``Assessing Knowledge of Health/Medical Personnel Regarding Occupational Therapy'', will be presented.

1. Introduction

a) Introduction of researchers:

- 1) Name(s)
- 2) Title
- 3) Position(s) held
- 4) Department(s) work in
- 5) Years of experience

b) Thank participants for taking the time to participate.

c) State how long the session will take. ``Each questionnaire will require approximately 15 minutes

to complete including a 30 minute educational program. Your total participation time will be 60 minutes."

- d) Explain sequence in which the session will occur:
 - 1) Pre-test
 - 2) Video
 - 3) Post-test
 - 4) Question and answer period
 - e) Hand out and verbally review written consent form regarding participants rights (see Appendix A).
Consent form will be pre signed by investigators.
 - f) Distribute writing implements
 - g) Distribute pre- and post-test questionnaire packet.
A blank paper will divide pre from post-test questionnaire.
 - h) Instruct participants to fill out pre-test only, not going past blank piece of paper.
2. Video Presentation

This video entitled, "The Human Resource--Occupational Therapy", is produced and distributed by the American Occupational Therapy Association (AOTA) for the purpose of marketing Occupational Therapy and educating other professionals on its value. This video is 18 minutes long and provides an overview of the variety of roles

and multiple settings in which Occupational Therapists function. Following the video a brief verbal presentation will be provided regarding the educational requirements of Occupational Therapists.

3. Conclusion

- a) Instruct participants to complete post-test questionnaire
- b) Collect pre- and post-test questionnaires.
- c) Statement informing participants that any and all results will be available to them upon request and completion of study.
- d) Thank participants again for their participation.
- e) Facilitate voluntary question and answer period.
- f) End of presentation.