2023

Implementation of driving services into a student-run pro-bono occupational therapy center

Amanda C. Hill
Western New England University

Implementation of Driving Services into a Student-Run Pro-Bono Occupational Therapy Center

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A Doctoral Experiential Capstone Project Final Report

Presented to the Faculty of Western New England University

In Partial Fulfillment of the Requirements for the

Entry-Level Doctorate

in

Occupational Therapy

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by

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July 2023

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By

Amanda C. Hill, OT/s

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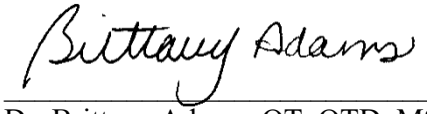
APPROVED BY:



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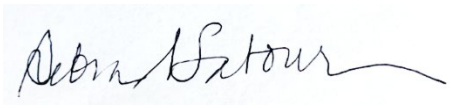

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7/25/2023
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Implementation of Driving Services into a Student-Run Pro-Bono Occupational Therapy Center

Amanda C. Hill

Division of Occupational Therapy, Western New England University

July 25, 2023

Abstract

This doctoral experiential capstone project focuses on the implementation of driving services into the BEAR PAW Center to offer a free driving program to members of Springfield, Massachusetts (MA) and the surrounding community. In conjunction with implementation into the BEAR PAW Center, the Western New England University (WNE) Doctor of Occupational Therapy (OTD) curriculum will be reevaluated to incorporate the driving component into the existing requirement. This will allow current and future students to learn more about occupational therapy's role in driving and serve as an additional experiential learning opportunity. The overall goal of the project is to increase access to affordable care for community members, establish safe communities and driving practices, and foster the development of more competent generalist practitioners.

Introduction and Background

Introduction

Driving and community mobility are instrumental activities of daily living (IADLs) that are vital to an individual's sense of independence, community engagement, and quality of life (Marfeo et al., 2021). Despite the connection between occupational therapy and driving, driving and community mobility are not extensively addressed within entry-level occupational therapy curricula (Yuen & Burik, 2011). The Accreditation Council for Occupational Therapy Education (ACOTE) 2018 Standard B.4.14 is the only standard that addresses community mobility. The standard states that doctoral occupational therapy programs must include aspects of the curriculum that teach students how to "evaluate the needs of persons, groups, and populations to design programs that enhance community mobility, and implement transportation transitions, including driver rehabilitation and community access" (ACOTE, 2018, p.30). The information

provided within this standard does not state the extent to which driving has to be addressed within occupational therapy program curricula. Due to this lack of clarity, occupational therapy practitioners are often left without the necessary educational resources to adequately address driving within their client's interventions (Alberta Health Services Provincial Occupational Therapy Driving Working Group, 2017; Hawley, 2015; Hunt & Arbesman, 2008).

Background

As an individual ages, there can be changes in one's health status with new medical diagnoses as well as normal age-related changes, such as difficulty with vision and cognition. Each of these changes in health can impact an individual's ability to drive and be an active member of the community. For members of the Springfield, Massachusetts (MA), community, 11.2% of the 18 years and older population have difficulty with vision, 16.3% have difficulty with cognition, and 41.9% have difficulty with ambulation (American Community Survey, 2021). Additionally, the main form of transportation to get to work is driving alone in a car, truck, or van with approximately 97.5% traveling to work alone (American Community Survey, 2021).

The discussion about the need for a driver evaluation typically occurs when a medical diagnosis or age-related change hinders an individual's ability to drive safely. Physicians can provide referrals for a driver evaluation, which involves clinical evaluations by occupational therapists who assess an individual's reaction time and cognitive, motor, and visual functions, among other areas (American Community Survey, 2019; Arbesman et al., 2014; Golisz, n.d.). On-road assessments can also be conducted as part of the evaluation, if appropriate. However, driver evaluations have an average out-of-pocket cost of $350-$500, with limited to no assistance from insurance (Transportation Resources, Information, Planning, & Partnership for Seniors,

2018). For individuals who want to remain independent and active within the community, but do not have the additional funds to afford a driver assessment and/or evaluation, community members can be deterred from seeking services. To make driver assessment and evaluation services accessible to individuals of all socioeconomic levels, affordable or pro-bono clinics need to be created in order to increase personal safety while driving and the safety of others within the community.

Person-Environment-Occupation-Performance (PEOP) Model

The person-environment-occupation-performance (PEOP) model was utilized throughout the development of the doctor experiential capstone process. This model was chosen based on the variety of facets that are covered within the theoretical framework, more specifically how the framework puts the individual at the center and considers their environment, occupations, and overall performance (Baum et al., 2015). Throughout the development of the driving services, the participant has been the central focus with client-centered, occupation-based, and individualized sessions tailored to their needs and abilities. When first meeting the participant, it was important to review the medical history and intake form as well as be observant during the driving history questions. This allows the student clinician to consider a variety of aspects related to the participant and determine which assessment tools would be most appropriate to utilize during the driver risk assessment. Based on the results of the driver risk assessment, the student clinician also had the ability to develop appropriate individual sessions based on the occupation of driving and their likely performance related to the planned activities. Additionally, the environment of the BEAR PAW Center Functional Labs must be considered. The environment does not simulate real-life experience as an in-car on-road assessment would. However, activities can be simulated to make driving scenarios seem as realistic as possible by grading activities up

(adding distractions and increasing the challenge and complexity). Sessions also involve education, which can be related to the occupation of driving and community mobility. This can include discussions of how the participant's car can be improved through engagement in CarFit, to ensure their vehicle is fitting them and increasing their overall comfortability and safety on the road. This can ensure the environment is optimized for the participant. Education can also involve the cost of driver evaluations and on-road assessments to allow participants to plan for the expected cost. Driving-related educational activities that can be conducted within the participant's car (not on the road with the participant) should be done to allow the participant to learn more about the safety features within their car for easier translation of information provided during sessions into real life. Lastly, activities focused on driving and community mobility enable the participant to continue to perform their meaningful occupations in different ways. Education to caregivers, family members, and participants can be beneficial when driving may no longer be a safe option. By providing driving alternatives and allowing the participant to maintain access to the community, the participant remains enabled to continue to be independent, remain an active member of the community, engage in social participation, and have access to other meaningful occupations that lead to an overall better quality of life.

RE-AIM Model

The RE-AIM Model has been utilized throughout the doctoral experiential capstone project. RE-AIM stands for reaching, effectiveness, adoption, implementation, and maintenance (Glasgow et al., 2019). At the setting level, the RE-AIM Model considers and addresses the contexts that impact populations within settings, such as the BEAR PAW Center, and then considers the individuals who work within the center. The student clinician has been able to reach a variety of individuals within the community who need driving services and provide

effective interventions and strategies to practice safe driving or other means of accessing the community. Participants will find the program to be most beneficial and effective when they adopt and implement the recommended driving strategies into their daily driving practices and maintain these skills to remain active and independent within their community. Additionally, the RE-AIM framework can be utilized to determine the strengths and areas for improvement within the driving program. As the program has developed and been implemented, the student clinician has taken feedback from participants and staff and implemented their recommendations throughout the process, especially with the driving risk-assessment form and individual sessions, to increase sustainability for future use. Lastly, the RE-AIM Model is flexible in that it can be used in conjunction with other models or approaches in order to further analyze the research (Glasgow et al., 2019). This has allowed the student clinician to use clinical judgment and participant feedback to further evaluate and improve the various components of the program.

Doctoral Experiential Project Overview

Experiential Component

The doctoral experiential capstone project incorporated elements of a community experiential component as well as a scholarly project component. The community experiential component entailed developing and implementing driving services into the BEAR PAW Center and working with participants to develop and improve their baseline driving skills. This included developing a driver risk-assessment form that is tested and revised to fit the needs of each participant.

The community experiential component also included setting up the space for the driving program and increasing accessibility. This involved trialing and setting up the OPTEC 5000, reaction timer with monitors, designing the space with driving posters, and developing an

organized filing system with assessments, handouts, and other documents. Each of these aspects can be attributed to conducting research on various driving topics as well as consulting with driver rehabilitation specialists and partnering with local driving clinics.

Additionally, as part of the community experiential component, the student presented at the American Occupational Therapy Association Annual Conference on the prevalence of driving within occupational therapy curricula. She also presented at a local senior center to promote occupational therapy and CarFit as well as presented at two independent living communities in Massachusetts on occupational therapy's role in driving, aging and driving, and the driving program she established. During the experiential component, she also engaged in planning and organizing the annual WNE CarFit Event. This involved developing the event flyers, coordinating and communicating with the marketing department, and conducting outreach to local centers and facilities.

Additional components of the experiential work and project have been redacted at this time due to submission for publication to the Journal of Occupational Therapy Education. Please refer to Appendix O for more information.

Scholarly Component

The scholarly component of the doctoral experiential capstone project is multifaceted as well. Initially, the scholarly component involved developing an evidence-based driving manual for running the driving portion of the BEAR PAW Center. The manual contains information including, but not limited to, how to use the driving equipment, how to conduct a driver risk assessment and use the form, community resources, and driving interventions. Additionally, the manual will help guide current and future students in further understanding the role occupational therapists have in driving and how occupational therapists are best suited for this

role. To take this one step further, the student clinician has incorporated the driving portion of the BEAR PAW Center as well as other driving-related information into the existing requirement within the WNE OTD curriculum. To adequately accomplish the aforementioned tasks, the student clinician has taken professional development courses to further her knowledge of occupational therapy's role in driving. This has included completing the American Occupational Therapy Association's Driving and Community Mobility Micro Credential as well as attending the 2023 Aging and Safe Driving Symposium. All components of the project will allow WNE OTD students to increase their knowledge of how to address driving in occupational therapy interventions to better inform and support their clients. Finally, this information will be disseminated through publication in a professional journal and through a presentation at professional conferences, such as the American Occupational Therapy Association annual conference and the Massachusetts Association for Occupational Therapy annual conference. This information will be used to educate professionals and students on how to incorporate driving into a student-run center and increase awareness of the importance of occupational therapy's role in driving and addressing the topic in client interventions.

The student also completed a research study approved by the institutional review board (IRB) by examining client perceptions of driving services within the BEAR PAW Center upon discharge as part of her scholarly work. Additional components, including the results of the research study, of the scholarly work and project have been redacted at this time due to submission for publication. Please refer to Appendix O for more information.

Discussion and Recommendations

Results

Based on the significant outreach from community members, the need for affordable,

client-centered, and occupation-based driving services was evident. Current services, such as driving schools, do not have the ability to provide pre-drivers with the individualized driving services needed for neurodivergent individuals. This may include, but is not limited to, individuals with autism spectrum disorder (ASD) and attention-deficit hyperactivity disorder (ADHD). Additionally, occupational therapy practitioners have the opportunity to provide driving interventions during therapy sessions. Unfortunately, it is not required for occupational therapists to discuss driving as part of the initial evaluation or any sessions that follow. It is typically not until the word 'driving' is brought up by the client that the conversation begins. Even then, it still may not be thoroughly addressed. This can lead to a gap in care for pre-drivers as well as individuals who are interested in driving again following an injury, illness, or diagnosis. Third, driver evaluations and on-road assessments typically have a hefty associated out-of-pocket cost that deters community members from scheduling appointments, especially if there is uncertainty if they will pass on the first attempt. The development of the driving program within the BEAR PAW Center has opened numerous opportunities for community members. The program allows participants to understand their current baseline skills, both strengths and areas that need to be further improved. Through individual sessions, participants can work on areas related to their personal driving goals and goals set by the student clinician to strengthen their skill set. This allows participants to be more prepared and confident in their driving abilities when it is time for a driver evaluation and on-road assessment.

Additional components of the results of the IRB approved research project have been redacted at this time due to submission for publication. Please refer to Appendix O for more information.

Strengths

There were various strengths to the program. One of the strengths of the program was the development of an evidence-based driver risk-assessment form and the use of individualized, client-centered sessions to meet participant driving goals and needs. Based on the driver risk assessment as well as the individual sessions, there was an overall increased awareness of participants' own strengths and areas for improvement, which can lead to safer community and driving practices. The program overall provides opportunities for students to learn more about driving and what is within a generalist occupational therapy practitioner's scope of practice for driving. Additionally, the program provided affordable services for community members, resulting in increased access to healthcare and necessary services to remain independent and active within the community.

Limitations

There are three key limitations related to the project: the number of individual sessions, the length of time for recruitment and time of year recruitment was done, and the space and time availability. The first limitation was the number of individual sessions. Each of the interested participants that completed a driver risk assessment presented with a unique set of skills that required additional individual sessions. Individual sessions focused on areas related to the participant's personal driving goals as well as the student clinician's goals and often required more than the number of sessions that were possible within the 14-week span. Additional considerations for the number of individual sessions include the participant's schedule with other appointments, illnesses, and transportation, among other areas.

Another limitation was the length of time for recruitment and the time of year recruitment was done. Within the 14-week timeframe, it is difficult to have a quick turnaround with participants that are immediately interested and want to come in right away. It is also

challenging to start recruiting during week one as the doctoral experiential capstone process is still being learned and the project itself may not be fully worked out. Therefore, the recruitment process may not start for another couple of weeks, which decreases the number of weeks left to host driver risk assessments and individual sessions. In conjunction with scheduling, there are limited time frames that participants are available, which can mean that there is a one-week or multi-week gap between individual sessions. In addition, recruitment began toward the end of the school year and the beginning of summer. The time of year made it more difficult to recruit participants. As a result, participants became unavailable as they had vacations planned, lack of transportation (school provided transportation), and changes or unpredictability with their schedules.

The third limitation is the space and time availability. Within the BEAR PAW Center Functional Labs, there are various factors to consider. One factor is that a licensed occupational therapist is required to be on-site. This means that a driver risk assessment or individual session would have to be scheduled between Monday through Friday from the hours of 8:00 am and 4:00 pm. The next factor is the class, meeting, event, and other doctoral projects scheduled in the room during the week. This was one of the major limitations as schedules are constantly changing. A schedule was created to decrease the double booking of the classroom with the driving room. However, the schedule was rarely utilized by other members and led to people utilizing the wrong spaces, which caused people to have to be more flexible and adaptable than needed.

Recommendations

One recommendation includes developing a master schedule with set times for driver risk assessments, individual driving sessions, classes, meetings, open labs, BEAR PAW Center, and

other events. This will create more cohesiveness between students, staff, and participants, and a further understanding of where and when people are expected to be at set times. This will be more beneficial to participants as they will have set weekly days and times so they can plan their schedules accordingly.

The second recommendation is to have discussions about driving becoming a routine part of the initial occupational therapy evaluation. Driving is vital to an individual's sense of independence, community engagement, social participation, and quality of life that it has to start being addressed. Often times, individuals are unaware of what occupational therapy is and what is within occupational therapy's scope of practice that the thought of driving does not come up in conversation during evaluations or sessions. Therefore, it is the responsibility of the occupational therapist to address it, find another occupational therapist who can address it, or find someone who can provide recommendations for addressing it. There is an abundance of free professional development and continuing education courses related to driving that can assist in increasing one's driving competence.

The third recommendation is to increase the amount of driving education within occupational therapy curricula. The lack of driving education within the curriculum causes students who become entry-level occupational therapists to be unaware of how to address driving with clients. By increasing the amount of education within the curriculum, such as developing a free driving program offered to community members, students can feel more comfortable and confident in addressing driving during client sessions. This can lead to an increase in student driving competence. The continued use of the developed driving program will provide students with the tools needed to be successful in driving. Ultimately, if occupational therapists are not addressing driving, who is?

Learning Outcomes

Throughout the doctoral experiential capstone project, the student has grown tremendously in her knowledge and skills related to driving. Her passion for and dedication to continue to work in the driving community is evident and is demonstrated throughout her project. The student has familiarized herself with the skills related to driving, components of a driver risk assessment and appropriate assessment tools to incorporate, how to utilize the purchased driving equipment, and the state requirements for driving related to vision, among others. As the program progressed, changes have been made to adapt to the needs of individuals within the community, such as adding more cognitive assessment tools to provide options based on the client's needs and eliminating barriers for clients to complete tasks (e.g., no speed requirement for the reaction timer).

Learning Objectives

The following are four student-led learning objectives to foster her personal and professional growth throughout the doctoral experiential capstone project as well as evidence to support how they were accomplished:

Learning Objective 1

"Student will further their knowledge in driving by taking professional development courses to become a more competent generalist practitioner."

For professional development, the student has completed the American Occupational Therapy Association's Driving and Community Mobility Micro Credential. This Micro Credential is comprised of nine courses and includes addressing areas such as the ethical and professional obligation to address driving, functional cognition related to driving, the impact of visual dysfunction on driving, and the screen and evaluation process for driving. The courses

provided within the program enabled the student to further understand occupational therapy's role within driving as well as further her competence and skills when working with clients as a generalist practitioner. The student also attended a week-long Aging and Safe Driving Symposium, which featured a variety of panelists discussing their roles within the driving community. The plentiful information and resources by the speakers greatly contributed to the student's development of the driving program and understanding of how to optimize an individual's safety on the road. The student continued to attend courses as they arose throughout the 14 weeks including one related to spinal cord injuries and driving, another related to autism spectrum disorder, and modulated related to Huntington's disease.

Learning Objective 2

"Student will expand their critical thinking skills associated with implementing driving into the student-run free center by conducting a needs assessment and utilizing input from healthcare professionals and community members."

Throughout the development of the needs assessment, the student conducted research on the surrounding population to further understand if there was a need for affordable driving services in the community and what that need may entail. Based on the outreach, it was evident that the need for affordable and client-centered driving services was present. The idea of simply working with individuals who want to get back to driving following an injury, illness, or diagnosis quickly shifted. There was still a significant need from this population, but there was also a significant need from pre-drivers who felt that the typical driving school programs would not be beneficial to their style of learning and did not provide them with the individualized skills needed to be successful in the occupation of driving. Additionally, there was a need for affordable services for individuals who are currently driving but feel uncomfortable while

driving or feel that they would benefit from strategies to improve their safety while driving. This is where education and further research became apparent. The addition of these two populations led the student to expand her critical thinking skills and consider the diverse needs of each individual that she would work with and how she could develop an inclusive program tailored to those needs. With more research, she developed a driver risk-assessment form that can be adapted to the client and their abilities to assess their baseline skills related to driving as well as create client-centered and occupation-based interventions for individual sessions with clients.

Learning Objective 3

“Student will enhance their time management and organization skills by creating documents with independent weekly and monthly goals to ensure the project is completed within 14 weeks.”

For time management and organization skills, the student has developed a document entailing the goals she set for herself throughout the 14-week project. These goals included long-term goals, such as developing the driver risk-assessment form, creating the driving manual, and submitting proposals for the American Occupational Therapy Association annual conference and the Massachusetts Association for Occupational Therapy annual conference. Short-term goals were also included within the document, such as planning for individual sessions, organizing the driving room, and creating flyers for programs. Target dates were associated with each goal and can be found at the end of each goal. This was more difficult than expected at the beginning of the project as goals needed to be set with realistic standards and time frames. As the project continued to evolve, time management and organization skills became increasingly important and target dates had to be shifted to manage additional components of the project.

Learning Objective 4

"Student will improve their communication skills by consulting with driver rehabilitation specialists and other professionals in order to provide an inclusive and thorough driving program to community members."

For communication skills and consulting with professionals, the student has sought out opportunities to work with driver rehabilitation specialists to discuss the differences in the role of the generalist occupational therapy practitioner versus the driver rehabilitation specialist. This was vital for understanding what was within the scope of practice for the generalist occupational therapy practitioner so that the driving program could align with these standards. The driver rehabilitation specialist addressed the existing assessments and evaluation tools used for driving and provided the student with information about driver risk assessments, the Generalist's Resource to Integrate Driving (GRID), and Occupational Therapy – Performance Appraisal for Driving (OT-PAD). Additionally, the student contacted surrounding driver rehabilitation specialists to see if they will serve as a referral for driver evaluations as clients become ready for the next steps in their driving journey. Each of these has allowed her to develop connections within the OT driving community and continue to maintain these connections for future students of the program.

For additional information related to the WNE OTD learning objectives, please see Appendix L.

Additional Information

Access the student's e-portfolio here: https://sites.google.com/view/amanda-hill-ots/home

Please see the following appendices for more information about important aspects of the doctoral experiential capstone process.

Appendix A: Mentorship Agreement

Appendix B: Memorandum of Understanding

Appendix C: Institutional Review Board (IRB) Submission Form

Appendix D: Institutional Review Board (IRB) Appendices

Appendix E: Institutional Review Board (IRB) Amendment Form

Appendix F: Institutional Review Board (IRB) Amendment Appendices

Appendix G: Doctoral Experiential Short Proposal

Appendix H: Needs Assessment

Appendix I: Literature Review

Appendix J: Review of Literature

Appendix K: Critically Appraised Topic

Appendix L: Final Learning Objectives

Appendix M: Driving Manual (please see the e-portfolio link for access to the driving manual)

Appendix N: BEAR PAW Center Driving Flyer

Appendix O: Manuscript Receipt

Appendix A

Division of Occupational Therapy Western New England University
Doctoral Experiential Capstone Mentorship Agreement

Doctoral Student: Amanda Hill
Doctoral Experience Site: BEAR PAW Center & Functional Learning Labs, Western New England University
Site Mentor: Dr. Brittany Adams
Faculty Mentor: Dr. Brittany Adams

This Mentorship Agreement, is effective April 10, 2023 by and between the above named Occupational Therapy Doctoral (OTD) student, Doctoral Experiential Site Mentor, and the Western New England University OTD Faculty Mentor. The following lists the learning objectives for Amanda Hill, the supervision/mentoring plan, and the responsibilities of all parties involved.

Doctoral Experiential Learning Objectives:

Upon completion of the OT Doctoral Experiential Capstone project, OTD Students will demonstrate, through observed professional interactions and through reflective and professional writing, that they have become self-aware, self-determined learners, competent entry-level practitioners, and transformative leaders, as measured by:

1. Documentation of their experience in collaboration for program or service delivery with professionals and/or members of consumer groups who are not occupational therapists. This includes being able to negotiate the role of occupational therapy as part of an interprofessional team

2. Documentation of a needs assessment for a particular population and using said assessment as the foundation for planning a successful Doctoral Experiential Capstone project. Additional evidence will include feedback from consumers that indicates the impact of the project on the population they represent.

3. Demonstration of proficiency with the use of personal computers, learning platforms, electronic health records and assistive technology sufficient to fully document the Doctoral Experiential for WNE as well as for members of the population served by that project

4. Recognition and description of the diverse systems of service delivery that are most cost-effective and considerate for health, social, and educational settings, both traditional and nontraditional. Through both clinical and reflective writing, sensitivity to cultural, linguistic, and other diversities and the ability to describe solutions for care disparities

5. Documentation of the ability to work with others to identify meaningful objectives, organize, manage, and motivate people and resources, communicate effectively, and oversee action to accomplish stated program or service goals.

6. Through both clinical and reflective writing, articulation of the therapeutic/clinical reasoning (procedural, interactive, narrative, ethical, scientific, pragmatic) process used during planning, delivery, and evaluation of population-based and evidence-driven occupational therapy services. Demonstration of the ability to implement, in existing programs, and plan for in developing programs, an occupational therapy process that is occupation-based, client-centered, culturally sensitive, and ethically appropriate

7. Documentation of experiential and scholarly projects that reflect the literature in the field and that use responsive, ethical methods. The scholarly process and results should be accessible to the college and the community, especially to the population served by the project. A report of the project, presented in a professional format that others can replicate or build upon, will be evidence of accomplishment

8. Through both clinical and reflective writing, articulation of a clear awareness of their own personal and professional strengths and boundaries and identify supports and strategies for goal achievement

Doctoral Experiential Capstone Group and/or Individual Learning Objectives:

WNE OTD students participate in a group mentorship/supervision model in which a small group of students work together with a faculty mentor to develop, implement, and evaluate individual Doctoral Experiential Capstone projects which focus on a specific topic, population, and/or setting. Group objectives, which address the desired outcomes of all of the group members' individual Doctoral Experiential Capstone projects, may be written. These are optional. Individual student learning objectives are written by each student based on a literature review and needs assessment, consultation and planning with their site, faculty, and peer mentors. These objectives are specific to each individual Doctoral Experiential Capstone project. They identify the desired outcomes of this student's Doctoral Experiential Capstone project are:

9. Student will further their knowledge in driving by taking continuing education courses to become a more competent generalist practitioner.

10. Student will expand their critical thinking skills associated with implementing driving into the student-run free center by conducting a needs assessment and utilizing input from healthcare professionals and community members.

11. Student will enhance their time management and organization skills by creating documents with independent weekly and monthly goals to ensure the project is completed within 14 weeks.

12. Student will improve their communication skills by consulting with driving rehabilitation specialists and other professionals in order to provide an inclusive and thorough driving program to community members.

Doctoral Experiential Capstone Management/Supervision Plan:

The student will be mentored and supervised by the site mentor and the faculty mentor.
The student will only participate in activities as assigned by the site or faculty mentor. If the student is providing skilled occupational therapy services, the supervision guidelines for the provision of occupational therapy services by students for each particular state is required. If the site mentor is not available to supervise the student on a particular date, the site and mentor will provide a replacement supervisor for that particular time period.
The student may spend additional time at other locations within the site organization as assigned by the site mentor.
This is a 560-hour doctoral experience. At least 80% of those hours must be spent at the Doctoral Experiential Capstone project site. Any unexcused absences must be made up to get to 560 hours to ensure successful completion of the doctoral experience. This must be arranged with the site mentor and approved by the faculty mentor.
Any concerns should be brought to the attention of the faculty or site mentor. If they are not able to be resolved, they should be brought to the attention of Debra Latour, Doctoral Experiential Capstone Coordinator, debra.latour@wne.edu or 413-782-1449.

Responsibilities of all Parties: Verifying the hours the student completed.

The Doctoral Experiential Capstone Student is responsible to:

Complete all required academic classes and fieldwork prior to beginning the Community Experiential portion of the Doctoral Experiential Capstone project;

Develop and maintain a structure for working with their team to conduct and complete their Doctoral Experiential Capstone project. This should include clearly delineated responsibilities and timelines, both individual and group
Actively participate in all aspects of the Doctoral Experiential, including:

- Developing a proposal and work plan; ○ Negotiating a community partnership specific to each individual project; ○ Finding and using appropriate resources; ○ Completing all necessary forms and assurances;
- Arranging and maintaining communication systems for regular information and consultation with your faculty and community mentor(s);
- Obtaining IRB review and approval as needed; ○ Collecting, managing, and analyzing of data as proposed; ○ Preparing and presenting a final portfolio format report of project outcomes/findings.

Arrange for transportation, housing, as needed to conduct the Doctoral Experiential Capstone project .

Complete 560 hours (14 weeks full-time) of doctoral experience, at least 80% of which (448 hours) must be completed at the doctoral experience site. Any unexcused absences must be made up to get to 560 hours to ensure successful completion of the doctoral experience. This must be arranged with the site mentor and approved by the faculty mentor.

Comply with all laws, policies, and procedures of the Doctoral Experiential Capstone site, the Doctor of Occupational Therapy Program, Western New England University, state licensure boards, and the American Occupational Therapy Association.

Demonstrate the standards of professional behavior outlined in this WNE OTD student manual, including HIPAA/FERPA, OSHA, patient rights and the AOTA Code of Ethics;

Assume a leadership role for the Doctoral Experiential Capstone, demonstrating respectful interaction and communication with fellow students, community partners, faculty and community mentors and other individuals who are part of the Doctoral Experiential;

Demonstrate a professional approach to the Doctoral Experiential Capstone, including effective time management, observing deadlines, initiating, reading and responding to communications from the Doctoral Experiential Capstone team and other members of the OTD Program and WNE, and taking responsibility for your own skills and career development;

Evaluate the Doctoral Experiential Capstone supervisors and site to help continue to improve educational outcomes.

<u>The Doctoral Experiential Capstone Faculty Mentor is responsible to</u>:

Coordinate Doctoral Experiential Capstone group supervision meetings with students who have registered for the assigned Doctoral Mentorship sections

Oversee the conceptualization and development of each group members Doctoral Experiential

Capstone proposal, including oversight, review, final approval and grading of the implementation project;

Participate in recruitment of and negotiation with community partners regarding site and mentorship agreements and detailed plans for roles, responsibilities, schedules and communication plans for the Doctoral Experiential Capstone project;

Communicate and provide feedback regularly to the team, especially the students, in person, or via Skype, telephone, email or other methods;

Collaborate with site mentor and leadership team on any concerns regarding student performance, site management, etc.;

Oversee the implementation of the Doctoral Experiential Capstone project work plan using evidence-based mentoring and teaching strategies;

Support, review and finally approve the report and presentation of the project outcomes and findings, and grading of the implementation course.

The Doctoral Experiential Capstone Site Mentor is responsible to:

Agree to work with Western New England University OTD program, including the identified faculty mentor and OTD student(s) for the duration of the Doctoral Experiential Capstone project, including providing site orientation and delineating mentorship responsibility at their community/agency site location(s);

Collaborate with the faculty mentor to guide the student(s) through the needs assessment component of the project proposal, to oversee its implementation and to collaborate in managing any problems which may arise;

Provide guidance on the logistics of completing the Doctoral Experiential Capstone project at the site, including scheduling for the student, on-site support and supervision, and arranging access to necessary resources;

Collaborating with the faculty mentor to evaluate the student team's on-site performance, and final project report and presentation;

Actively participate in regular communication with the other OTD students in your group and your faculty mentor in person, virtually (Skype, Adobe Connect, etc.), by email or other means, including giving both verbal and written feedback on implementation and documentation;

Develop and maintain a system for documenting students' experiential hours on site and the tasks and activities accomplished during those hours (as identified in the work plan);

Provide a written evaluation (in a format provided by the WNE OTD program) of each student's work, including on and off-site activities for the doctoral experiential, at midterm and at the end of the experiential.

The Doctoral Experiential Capstone Coordinator is responsible to:

Develop Doctoral Experiential Capstone Policies and Procedures

In consultation with the WNE Attorney, develop and negotiate the Doctoral Experiential Memorandum of Understanding/Agreement

Review the CV, resume and supporting documents to verify that the site mentor is qualified to serve. This ensures that the student is mentored by an individual with expertise consistent with the student's area of focus. This individual may or may not be an occupational therapist.

Coordinate and collaborate with University, College, Division, and Program administrators, faculty and staff to assure that the Doctoral Experiential Program follows the appropriate rules and procedures.

Plan and convene Doctoral Experiential meetings including training

Develop and maintain communication systems for collaboration and accountability

Oversee the Doctoral Mentorship and Experiential courses

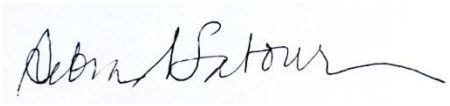
Oversee the development and presentation of Doctoral Experiential portfolios

Evaluate and report the outcomes of the Doctoral Experiential

By signing the agreement, all parties agree to the provisions above.

Brittany Adams *12/20/2022*
OT, OTD, MSOT, OTR

Site Mentor Date

Amanda Cahill	12/14/2022
Student	Date
Brittany Adams OT, OTD, MSOT, OTR	12/20/2022
OTD Faculty Mentor	Date
 1/10/2023	
Doctoral Experiential Capstone Coordinator	Date

Appendix B

DIVISION OF OCCUPATIONAL THERAPY
DOCTORAL EXPERIENTIAL CAPSTONE AGREEMENT
INTERNAL DEPARTMENT MENTORSHIP
Memorandum Of Understanding

Doctoral Student(s): Amanda Hill (each, a "Student")
WNE OTD Faculty Mentor: Dr. Brittany Adams (the "Faculty Mentor")
WNE OTD Site Mentor (if other): Dr. Brittany Adams (the "Site Mentor")
Doctoral Experiential Site: BEAR PAW Center & Functional Learning Labs, Western New England University (the "Site")
Doctoral Experiential Capstone Coordinator: Dr. Debra Latour (the "Capstone Coordinator")

This Agreement (the "Agreement") is made and effective as of April 10, 2022, by and between the above-named Student(s), Faculty Mentor, Site Mentor, Capstone Coordinator and Western New England University, College of Pharmacy and Health Sciences, Division of Occupational Therapy (the "University").

Recitals

The University offers a Doctor of Occupational Therapy (OTD) degree program that requires an advanced doctoral experiential project as part of the graduate curriculum. This advanced doctoral experiential project includes both experiential (practicum) and scholarly components. In order to ensure that its students meet the requirements for the degree of Doctor of Occupational Therapy and occupational therapy licensure in the United States, the University has established the OT Doctoral Experiential Capstone project (the "Project). This Agreement pertains only to the Project.

The purpose of the Project is to allow OTD students to develop in-depth knowledge in a designated area of interest (ACOTE, 2020). The Project is collaboratively designed and implemented in accordance with Accreditation Council of Occupational Therapy Education (ACOTE) standards and the University's OTD policies and procedures.

Terms

In order to accomplish the foregoing purposes, and for good and valuable consideration, the parties hereby agree as follows:

1. Description of Project.

A. The Project will be 14 weeks in duration (560 hours) and will occur while the Student is registered for the courses OTD 780 Doctoral Experiential 4:Implementation/Capstone and OTD 785 Doctoral Experiential 4: Mentorship, which are part of the University's OTD curriculum. The Project may be completed on a full or part-time basis consistent with the individualized specific objectives of the OTD Doctoral Experiential Capstone Mentorship Agreement (Appendix A). No more than 20% (112 hours) of the 560 hours may be completed outside of the defined mentored practice setting(s).

B. Students enrolled in OTD 780 and OTD 785 have not completed their OTD education and are only qualified to participate in a volunteer capacity. No direct care occupational therapy services may be provided by Students unless a licensed occupational therapist is providing supervision in accordance with applicable law, including 259 C.M.R. 3.00.

C. This Project will take place on the University's campus. The Faculty Mentor and the Site Mentor will be University employees. The Faculty Mentor and Site Mentor shall not be eligible for or entitled to any additional compensation and or benefits for their services rendered in connection with this Agreement. The

Capstone Coordinator will arrange and confirm assignment and placement of each Student with the Faculty and Site Mentors.

D. The attached Mentorship Agreement (Appendix A) that details the general student learning objectives and up to four (4) individual learning objectives as agreed upon by the Student, Faculty Mentor and Site Mentor, is hereby incorporated into the Agreement.

2. Obligations of the Parties.

A. Before the Project begins, the Student and their Faculty and Site Mentors shall collaboratively develop a Project proposal which shall include a literature review, needs assessment, goals/objectives, learning activities, and an outcomes evaluation plan as defined in the then-current OTD Doctoral Experiential Manual (the "Manual"). In developing the Project proposal, the Student and their Faculty and Site Mentors shall adhere to the University's Institutional Review Board requirements and procedures to the extent applicable, as well as the policies and procedures outlined in the Manual. The Capstone Coordinator will authorize the Project to begin only after all requirements for immunizations, background checks, and required training have been met.

B. The Faculty and Site Mentors shall provide supervision and mentoring for the Student with respect to the Project consistent with the Mentorship Agreement and the Manual. The Faculty and Site mentors will provide feedback and opportunities for reflection for the Student through regular discussions, mentorship meetings, opportunities for collaboration with a range of consumers and professionals, and/or written assignments regarding their experiences.

C. The Capstone Coordinator may arrange for the Faculty and Site Mentors and the Student to collaborate with a representative of a community partner organization or an adjunct faculty member serving in the role of consultant or content expert. If applicable, the consultant/content expert will assist the Faculty and Site Mentors with guiding the Student(s) through the development of the Project proposal; preparing t he final Project report and presentation; actively participating in regular communications with the Student and Faculty and Site Mentors; developing and maintain a system for documenting the Student's experiential hours on site and the tasks and activities accomplished during those hours (as identified in the objectives); and completing written and other evaluations (in a format provided by the University) of the Student's work, including on and off-site activities of the Project.

D. The University will secure and maintain appropriate general and professional liability insurance covering the activities of the Student and the Faculty and Site Mentors with respect to the Project, with limits of at least $1,000,000 per occurrence and $3,000,000 annual aggregate, with insurance carriers or self-insurance programs covering the University and its employees. The University shall promptly notify the Capstone Coordinator of any cancellation or termination of such insurance. Students are responsible for any additional professional liability insurance or other insurance that they may wish to purchase on their own.

E. The University will instruct Students in applicable privacy laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), prior to assignment to the Site and as outlined in the OTD Student Handbook.

F. The Student must satisfy the University's and the OTD's health insurance requirements before beginning the Project.

G. No party to this Agreement shall discriminate against any employee, student or person on account of race, color, religion, sex, sexual orientation, gender identity or gender expression, ancestry, age, national origin, disability or any other status protected by applicable law.

H. Each party shall comply with applicable infection control protocols established by the CDC and other relevant federal, state, and local public health authorities, including but not limited to increased hygiene and sanitation policies, frequent hand washing, the wearing of face masks or shields, and physical distancing guidance when appropriate in a clinical setting.

I. The parties shall comply with all applicable laws and University policies.

J. The Capstone Coordinator will investigate any issue related to the Faculty Mentor, Site Mentor, or Student that is deemed to be impacting the Project and take such corrective action as it deems appropriate in its discretion.

3. Termination.

A. This Agreement shall terminate automatically if the Student ceases to be enrolled at the University for any reason or upon completion of the Project.

B. The University may terminate this Agreement if, after consultation with the Site and Faculty Mentors, the Capstone Coordinator and the Chair of the OTD, the University determines such action to be warranted based on the Student's behavior or failure to comply with their obligations hereunder, under the Manual or under any other applicable University policy.

C. Miscellaneous Provisions.

A. For purposes of this Agreement, no Student will be considered an employee of the University, but rather will be treated as a student in the doctoral education phase of their professional education. The Student shall not be entitled to any compensation for services rendered in connection with this Agreement and shall not be eligible to participate in any employee benefit program of the University including Worker's Compensation.

B. Any use of the University's name, insignia, or logo in any descriptive or promotional literature or communication of any kind with respect to the Project must comply with applicable University policies.

C. This Agreement, as amended from time to time, constitutes the entire agreement between the parties with respect to the subject matter hereof and supersedes all previous negotiations, commitments and writings with respect to such subject matter.

D. This Agreement may not be amended except by a writing signed by all parties. Notwithstanding the foregoing, the University may replace the Faculty Mentor, Site Mentor or Capstone Coordinator with individuals other than those named above by giving written notice to the Student.

E. Nothing in this Agreement shall be construed to create a partnership, joint venture, agency or other relationship between the parties. The relationship between the parties is solely that of independent parties to a contract. Neither party is authorized to act on behalf of or bind the other party.

F. This Agreement shall be solely and exclusively governed by and construed and enforced in accordance with the laws of the Commonwealth of Massachusetts without giving effect to any law that would result in the application of a different body of law. All disputes under or in connection with this Agreement shall be brought and resolved only in a court of competent jurisdiction located in Hampden County, Massachusetts, and each party hereby irrevocably consents to the jurisdiction of such courts and waives any objections thereto.

[SIGNATURE PAGE FOLLOWS]

The Student:

Name: Amanda Hill

Western New England University:

Faculty Mentor:

Name: Brittany Adams

Signature: Brittany Adams

Site Mentor:

Name: Brittany Adams

Signature: Brittany Adams

Debra Latour PP-OTD, M.Ed., OTR/L
Doctoral Experiential Capstone Coordinator
Debra Latour

A. Maria Toyoda, Ph.D.
Provost and Vice President of Academic Affairs

_____

Appendix C

WESTERN NEW ENGLAND UNIVERSITY

INSTITUTIONAL REVIEW BOARD (IRB) SUBMISSION FORM FOR PROPOSAL TO USE HUMAN PARTICIPANTS IN RESEARCH FWA00010736

Date of Application: (MM/DD/YYYY) 02/20/2023

1. Responsible Project Investigator **(Note: students/ residents cannot serve as PIs):** Brittany Adams Phone No.: 413-782-1443

Address (Campus address, including box #, if available): Blake Law Center, 230G
1215 Wilbraham Road
Springfield, MA 01119

E-mail: brittany.adams@wne.edu

2. Investigator (e.g., Graduate Student) **(Note: Please list any additional investigators in Appendix):** Amanda Hill Phone No.: 413-531-0802

Address (Campus address, including box #, if available): 1215 Wilbraham Road
Springfield, MA

E-mail: amanda.hill@wne.edu

3. Collaborations: Does this project involve any collaborators not part of the faculty/staff at WNEU? (●) No ( ) Yes Please specify:

4. Title of Project: Client Perceptions of Driving Services Provided at a Student-Run Occupational Therapy Center

5. Submission Type: (●) New ( ) Renewal ( ) Amendment

6. Anticipated Project Duration:

From MM/YYYY: 03/2023 To MM/YYYY: 03/2024

NOTE: Any research project that undergoes full board review and continues for longer than one (1) calendar year requires annual renewal.

7. Non-Technical Synopsis:
(Please provide a brief abstract in non-scientific terms.)

This doctoral experiential project will examine clients' perceptions of the occupational therapy driving services provided at the BEAR PAW Center. A survey will be developed to examine client perceptions of services by asking questions related to the students' knowledge of driving services, client goal achievement, and client-centeredness of services provided.

8. Background:
(Please provide a brief narrative review of the literature and basis of the study.)

A driving evaluation involves an occupational therapist's clinical assessment of a client's reaction time and cognitive, motor, and visual functions, among other areas (American Community Survey, 2019; Arbesman et al., 2014; Golisz, n.d.). There are currently two existing establishments (Weldon Rehabilitation Hospital and Baystate Health) in Springfield, Massachusetts that offer driving evaluations to community members. Each facility provides services that assess the individual's physical abilities, including strength and range of motion, vision, executive functioning skills, and long- and short-term memory

9. Objective:
(Briefly state the objective of the research.)

The overall goal of the project is to examine client perceptions of the value and effectiveness of the driving services provided at the BEAR PAW Center.

10. Type of research participant (Include all that apply.) **Indicate the approximate number in each category.**

Undergraduate WNE student (18 years old or older) #	0	Undergraduate WNE student (less than 18 years old) #	0	Graduate or Law WNE student #	0
WNE employee (18 years old or older) #	0	WNE employee (less than 18 years old) #	0	Minor not otherwise specified (less than 18) #	0

Off-campus participants (specify including age and #): 18+ years old
2-10 participants

Special population (e.g., prisoner, pregnant, disabled) (specify including age and #): 0

Other (specify including age and #): 0

11. Recruitment of participants (Check all that apply.)

- ☐ Unpaid classroom volunteer
- ☐ Paid classroom volunteer
- ☑ Unpaid nonclassroom volunteer
- ☐ Paid nonclassroom volunteer
- ☑ Other (Please specify) Clients of BEAR PAW Center

How will participants be recruited (please attach any flyers, email content, etc.)? Please list all inclusion/exclusion criteria.

The inclusion criteria for participants is as follows: age 18 years or older, fluent in English reading and writing (due to lack of an interpreter), have specified goals related to driving, and are currently receiving services at the BEAR PAW Center. Clients can come to the Bear Paw Center with any admitting diagnosis, as long as driving

12. Expected study duration and compensation.

Expected Duration (e.g., total hours and length of involvment (days, months) per participant): Completion of each survey should take approximately 10-15 minutes to complete, for a total of 30 minutes maximum

Expected participant compensation (Check all that apply.)

- [x] No compensation
- [ ] $$ compensation
- [ ] Other (Please specify)

If applicable, please specify $$ rate

13. Location of the research (Check all that apply)

- [x] On-campus
- [ ] On-Line
- [ ] Off-Campus

Please specify site (e.g., Springfield campus, Southborough, specific off-campus location)

Western New England University BEAR PAW Center

Note: If off-campus locations are included, please attach a signed permission from a responsible individual (e.g., business owner, school superintendent, principal) for each location.

14. Will the participants be exposed to more than minimal risk?

- ( ) Yes
- (•) No

Please briefly describe any anticipated risks, discomforts, or inconveniences related to participation, and what will be done to minimize these.

There are no foreseeable risks involved in participating in this study other than those encountered in day-to-day life.

15. Describe consent and/or procedure (attach copies of written informed consent form or information sheet and use consent form checklist to ensure that it contains required elements). Who is obtaining consent? Where and when will it be obtained? How will it be obtained from non-English speakers, if relevant? **Attach copies of consent and assent forms.**

Participants are clients at the BEAR PAW Center who are being provided with services related to driving. A convenience sample of current clients at the BEAR PAW Center who meet identified inclusion criteria will be utilized for participant recruitment. Participants will be provided with informed consent and given the option to partake in the study. If they agree, they will complete the researcher-developed Bear Paw Center Driving Discharge Satisfaction

16. Confidentiality and anonymity of information obtained (Check all that apply)

- [x] Participants' responses will be anonymous. (Data are collected in a way that no one (including the researcher) can identify the individual associated with any particular result or response, e.g., a survey with no names or other identifying information.)
- [ ] Participants' responses will be confidential. (Records are maintained in a way that ensures only the researchers have access to any information or results linked to a specific individual.)
- [ ] Other (Please specify)

17. Does the research involve the use of deception?

( ) Yes ( ) No

If "Yes" please elaborate in the space below, describing the deception used and providing a justification of the need for deception.

No use of deception.

18. Does the research involve debriefing of participants?

( ) Yes (•) No

If "Yes" please provide an explanation in the space below describing how (e.g., spoken, with written statement) and when the participants will be debriefed. If "No" please provide an explanation of why debriefing is not necessary. Provide a copy of the debriefing statement as an attachment, if relevant.

No debriefing necessary, no use of deception. Participants will complete two, one-time surveys during their time as a participant in this study.

19. Data collection methods: Describe data collection methods to be used (e.g., survey instruments - **copies must be submitted as attachments**), the types of data to be collected (e.g., electronic, hard copy, video), where it will be stored and for how long, who will have access to the data and any security protections that will be put in place.

The survey responses will be collected via Google Forms where data will be stored in a password-protected electronic format for at least six years. Both surveys will be included in one link, with distinct sections for each survey. No questions will be required. The consent form will be item #1 on the survey and respondents will not be able to begin the survey until they have given consent to participate. Only the investigators will have access to the responses. Google Forms does not collect identifying information such as the participant's name, email address, or IP address. Therefore, the responses will remain anonymous. No one will be able to identify the participant or their answers, and no one will know whether or not the participant participated in the study.

20. In the space below, please provide a thorough description of the research procedure(s), including design, what specific procedures will be used in each phase of the study, etc.

The research project will consist of a mixed methods research design and the surveys will involve a combination of open- and closed-ended questions regarding the client perceptions of the driving services offered and overall experiences at the BEAR PAW Center. A convenience sample of current clients at the BEAR PAW Center who meet identified inclusion criteria will be utilized for participant recruitment.

21. Are you applying for an exemption? (•) Yes ( ) No

NOTE: If "Yes" please submit the Exemption Code # in the space below, citing your specific reason. For a listing of reasons, go to http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html (Refer to 46.104.)

46.104.d.2.i

22. Online Training Requirement
The IRB has a mandatory training requirement prior to protocol approval. Training is conducted through the Collaborative Institutional Training Initiative (CITI) Program. Instructions on how to access this training can be obtained at https://www1.wne.edu/academic-affairs/institutional-review-board.cfm. **Please attach a current copy of your certificate to your application submission.**

23. Assurances:
I certify that I have read and followed the the Belmont Principles (http://www.hhs.gov/ohrp/humansubjects/guidance/belmont.html) and the American Psychological Association's* ethical principles concerning research with human participants (http://www.apa.org/ethics). I will adhere to the policies and procedures explained therein. Should changes in the procedure or consent form described above (or in related documents) become advisable, I will submit them to the IRB for approval. I understand that the responsibility for the ethical conduct of the study rests with the responsible faculty investigator. I agree to report any participant complaints that may arise to the IRB.

NOTE: It is strongly recommended that all researchers consult the education training materials available on human subjects research protection at: http://www.hhs.gov/ohrp.

(*Departments or Colleges/Schools that have established their own Human Subjects Committee may substitute the appropriate professional organization's ethical guidelines for research after approval from the IRB.)

1. Responsible Project Investigator's Signature:	Brittany Adams	Date 02/20/2023
2. Investigator's Signature, If Different	Amanda Hill	Date 02/20/2023
3. Investigator's Signature, If Different:		Date 02/20/2023
4. Investigator's Signature, If Different:		Date 02/20/2023
5. Investigator's Signature, If Different:		Date 02/20/2023

You may not begin conducting any aspect of the proposed study until such time as you have received written approval for the proposal.

Appendix D

Appendix A

Consent Form for Online Surveys

You are invited to participate in a research study titled "Client Perceptions of Driving Services Provided at a Student-Run Occupational Therapy Center." Participation in the study involves completion of two web-based online surveys entitled "Bear Paw Center Driving Discharge Satisfaction Survey" and "Bear Paw Center Discharge Satisfaction Survey." This is a research project being conducted by Dr. Brittany Adams, the principal investigator, and Amanda Hill, a student at Western New England University (WNE) College of Pharmacy & Health Sciences. Each survey should take approximately 10-15 minutes to complete, for a total of 20-30 minutes.

BENEFITS
You will receive no direct benefits from participating in this research study. However, your responses may help inform the occupational therapy community of what needs to be done to better prepare student occupational therapists for addressing driving services.

PARTICIPATION
Your participation in this study is voluntary. You may refuse to take part in the research or exit the survey atany time without penalty. You are free to decline to answer any particular question you do not wish to answer for any reason.

RISKS
There are no foreseeable risks involved in participating in this study other than those encountered in day-to-day life.

CONFIDENTIALITY
Your survey answers will be sent to a link at Google Forms where data will be stored in a password-protected electronic format for at least six years. Only the investigators will have access to the responses. Google Forms does not collect identifying information such as your name, email address, or IP address. Therefore, your responses will remain anonymous. No one will be able to identify you or your answers, and no one will know whether or not you participated in the study.

CONTACT
If you have questions at any time about the study or the procedures, you may contact the student researcher at amanda.hill@wne.edu, or the research supervisor, Dr. Adams via phone at 413-782-1443 and via email at brittany.adams@wne.edu.

If you have any questions or concerns about the "rights of research subjects," you may contact you may contact Dr. Jessica Carlson, Chair of the Institutional Review Board, at 413-796-2325, jessica.outhouse@wne.edu, or Dr. Minna Levine, College of Pharmacy & Health Sciences, Member of the Institutional Review Board, at minna.levine@wne.edu. This research project has been reviewed and approved by the Western New England University Institutional Review Board.

ELECTRONIC CONSENT: Please select your choice below. You may print a copy of this consent form for your records. Clicking on the "Agree" button indicates that

- You have read the above information
- You voluntarily agree to participate
- You are 18 years of age or older
- You received services at the Western New England University Bear Paw Center

- ▫ Agree
- ▫ Disagree

WESTERN NEW ENGLAND UNIVERSITY | WNE
COLLEGE of PHARMACY and HEALTH SCIENCES

Appendix B

Bear Paw Center Driving Discharge Satisfaction Survey

Survey Questions:

1. I feel the therapy sessions were individualized to my driving goals/needs.
   - Undecided
   - Strongly disagree
   - Disagree
   - Agree
   - Strongly Agree

2. I feel that I accomplished my driving goals during my sessions.
   - Undecided
   - Strongly disagree
   - Disagree
   - Agree
   - Strongly Agree

3. I feel the assessment tools (range of motion, strength, questionnaires, traffic symbols and signs, vision, memory, etc.) administered were helpful to me.
   - Undecided
   - Strongly disagree
   - Disagree
   - Agree
   - Strongly Agree

4. I feel the equipment (driving simulator, pressure mapping, etc.) utilized during sessions was helpful to me.
   - Undecided
   - Strongly disagree
   - Disagree
   - Agree
   - Strongly Agree

5. I feel the OT student was knowledgeable about driving.
   - Undecided
   - Strongly disagree
   - Disagree
   - Agree
   - Strongly Agree

6. Do you feel more informed about your fitness to drive?
   - Yes
     - If yes, please explain how.
   - No

7. What do you feel was most helpful during your therapy sessions?
   - Short-response box will be provided

8. How do you feel the sessions could have been improved?
    - Short-response box will be provided

9. Would you be interested in more therapy sessions focused on driving in the future?
    - Yes
    - No

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Appendix C

Bear Paw Center Discharge Satisfaction Survey –
Assessment Tool

Survey Questions:

1. Please briefly describe some of the OT services you received while at the Bear Paw Center.

2. I am satisfied with the services I received.
    a. Undecided
    b. Strongly disagree
    c. Disagree
    d. Agree
    e. Strongly Agree

3. I feel I have made progress since starting.
    a. Undecided
    b. Strongly disagree
    c. Disagree
    d. Agree
    e. Strongly Agree

4. I would refer someone to the center.
    a. Undecided
    b. Strongly disagree
    c. Disagree
    d. Agree
    e. Strongly Agree

5. I would return to the center if needed.
    a. Undecided
    b. Strongly disagree
    c. Disagree
    d. Agree
    e. Strongly Agree

6. The OT students were sensitive to my needs and made adjustments to my session accordingly.
    a. Undecided
    b. Strongly disagree
    c. Disagree
    d. Agree
    e. Strongly Agree

7. I had input into my treatment plan goals.
    a. Undecided
    b. Strongly disagree
    c. Disagree
    d. Agree
    e. Strongly Agree

8. The information and education provided by the program addressed my needs and areas of concern.
    a. Undecided
    b. Strongly disagree

c. Disagree
d. Agree
e. Strongly Agree

9. Please select the number on the scale to indicate your overall experience participating in this program.
    - 1 – Very poor experience
    - 2
    - 3
    - 4
    - 5 – Very good experience

10. Any additional comments or feedback are encouraged and welcome.
    - Short-response box will be provided

Appendix E

Western New England University
IRB and Human Subjects Committee AMENDMENT Form
FWA00010736

Any change to an approved research protocol, including research plan, consent process and form, co-investigators, other research personnel, and/or methods of subject recruitment, requires submission of an Amendment. Attach a detailed explanation of the reason(s) you are seeking to modify your previously approved research project. Also attach any revised instruments, questionnaires, letters of cooperation, informed consent forms, etc. **Amendments to protocols may not be initiated until IRB approval has been obtained.**

Protocol Number: #182

Protocol Title: Client Perceptions of Driving Services Provided at a Student-Run Occupational Therapy Center

Responsible Project Investigator: Brittany Adams

The following change(s) is/are being proposed for the above protocol:

__ Title change

__ Addition or removal of PI, co-PI, or key personnel

__ Addition, deletion, or change of recruitment instrument, oral script, survey instrument, web-based instruments, questionnaires, advertisement flyers, funding sources etc. Please attach changed documents.

__ Addition or deletion of cooperating institutions

_X_ Change in number of participants

__ Change in study population

_X_ Revised Informed Consent Form. Please attach.

_X_ Change in Methodology

__ Other, explain: _____

Summary of Changes:

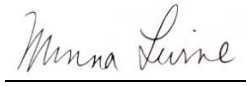
Change in number of participants: Off campus - 2-20

Revised Informed Consent Form: Additional information added to the first paragraph and electronic consent section regarding a researcher review of BEAR PAW Center participant documentation, including but not limited to intake forms, supportive driver assessment documents and notes, and individual session notes, for the development of de-identified case studies to support program outcomes and future publication.

Change in Methodology: The research project will also include the use of BEAR PAW Center participant documentation including intake forms, evaluations, daily notes, and discharge reports for analysis of client progress to support program outcomes.

INSTITUTIONAL REVIEW BOARD ACTION

__ Certified as Exempt from Review
__ Approved under Expedited Review
__ Approved by the Full Board



IRB Representative's Signature

6/28/23

Date

Appendix F

Appendix A

Consent Form

You are invited to participate in a research study titled "Client Perceptions of Driving Services Provided at a Student-Run Occupational Therapy Center." Participation in the study involves completion of two web-based online surveys entitled "Bear Paw Center Driving Discharge Satisfaction Survey" and "Bear Paw Center Discharge Satisfaction Survey" as well as a researcher review of your BEAR PAW Center participant documentation, including but not limited to intake forms, supportive driver assessment documents and notes, and individual session notes. Data collected throughout participation in this research study will be utilized for the development of de-identified case studies to support program outcomes and future publication. This is a research project being conducted by Dr. Brittany Adams, the principal investigator, and Amanda Hill, a student at Western New England University (WNE) College of Pharmacy & Health Sciences. Each survey should take approximately 10-15 minutes to complete, for a total of 20-30 minutes.

BENEFITS
You will receive no direct benefits from participating in this research study. However, your responses may help inform the occupational therapy community of what needs to be done to better prepare student occupational therapists for addressing driving services.

PARTICIPATION
Your participation in this study is voluntary. You may refuse to take part in the research or exit the survey at any time without penalty. You are free to decline to answer any particular question you do not wish to answer for any reason.

RISKS
There are no foreseeable risks involved in participating in this study other than those encountered in day-to-day life.

CONFIDENTIALITY
Your survey answers will be sent to a link at Google Forms where data will be stored in a password-protected electronic format for at least six years. Only the investigators will have access to the responses. Google Forms does not collect identifying information such as your name, email address, or IP address. Therefore, your responses will remain anonymous. No one will be able to identify you or your answers, and no one will know whether or not you participated in the study.

CONTACT
If you have questions at any time about the study or the procedures, you may contact the student researcher at amanda.hill@wne.edu, or the research supervisor, Dr. Adams via phone at 413-782-1443 and via email at brittany.adams@wne.edu.

If you have any questions or concerns about the "rights of research subjects," you may contact you may contact Dr. Jessica Carlson, Chair of the Institutional Review Board, at 413-796-2325, jessica.outhouse@wne.edu, or Dr. Minna Levine, College of Pharmacy & Health Sciences, Member of the Institutional Review Board, at minna.levine@wne.edu. This research project has been reviewed and approved by the Western New England University Institutional Review Board.

ELECTRONIC CONSENT: Please select your choice below. You may print a copy of this consent form for your records. Clicking on the "Agree" button indicates that

- You have read the above information
- You voluntarily agree to participate

- You are 18 years of age or older
- You received services at the Western New England University Bear Paw Center
- Researcher review of your BEAR PAW Center participant documentation, including but not limited to intake forms, supportive driver assessment documents and notes, and individual session notes

☐ Agree
☐ Disagree

Appendix G

Western New England University
Occupational Therapy
Doctoral Experiential Proposal/Plan Short Form

Student Name: Amanda Hill

Date of Proposal Submission: April 14, 2023
Faculty Mentor(s): Dr. Adams
Site: BEAR PAW Center, Western New England University Functional Learning Labs
Site Mentor(s): Dr. Adams
Tentative Title: Implementation of Driving Services into a Student-Run Pro-Bono Occupational Therapy Center

Executive Summary

This doctoral experiential project will focus on implementing driving into the BEAR PAW Center to offer free services to members of the Springfield, Massachusetts (MA) community. In conjunction with implementation into the BEAR PAW Center, the Western New England University (WNE) Doctor of Occupational Therapy (OTD) curriculum will be reevaluated and updated to incorporate the driving component into the existing requirement. This will serve as an additional experiential learning opportunity for current and future students. The overall goal of the project is to increase access to affordable care for community members, establish safe communities and driving practices, and foster the development of more competent generalist practitioners.

Introduction/Background

Driving and community mobility are instrumental activities of daily living (IADLs) that are vital to an individual's sense of independence, community engagement, and quality of life (Marfeo et al., 2021). Despite the connection between occupational therapy and driving, driving and community mobility are not extensively addressed within entry-level occupational therapy curricula (Yuen & Burik, 2011). The Accreditation Council for Occupational Therapy Education (ACOTE) Standard (2018) B.4.14 is the only standard that addresses community mobility. The

standard states that doctoral occupational therapy programs must include aspects of the curriculum that teach students how to "evaluate the needs of persons, groups, and populations to design programs that enhance community mobility, and implement transportation transitions, including driver rehabilitation and community access" (ACOTE, 2018, p.30). The information provided within this standard does not state the extent to which driving has to be addressed within occupational therapy program curricula. Due to this lack of clarity, occupational therapy practitioners are often left without the necessary educational resources to adequately address driving within their client's interventions (Alberta Health Services Provincial Occupational Therapy Driving Working Group, 2017; Hawley, 2015; Hunt & Arbesman, 2008).

The discussion about the need for a driver evaluation typically occurs when a medical diagnosis or age-related change hinders an individual's ability to drive safely. Physicians can provide referrals for a driver evaluation, which involves clinical evaluations by occupational therapists who assess an individual's reaction time and cognitive, motor, and visual functions, among other areas (American Community Survey, 2019; Arbesman et al., 2014; Golisz, n.d.). On-road assessments can also be conducted as part of the evaluation, if appropriate. However, driver evaluations have an average out-of-pocket cost of $350-$500, with limited to no assistance from insurance (Transportation Resources, Information, Planning, & Partnership for Seniors, 2018). Individuals who want to remain independent and active within the community, but do not have the additional funds to afford a driver evaluation, can be deterred from seeking services. To increase access to affordable care and foster the development of more competent generalist practitioners, a pro-bono driving program will be established at the BEAR PAW Center to increase community safety and provide a hands-on, educational experience for students that can be integrated into the OTD curriculum at WNE.

Doctoral Experiential Project Overview

The Doctoral Experiential (DEx) Capstone project will incorporate elements of a community experiential component as well as a scholarly project component. The community experiential component will entail developing and implementing driving services into the BEAR PAW Center. This will include making the space for the driving center accessible to clients of all abilities and setting up and trialing the driving equipment to ensure it is running properly. The community experiential component will also include developing a driver risk-assessment form that is tested and revised to fit the needs of various clients as well as the type of equipment used. Each of these aspects will be completed by conducting research on the various topics as well as partnering with local driving clinics and consulting with driver rehabilitation specialists.

The scholarly component of the project will be multifaceted. Initially, it will involve creating an evidence-based "How To" manual for running the driving portion of the BEAR PAW Center. The manual will contain information such as how to use the driving equipment, how to conduct a driver risk assessment, and how to utilize the driver risk-assessment form. Additionally, the manual will help guide future students in understanding the role occupational therapists (OTs) have in driving and how OTs are best suited for this role. To take this one step further, the project leader will be incorporating the driving portion of the BEAR PAW Center as well as other driving-related information into the existing requirement within the WNE OTD curriculum. To adequately accomplish the aforementioned tasks, the project leader will take professional development courses to further her knowledge of occupational therapy's role in driving. All components of the project will allow WNE OTD students to increase their knowledge of how to address driving in occupation therapy interventions to better inform and

support their clients. Finally, this information will be disseminated through publication in a professional journal and/or through a presentation at professional conferences to educate professional students on how to incorporate driving into a student-run center and increase awareness of the importance of occupational therapy's role in driving and addressing the topic in client interventions.

Learning Objectives

1. Student will further their knowledge in driving by taking professional development courses to become a more competent generalist practitioner.
2. Student will expand their critical thinking skills associated with implementing driving into the student-run free center by conducting a needs assessment and utilizing input from healthcare professionals and community members.
3. Student will enhance their time management and organization skills by creating documents with independent weekly and monthly goals to ensure the project is completed within 14 weeks.
4. Student will improve their communication skills by consulting with driver rehabilitation specialists and other professionals in order to provide an inclusive and thorough driving program to community members.

Anticipated Needs

Materials:

- Paper
- Pens
- Computer

- Printer
- Driver risk-assessment form
- Binder
- Protector sheets

Equipment:

- Driving simulator
- OPTEC 5000
- Drive Square
- Traffic signs posters
- Vehicle (car)

Staffing:

- One individual to do an initial client intake and run the driver evaluation
- Licensed occupational therapist to supervise student-project

Space:

- Functional lab rooms
- Evaluation room (230A)

Other Resources:

- Professional development courses
- Internet

Preliminary Budget

Items	Price	Potential Funding Sources
Driving Equipment (Simulator, OPTEC 5000, Drive Squarer, Signs, etc.)	Already Purchased	Funding for additional equipment with grants and/or donors

BEAR PAW Center, Functional Labs	Already Purchased	N/A
Professional Development Courses	$220	Department of Occupational Therapy
Basic Supplies (Binders, Protective Sheets, Paper, Pens)	Already Purchased	Department of Occupational Therapy
Printing	$50	Department of Occupational Therapy
Occupational Therapist	Contract with WNE OTD	Department of Occupational Therapy, Western New England University

Doctoral Experiential Evaluation Plan

Throughout the doctoral experiential capstone project, the project leader will develop a driver evaluation for the free student-run driving program. The driver risk assessment can then be used with WNE students and local community members. Once these assessments have been conducted, the project leader can adapt and refine the driver evaluation as needed to better suit future clients. The project leader will also be incorporating the driving services into the WNE OTD curriculum. The implementation of the driving services in the curriculum will be evaluated based on the developed learning plan and meeting the set program objectives. The project leader will know she has successfully met her project goals by completing the set-up of the driving center and program, having driving incorporated into the BEAR PAW Center as well as within the WNE OTD curriculum, and publishing and/or presenting about the project. An external evaluator will be able to use the same criteria to determine if the objectives or outcomes have been met.

The RE-AIM Model will be utilized throughout the doctoral experiential project. This model was chosen because of how well it coincides with both of the program's objectives. RE-AIM stands for reaching, effectiveness, adoption, implementation, and maintenance (Glasgow et

al., 2019). At the setting level, the RE-AIM Model considers and addresses the contexts that impact populations within settings, such as the BEAR PAW Center, and then considers the individuals who work within the center. Once the project is further established, the project leader hopes to reach individuals within the community who need driving services and provide effective interventions and strategies to practice safe driving. The project would be more beneficial and effective for clients when they adopt and implement the recommended driving strategies into their daily driving practices and maintain these skills to remain active and independent within the community. Additionally, the RE-AIM framework can be utilized to determine the strengths and areas for improvement within the driving program. This will be beneficial to use after the driving program has been developed as it will allow the project leader to determine what changes need to be made to make it more sustainable for future use. Lastly, the RE-AIM Model is flexible in that it can be used in conjunction with other models or approaches in order to further analyze the research (Glasgow et al., 2019). This will allow the project leader to use clinical judgments and client feedback to further evaluate and improve the interventions used within the program.

Doctoral Experiential Schedule and Workplan

Activity/Task	Outcome	Timeline	Person(s) Responsible	Resources Needed/ Comments
• Revise DEx assignments from OTD 642	• Increase understanding of current DEx project	• Summer 2022 • 10 weeks	• Amanda Hill	• Computer • Internet
• Research existing driver risk assessments and evaluations	• Development of driver risk assessment based on research for BEAR PAW Center	• Summer/ Fall 2022 & Spring/ Summer 2023 • 2 weeks	• Amanda Hill	• Computer • Internet

• Research existing driving clinics	• Increase self-awareness of existing driving clinics • Create partnerships with existing clinics, if available	• Summer/ Fall 2022 & Spring/ Summer 2023 • 2 weeks	• Amanda Hill	• Computer • Internet • Email
• Establish relationships with driver rehabilitation specialists at local driving centers	• Network and create connections for referrals to and from the BEAR PAW Center	• Summer/ Fall 2022 & Spring/ Summer 2023 • Ongoing	• Amanda Hill	• Computer • Internet
• Write and apply for IRB application	• Gain approval of the project in relation to ethics standards	• Fall 2022	• Amanda Hill • Dr. Debra Latour	• Computer • Internet • IRB application
• Create a Word document with goals and deadlines for the DEx project	• Improve time management and organization skills	• Spring 2023	• Amanda Hill	• Computer • Word
• Conduct an updated needs assessment	• Research the latest statistics on the Springfield community to determine areas of need within the community	• Spring/ Summer 2023 • 2 weeks	• Amanda Hill	• Computer • Internet • Word
• Professional development courses	• Increase competence in driving and occupational therapy's role in driving	• Summer 2023 • 3 weeks	• Amanda Hill	• Professional development websites • Possible funding for courses • Computer • Internet
• Create driver	• Tool to	• Summer	• Amanda	• Online driver

risk-assessment form	provide objective evidence about driving	2023 • 1 week	Hill	evaluations • Existing driver rehabilitation clinics • Computer • Word • Internet
• Create flyers to conduct outreach to community members about BEAR PAW Center (through flyers, word of mouth, social media)	• Increase awareness of BEAR PAW Center and the programs offered	• Spring 2023 • 1 week	• Amanda Hill	• Computer • Printer • Ink • Paper
• Set-up functional labs with necessary materials	• Driving equipment set-up • Organization of space • Hanging up posters • Make space more welcoming • Aesthetically pleasing	• Summer 2023 • 1 week	• Amanda Hill	• Posters (traffic signs) • Driving equipment
• Review driving equipment and manuals	• Increase competence with driving equipment	• Summer 2023 • 2 weeks	• Amanda Hill	• Driving equipment • Driving equipment manuals
• Review current driving curriculum and courses & determine where driving can be implemented more into the curriculum	• Implement driving component of BEAR PAW Center into existing requirement (lecture, client scenarios, OT's role,	• Summer 2023 • 1 week	• Amanda Hill	• Computer • Access to WNE OTD courses syllabi

	fieldwork with hands-on experience)			
• Set up driving equipment	• Provide objective evidence about driving	• Summer 2023 • 1-2 days	• Amanda Hill	• Driving equipment • Space within BEAR PAW Center
• Evaluate and revise driver risk-assessment form	• Make driver evaluation more effective and all-inclusive	• Summer 2023 • 1 week	• Amanda Hill	• Driver evaluation • Driving equipment • Computer • Paper • Printer
• Incorporate driving into WNE OTD curriculum	• Increase awareness of OT's role within driving and increase knowledge of how driving can be addressed within client interventions	• Summer 2023 • 3 weeks	• Amanda Hill	• Computer • Internet • Word
• Evaluate and revise program as needed	• Improve sustainability of program • Increase effectiveness of program	• Summer 2023 • 4 weeks	• Amanda Hill	• Computer • Internet • Driver evaluation • Driving equipment • Word
• Create a post-survey	• Determine the effectiveness of the program based on client feedback • Determine what changes need to be made to improve program	• Summer 2023 • 1 week	• Amanda Hill	• Computer • Internet • Google Forms • Excel

• Apply for poster presentation at MAOT and AOTA conferences	• Present on DEx project • Educate others on the importance of addressing driving within client interventions and how OTs can address driving within client interventions	• Summer 2023 • 1 week	• Amanda Hill	• Computer • Internet • PowerPoint
• Write manual for driving program and how to use driving center and equipment	• Provide future students with tools needed to continue the driving program and using the driving center	• Summer 2023 • 6 weeks	• Amanda Hill	• Computer • Internet • Word • Canva
• Update and finish E-Portfolio	• Increase organization of project through incorporating necessary documents and supplemental materials • Keep DEx files organized within the respective shared Google Drive folders	• Spring/ Summer 2023 • 14 weeks	• Amanda Hill	• Computer • Internet • Word documents • PDF files • PowerPoint • Excel documents
• Create final DEx poster presentation	• Demonstrate knowledge and outcomes of the DEx project in a PowerPoint	• Summer 2023 • 14 weeks	• Amanda Hill	• Computer • Internet • PowerPoint
• Final DEx presentation	• Demonstrate knowledge	• Summer 2023	• Amanda Hill	• Computer • Internet

	and outcomes of the DEx project to faculty and staff members through an oral presentation	• 1 day		• PowerPoint

References

Accreditation Council for Occupational Therapy Education. (2018). *2018 accreditation council for occupational therapy education (ACOTE®) standards and interpretive guide.* ACOTE. file:///C:/Users/Test/Downloads/2018-ACOTE-Standards-1.pdf.

Alberta Health Services Provincial Occupational Therapy Driving Working Group. (2017). *Occupational Therapy Practice Guide for Enabling Participation in Driving 2nd Edition.* Canadian Association of Occupational Therapists. https://www.caot.ca/document/5894/T11%20Occupational%20Therapy%20Process%20Enabling%20Participation%20in%20Driving.pdf

American Community Survey. (2019). *Disability characteristics.* United States Census Bureau. https://data.census.gov/cedsci/table?q=springfield%20ma&tid=ACSST1Y2019.S1810

Arbesman, M., Lieberman, D., & Berlanstein, D. R. (2014). Method for the systematic reviews on occupational therapy and driving and community mobility for older adults. *American Journal of Occupational Therapy, 68*, 657–661. http://dx.doi.org/10.5014/ajot.2014.013425

Glasgow, R. E., Harden, S. M., Gaglio, B., Rabin, B., Smith, M. L., Porter, G. C., Ory, M. G., & Estabrooks, P. A. (2019). RE-AIM planning and evaluation framework: Adapting to new science and practice with a 20-year review. *Frontiers in Public Health, 7*. https://doi.org/10.3389/fpubh.2019.00064

Golisz, K. (n.d.). *Driving and community mobility.* American Occupational Therapy Association.

Hawley, C. (2015). Knowledge and attitudes of occupational therapists to giving advice on fitness to drive. *British Journal of Occupational Therapy, 78*(6), 339-348. https://doi.org/10.1177/0308022614562402

Hunt, L. A., & Arbesman, M. (2008). Evidence-based and occupational perspective of effective interventions for older clients that remediate or support improved driving performance. *American Journal of Occupational Therapy, 62*, 136–148.

Marfeo, E., Grinnell, M., Coffey, A., & Ward, N. (2021). Driver rehabilitation utilization and need among community-dwelling older adults. *The American Journal of Occupational Therapy, 75*(2), 1–7. https://doi.org/10.5014/ajot.2020.040501

Transportation Resources, Information, Planning, & Partnership for Seniors. (2018). *Driving skills assessment programs.* TRIPPS of Massachusetts. https://trippsmass.org/driving-skills-assessment-programs.

Yuen, H. K., & Burik, J. K. (2011). Brief report—Survey of driving evaluation and rehabilitation curricula in occupational therapy programs. *American Journal of Occupational Therapy, 65*, 217–220. doi: 10.5014/ajot.2011.000810

Appendix H

Needs Assessment: Need for Affordable Driving Services for Members of Springfield, MA, Community

Problem/Unmet Need

Driving and community mobility are instrumental activities of daily living (IADLs) that are important to an individual's sense of independence, community engagement, and quality of life (Marfeo et al., 2021). As an individual ages, there can be changes in one's health status with new medical diagnoses as well as normal age-related changes, such as difficulty with vision and cognition. Each of these changes in health can impact an individual's ability to drive and be an active member of the community. For members of the Springfield, Massachusetts (MA), community, difficulty with hearing constitutes for 10.5% of the 18 years and older population, 11.2% have difficulty with vision, 16.3% have difficulty with cognition, and 41.9% have difficulty with ambulation (American Community Survey, 2021a). Additionally, the main form of transportation to get to work is driving alone in a car, truck, or van with approximately 97.5% traveling to work alone (American Community Survey, 2021d).

When a medical diagnosis or age-related changes hinder an individual's ability to drive safely, a physician can refer the individual for a driver evaluation. Driver evaluations involve clinical evaluations by occupational therapists who assess an individual's reaction time and cognitive, motor, and visual functions among other areas (American Community Survey, 2019a). On-road assessments can also be conducted as part of the evaluation, if appropriate. However, driver evaluations have an average out-of-pocket cost of $350-$500 with limited to no assistance from Medicare (Transportation Resources, Information, Planning, & Partnership for Seniors, 2018). For individuals who want to remain independent and active within the community, but do

not have the additional funds to afford a driver assessment and/or evaluation, community members can be deterred from seeking services. To make driver assessment and evaluation services accessible to individuals of all socioeconomic levels, affordable or pro-bono clinics need to be created in order to increase personal safety while driving and the safety of others within the community.

Target Population

The target population for creating affordable clinics is Springfield, MA. Springfield is traditionally known for its diverse community and low financial and economic status. As with any community, affordable services are needed within close proximity. However, affordable services are especially needed within the Springfield community. One of the many essential services that community members in Springfield and surrounding communities need access to are driver evaluations. To demonstrate this need, a breakdown of the most current and pertinent statistics within the Springfield community are provided below.

Income is an important characteristic in determining the need for an affordable driver evaluation clinic in the Springfield community. For individual income, 72.3% of the population has year-round earnings below $49,999, while the median income for households is $44,596, with over 55% of the population having a household income below $49,999 (American Community Survey, 2021c). To further explore these percentages, 23.7% of individuals ages 18-64 years old and 21.7% of individuals ages 65 years and older are considered to be below the poverty level (American Community Survey, 2021e). Additionally, the disability characteristics previously mentioned are important to consider as they impact community members' fitness to drive. To remain fit to drive, the individual will undergo a clinical evaluation and, if needed, an on-road evaluation. Approximately 10% to 42% of community members have difficulty with at least one

of the following, including vision, hearing, cognition, or ambulation (American Community Survey, 2021a). Disability characteristics are an important factor to consider when adaptive equipment can be provided to keep the individual fit to drive.

As demonstrated by the multitude of income and disability statistics, the need for cost-effective driver assessments and evaluations is evident within the Springfield community. Therefore, affordable and pro-bono clinics have to become more prevalent within the community to address the present weaknesses and opportunities.

Literature Review

Driving and community mobility serve as a vital link to being an active member of the community. Community mobility is defined as "'moving around in the community and using public or private transportation, such as driving, walking, bicycling, or accessing and riding in buses, taxi cabs, or other public transportation systems'" (Arbesman et al., 2014, p.658). This instrumental activity of daily living also coincides with other occupations, or meaningful activities, including social participation, play, and leisure as well as work and education (Hegberg, 2007). Therefore, it is critical to determine where the need exists for maintaining driving and community mobility.

To improve awareness, affordability, accessibility, and safety within the community, research needs to be conducted to determine what information is readily available and what information needs more attention to provide services with each of the characteristics. Researchers of a systematic review and three critically appraised topics (CATs) provide in-depth information about the significance of occupational therapy's role in driving and community mobility and how driver assessments and evaluations are pertinent to remain active members within the community.

A systematic review was conducted by Arbesman et al. (2014) on the importance of occupational therapists in driving and community mobility for older adults. Within the United States, there are more than 54 million older adults (about 16% of the population), and of this total, approximately 48 million older adults currently have their licenses (Administration for Community Living, 2021; Centers for Disease Control and Prevention, 2022). Arbesman et al. (2014) discussed how driving for older adults provides a sense of independence, self-reliance, and engagement in meaningful activities. Despite the importance of driving and sense of autonomy, older adults are at an increased risk of getting into an accident while driving. Medical conditions, limited driving time on the roads, and cognitive, sensory, and physical changes can all account for this increased risk. Researchers of the article further address the evidence to support the use of clinical assessments, the effectiveness of interventions for addressing various skills and functions, and the effect of policy and community mobility programs. Researchers found evidence that supports the use of single clinical assessments as well as a series of assessments for different functional areas. Common themes based on the evidence for interventions include education, cognitive-perceptual skills, physical fitness, and skills for driving assessed by simulator training and behind-the-wheel training. Common themes for policy and community mobility include “licensure policy, driving cessation programs, community mobility, and walkable communities” (Arbesman et al., 2014, p.660).

A critically appraised topic was created with the focus of determining the effectiveness of policy and community mobility programs on older adults’ performance and participation. The researchers of the critically appraised topic determined that a need exists for occupational therapists to work in driver rehabilitation and community mobility in order to support the engagement and participation of older adults in community mobility. Within community mobility,

there is a need for occupational therapists across a wide range of services including “individual drivers to organizations providing transportation services to populations impacted by licensing policies” (Stav & Nastasi, 2012, p.5).

The number of older adults continues to increase, making the need for occupational therapists specializing in driving and community mobility, such as driver rehabilitation, more significant. Occupational therapists’ role involves providing orientation and training to staff members, educating about sensitivity training to schedulers and drivers, training about transfers and driver safety, and using vehicle safety features to prevent injuries. Occupational therapists can also support the development of programs for safe community mobility. Educational and training implications for driving and community mobility were also considered with the conclusion that the topic should be integrated into training for occupational therapy (Stav & Nastasi, 2012).

Another critically appraised topic focused on determining which modifications to automobiles will impact an older adults’ driving ability, performance, and overall safety. In relation to occupational therapy, Arbesman & Justiss (2013) stated the important factors to include in the occupational profile and driver evaluation for older adults would be the “client-related factors associated with driver safety, client vehicle information, driver-vehicle-environment dynamics, and knowledge of potential effects that vehicle technology (high or low) may have on performance and safety” (Arbesman & Justiss, 2013, p.3). While driver rehabilitation specialists, who also serve as occupational therapists, can provide referrals for modifications to automobiles, their main role is to consider each aspect of the client and their means of transportation to provide them with the tools to continue driving and be active within the community. In terms of education, there are suggestions to further develop educational modules to address the changes in new vehicle technology for older adult drivers. Some of the occupational therapy intervention suggestions

include adapted driving equipment and vehicles, autonomous driving, braking, intelligent transportation systems, person-vehicle fit, and vehicle technology (Arbesman & Justiss, 2013). Each of these aspects will need to be considered when developing an affordable service.

Researchers of a third critically appraised topic focused on interventions for how to address cognitive, visual, and motor functions as well as driving skills and self-regulation or self-awareness (Golisz, n.d.). Additionally, the researchers focused on how passengers and families can play a role in older adults' driving ability, performance, and safety. Researchers determined that most interventions were promising and needed to be further evaluated. When considering driving and community mobility, occupational therapists should strongly consider using interventions related to vision, cognition, and motor as well as education for older adults and their families. Each of these components is vital to successful driving and community mobility. Additionally, occupational therapists should be aware of the rapid expansion related to the computer-based speed of processing training as more products become available and easily accessible. This training program should be further researched to determine its effectiveness towards driving improvement, specifically related to driving performance (Golisz, n.d.).

Resource Availability

Western New England University's (WNE) BEAR PAW Center is one available resource located in the functional lab rooms of the Department of Occupational Therapy in the Blake Law building. This resource provides the space needed to develop an affordable and accessible driver assessment center within the Springfield community. A few benefits of having a center on-campus include that it can be run by competent students, funded by donations, and is located directly within the Springfield community. Additionally, on-campus parking is available for clients and families to utilize. One problematic area is that the marketed information about the location and resources

provided at the BEAR PAW Center does not reach all members in need of services within Springfield and the surrounding communities. Additional marketing and community outreach and integration will be important for increasing awareness of this resource.

The Outpatient Rehabilitation at Mercy Medical Center, located in Springfield, MA provides outpatient services, including a Driving Advisement Program, to individuals within the Pioneer Valley and serves as an additional resource for driver rehabilitation services. The goal of the program is to assess and evaluate drivers' ability to drive safely (Outpatient Rehabilitation at Mercy Medical Center, n.d.). Occupational therapists provide the clinical evaluation component of the Driving Advisement Program as well as recommendations for further evaluations conducted by driving instructors. Mercy's program is beneficial for determining an individual's vision and perception, mobility, cognition, reaction time, and judgment related to driving. Another program benefit includes the inclusion of low-tech equipment as part of the evaluation process. One program component that may be problematic involves the lack of high-tech equipment utilized during the evaluation. The occupational therapists who conduct the evaluations are not trained in high-tech equipment nor is the facility equipped to provide this type of equipment.

Spaulding Rehabilitation Network, located in Boston, MA, is an outpatient clinic that has a Driving Assessment and Rehabilitation Program and serves as a third resource for driver rehabilitation. The goal of the program is to help clients "identify the best options for safe community mobility" (Spaulding Rehabilitation Network, n.d.). Occupational therapists provide services to individuals that allow them to remain independent and active within the community. The program offers a Level 3 Driver Rehabilitation Program, where a one-to-two-hour clinical assessment and, in some instances, an in-vehicle assessment is conducted. The driver's vision, reaction time, and awareness of surroundings are also evaluated. After the assessments have been

conducted, a variety of recommendations can be made. Recommendations include "resuming driving with recommendations or requirements, pursuing driver rehabilitation, pursuing adaptive equipment training or vehicle modifications, pursuing continued therapy, or refraining from driving" (Spaulding Rehabilitation Network, n.d.). One program benefit involves recommendations for driving and adaptive equipment, such as hand controls, left foot accelerator, and steering knob, with the inclusion of education and training for the equipment. Adaptive equipment is provided to drivers who remain fit to drive to ensure safety of the driver and others within the community. When the driver is no longer fit to drive, or driver retirement is recommended, education will be provided to discuss how to remain active within the community, how to find alternative forms of transportation, and how to determine other ways to engage in community mobility. Results of the evaluations are discussed with the physician and Registry of Motor Vehicles, if needed (Spaulding Rehabilitation Network, n.d.). One problematic area for this resource includes the distance needed to travel to receive these services for individuals within Springfield and the surrounding communities. Individuals may have to rely on support from family, friends, and others to drive them to Boston to receive services, which can be an inconvenience for both the individual and the person taking them.

Barriers

There are numerous barriers to consider within the Springfield community that would limit participation in a clinic. The first would be considering the accessibility of the clinic. This would entail providing transportation services to and from the clinic, extending hours of operation of the clinic to fit schedules of all community members, and making education about the clinic and within the clinic accessible in different languages. Another barrier would be a lack of community education and low health literacy rates. To educate community members, this would require going

into the community to speak with individuals, ask what the needs are within the community, provide them with education about occupational therapy, and discuss the importance of driver rehabilitation, driver assessments, and driver evaluations. Additionally, community members need to be made aware of the existing supports within the community and how they are beneficial for independence and safety. A third barrier includes the cultural components and stigma that may be associated with receiving help. Certain cultures believe that asking for help is a sign of weakness while other cultures view working with members of the opposite gender as unethical or immoral. Each of these barriers is important to consider when aiming to increase awareness, affordability, accessibility, and safety within the community.

References

Administration for Community Living. (2021). *2020 profile of older Americans.* Administration for Community Living. https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2020ProfileOlderAmericans.Final.pdf

American Community Survey. (2021a). *Disability characteristics.* United States Census Bureau. https://data.census.gov/table?q=springfield+ma&tid=ACSST1Y2021.S1810

American Community Survey. (2021b). *Earnings in the past 12 months.* United States Census Bureau. https://data.census.gov/table?q=springfield,+ma&t=Income+and+Earnings&tid=ACSST1Y2021.S2001

American Community Survey. (2021c). *Financial characteristics.* United States Census Bureau. https://data.census.gov/table?q=springfield,+ma&t=Income+and+Earnings&tid=ACSST1Y2019.S2503

American Community Survey. (2021d). *Means of transportation to work by vehicles available.* United States Census Bureau. https://data.census.gov/table?q=springfield,++ma&t=Transportation&tid=ACSDT1Y2021.C08141

American Community Survey. (2021e). *Poverty status in the past 12 months.* United States Census Bureau. https://data.census.gov/table?q=springfield,+ma&t=Poverty+&tid=ACSST1Y2021.S1701

Arbesman, M., & Justiss, M. D. (2013). *Driving and community mobility.* American Occupational Therapy Association.

Arbesman, M., Lieberman, D., & Berlanstein, D. R. (2014). Method for the systematic reviews on occupational therapy and driving and community mobility for older adults. *American Journal of Occupational Therapy, 68*, 657–661. http://dx.doi.org/10.5014/ajot.2014.013425

Centers for Disease Control and Prevention. (2022). *Older adult drivers.* Centers for Disease Control and Prevention. https://www.cdc.gov/transportationsafety/older_adult_drivers/index.html#:~:text=In%202020%2C%20there%20were%20almost,a%2068%25%20increase%20since%202000.

Golisz, K. (n.d.). *Driving and community mobility.* American Occupational Therapy Association.

Hegberg, A. (2007). *An older driver rehabilitation primer for occupational therapy professionals.* American Occupational Therapy Association.

Marfeo, E., Grinnell, M., Coffey, A., & Ward, N. (2021). Driver rehabilitation utilization and need among community-dwelling older adults. *The American Journal of Occupational Therapy, 75*(2), 1–7. https://doi.org/10.5014/ajot.2020.040501

Outpatient Rehabilitation at Mercy Medical Center. (n.d.). *Driving rehabilitation.* Springfield, MA. https://www.trinityhealthofne.org/find-a-service-or-specialty/rehabilitation/specialty-programs

Spaulding Rehabilitation Network. (n.d.). *Driving assessment program.* Spaulding Rehabilitation Network. https://spauldingrehab.org/conditions-services/driving-assessment.

Stav, W., & Nastasi, J. A. (2012). *Driving and community mobility for older adults.* American Occupational Therapy Association.

Transportation Resources, Information, Planning, & Partnership for Seniors. (2018). *Driving skills assessment programs.* TRIPPS of Massachusetts. https://trippsmass.org/driving-skills-assessment-programs.

Appendix I

Literature Review

Driving and community mobility serve as a vital link to being an active member of the community. Community mobility is defined as "'moving around in the community and using public or private transportation, such as driving, walking, bicycling, or accessing and riding in buses, taxi cabs, or other public transportation systems'" (Arbesman et al., 2014, p.658). This instrumental activity of daily living also coincides with other occupations, or meaningful activities, including social participation, play, and leisure as well as work and education (Hegberg, 2007). Therefore, it is critical to determine where the need exists for maintaining driving and community mobility.

To improve awareness, affordability, accessibility, and safety within the community, research needs to be conducted to determine what information is readily available and what information needs more attention to provide services with each of the characteristics. Researchers of a systematic review and three critically appraised topics (CATs) provide in-depth information about the significance of occupational therapy's role in driving and community mobility and how driving evaluations are pertinent to remain active members within the community.

A systematic review was conducted by Arbesman et al. (2014) on the importance of occupational therapists in driving and community mobility for older adults. Within the United States, there are 40.3 million older adults (about 13% of the population), and of this total, 32 million older adults currently have their licenses. Arbesman et al. (2014) discussed how driving for older adults provides a sense of independence, self-reliance, and engagement in meaningful activities. Despite the importance of driving and sense of autonomy, older adults are at an

increased risk of getting into an accident while driving. Medical conditions, limited driving time on the roads, and cognitive, sensory, and physical changes can all account for this increased risk. Researchers of the article further address the evidence to support the use of clinical assessments, the effectiveness of interventions for addressing various skills and functions, and the effect of policy and community mobility programs. Researchers found evidence that supports the use of single clinical assessments as well as a series of assessments for different functional areas. Common themes based on the evidence for interventions include education, cognitive-perceptual skills, physical fitness, and skills for driving assessed by simulator training and behind-the-wheel training. Common themes for policy and community mobility include "licensure policy, driving cessation programs, community mobility, and walkable communities" (Arbesman et al., 2014, p.660).

A critically appraised topic was created with the focus of determining the effectiveness of policy and community mobility programs on older adults' performance and participation. The researchers of the critically appraised topic determined that a need exists for occupational therapists to work in driving rehabilitation and community mobility in order to support the engagement and participation of older adults in community mobility. Within community mobility, there is a need for occupational therapists across a wide range of services including "individual drivers to organizations providing transportation services to populations impacted by licensing policies" (Stav & Nastasi, 2012, p.5).

The number of older adults continues to increase, making the need for occupational therapists specializing in driving and community mobility, such as driving rehabilitation, more significant. Occupational therapists' role involves providing orientation and training to staff members, educating about sensitivity training to schedulers and drivers, training about transfers

and driver safety, and using vehicle safety features to prevent injuries. Occupational therapists can also support the development of programs for safe community mobility. Educational and training implications for driving and community mobility were also considered with the conclusion that the topic should be integrated into training for occupational therapy (Stav & Nastasi, 2012).

Another critically appraised topic focused on determining which modifications to automobiles will impact an older adults' driving ability, performance, and overall safety. In relation to occupational therapy, Arbesman & Justiss (2013) stated the important factors to include in the occupational profile and driving evaluation for older adults would be the "client-related factors associated with driver safety, client vehicle information, driver-vehicle-environment dynamics, and knowledge of potential effects that vehicle technology (high or low) may have on performance and safety" (Arbesman & Justiss, 2013, p.3). While driving rehabilitation specialists, who also serve as occupational therapists, can provide referrals for modifications to automobiles, their main role is to consider each aspect of the client and their means of transportation to provide them with the tools to continue driving and be active within the community. In terms of education, there are suggestions to further develop educational modules to address the changes in new vehicle technology for older adult drivers. Some of the occupational therapy intervention suggestions include adapted driving equipment and vehicles, autonomous driving, braking, intelligent transportation systems, person-vehicle fit, and vehicle technology (Arbesman & Justiss, 2013). Each of these aspects will need to be considered when developing an affordable service.

Researchers of a third critically appraised topic focused on interventions for how to address cognitive, visual, and motor functions as well as driving skills and self-regulation or self-

awareness (Golisz, n.d.). Additionally, the researchers focused on how passengers and families can play a role in older adults' driving ability, performance, and safety. Researchers determined that most interventions were promising and needed to be further evaluated. When considering driving and community mobility, occupational therapists should strongly consider using interventions related to vision, cognition, and motor as well as education for older adults and their families. Each of these components is vital to successful driving and community mobility. Additionally, occupational therapists should be aware of the rapid expansion related to the computer-based speed of processing training as more products become available and easily accessible. This training program should be further researched to determine its effectiveness towards driving improvement, specifically related to driving performance (Golisz, n.d.).

References

Arbesman, M., & Justiss, M. D. (2013). *Driving and community mobility.* American Occupational Therapy Association.

Arbesman, M., Lieberman, D., & Berlanstein, D. R. (2014). Method for the systematic reviews on occupational therapy and driving and community mobility for older adults. *American Journal of Occupational Therapy, 68*, 657–661. http://dx.doi.org/10.5014/ajot.2014.013425

Golisz, K. (n.d.). *Driving and community mobility.* American Occupational Therapy Association.

Hegberg, A. (2007). *An older driver rehabilitation primer for occupational therapy professionals.* American Occupational Therapy Association.

Stav, W., & Nastasi, J. A. (2012). *Driving and community mobility for older adults.* American Occupational Therapy Association.

Appendix J

Review of Literature

Community Profile of Springfield, Massachusetts

For the Doctoral Experiential (DEx) project, the student will be implementing a driving program into the student-run pro-bono occupational therapy center called the BEAR PAW Center. One of the services that the center will provide is a comprehensive driver assessment. A driver assessment consists of assessing the individual's reaction time, visual acuity, and decision-making capacity including judgment and planning (American Occupational Therapy Association [AOTA], n.d.). Each of these is used to assess an individual's "physical, visual, and mental abilities required for safe driving" (AOTA, n.d.).

Community of Interest for Doctoral Experiential Project

A community that would be pertinent to the DEx project would be Springfield, Massachusetts (MA). Springfield is traditionally known for its diverse community and low financial status. As with any community, affordable services are needed within close proximity. Affordable services are especially needed within the Springfield community. One of the many essential services that community members need access to are driver assessments. To demonstrate this need, a breakdown of the most current and pertinent statistics within the Springfield community are provided below.

Springfield contains approximately 156,000 people (Decennial Census, 2020). According to the 2020 Census and the terminology used, the percentage breakdown of race is 43% White, 24% Black, 3% Asian, 1% American Indian and Alaska Native alone, < 1% Native Hawaiian and Other Pacific Islander alone, and 28% some other race alone (Decennial Census, 2020). For

the remainder of the population, 14% are a combination of two races, < 1% are three races, < 1% are four races, < 1% are five races, and < 1% are six or more races (Decennial Census, 2020).

When determining the population that may need a driver assessment, the researcher will consider all individuals ages 18 years and older. Within the Springfield community, approximately 78% of the population is of the legal driving age (American Community Survey, 2021a). Once the individual's age is determined, it is important to consider the reasons why an individual drives. One of the main reasons is to get to and from work. From the 78% previously provided, the employment percentages of the driving-age population are as follows: 21.8% of 16-19-year-olds, 52.7% of 20-24-year olds, 72.5% of 25-29-year olds, 70.5% of 30-34-year olds, 81.1% of 35-44-year olds, 68.4% of 45-54-year olds, 48.7% of 55-59-year olds, 22.8% of 65-74-year olds, and 4.9% of 75 years and older (American Community Survey, 2021c).

Another characteristic of the Springfield, MA community to consider is educational attainment. The educational attainment within the community for the population ages 18-24 years with less than a high school diploma is 11.6%. For ages 25+ years, the educational attainment percentage with less than a ninth-grade education level is approximately 10% and those who have gone through 9^{th} to 12^{th} grade but do not have a diploma is approximately 10% (American Community Survey, 2021b).

Income is another pertinent characteristic in determining the need for a student-run center in the Springfield community. For household income, the median income is $44,596, with 33.3% of the population having a household income of $1-$24,999 and 22.2% of the population having a household income of $25,000-$49,999 (American Community Survey, 2021e). To further explore these percentages, 23.7% of individuals ages 18-64 years old and 21.7% of individuals

ages 65 years and older are considered to be below the poverty level (American Community Survey, 2021g).

Lastly, the disability characteristics within the Springfield community have the potential to impact their ability to drive and/or would increase the need for use of adaptive equipment to drive. The characteristics are broken down into hearing difficulty, vision difficulty, cognitive difficulty, and ambulatory difficulty (American Community Survey, 2021a). Members of the community with hearing difficulty constitute 10.5% of the population that is 18 years and older and 11.2% of the population 18 years and older have vision difficulty. For cognitive and ambulatory difficulty, 16.3% of the population 18 years and older and 41.9% 18 years and older, respectively, identify as having one of these characteristics (American Community Survey, 2021a).

As demonstrated by the multitude of statistics, the need for cost-effective driver assessments is evident within the Springfield community. Therefore, student-run centers have to become more prevalent within communities of need to address the present weaknesses and opportunities.

Community Weaknesses

A major weakness for the Springfield community is the poverty rate. Closely related to this weakness is another community weakness known as lack of affordable resources. Poverty is widespread throughout the community, with a high percentage of individuals living drastically below the poverty line. Additionally, people in all areas of Springfield need access to affordable healthcare services for medical attention and care, in addition to safe surroundings and affordable, healthy food options. Although there have been attempts to offer affordable healthcare services and other resources within the community, they do not always reach

everyone in the community. Despite the lack of access, a lot of the individuals in poverty have to work full-time jobs to be able to afford the basics, while heavily relying on driving to get to work and other places. However, if individuals are unable to drive, they will be unable to provide the basic necessities for their families, including food and shelter. By providing an affordable service for driver assessments, individuals will be able to maintain mobility and independence within their community.

Identified Problems and Unmet Needs in Community of Interest

Driving and community mobility are instrumental activities of daily living (IADLs) that are important to an individual's sense of independence, community engagement, and quality of life (Marfeo et al., 2021). As an individual ages, there can be changes in one's health status with new medical diagnoses as well as normal age-related changes, such as difficulty with vision and cognition. Each of these changes in health can impact an individual's ability to drive and be an active member of the community. For members of the Springfield, MA, community, difficulty with hearing constitutes for 10.5% of the 18 years and older population, 11.2% have difficulty with vision, 16.3% have difficulty with cognition, and 41.9% have difficulty with ambulation (American Community Survey, 2021a). Additionally, the main form of transportation to get to work is driving alone in a car, truck, or van with approximately 97.5% traveling to work alone (American Community Survey, 2021f).

When a medical diagnosis or age-related changes hinder an individual's ability to drive safely, a physician can refer the individual for a driver evaluation. Driver evaluations involve clinical evaluations by occupational therapists who assess an individual's reaction time and cognitive, motor, and visual functions among other areas (American Community Survey, 2021a). On-road assessments can also be conducted as part of the evaluation, if appropriate. However,

driver evaluations have an average out-of-pocket cost of $350-$500 with limited to no assistance from Medicare (Transportation Resources, Information, Planning, & Partnership for Seniors, 2018). For individuals who want to remain independent and active within the community, but do not have the additional funds to afford a driver evaluation, community members can be deterred from seeking services. To make driver assessments and evaluation services accessible to individuals of all socioeconomic levels, affordable centers need to be created in order to increase personal safety while driving and the safety of others within the community.

Health Promotion Community-Based Interventions

A form of health promotion for a community-based group intervention would be providing education to increase driver safety awareness. Education is a beneficial way to bring community members together to learn about a common need. The occupational therapist would provide education that includes what a driver assessment and evaluation is, how to get a referral, locations for driver evaluations, associated costs and ways to reduce out-of-pocket costs, how a driver assessment and evaluation is beneficial for safety, and how occupational therapists determine if someone is fit to drive. Additionally, by educating community members, they can educate their family members, friends, and others within the community.

Another form of community-based health promotion would be providing affordable driving services to individuals who are unable to afford standard driver evaluation rates. As previously mentioned, standard driver evaluations cost an average of $350-$500 (Transportation Resources, Information, Planning, & Partnership for Seniors, 2018). The student-run center would be able to provide driver assessments for free. By offering an affordable service to members of the community, driver and community safety can increase. Additionally, a Pennington et al. (2020) article discussed the importance of how a free community center run by

students can be beneficial for promoting and improving health within underserved populations. Through the student-run center, the students were exposed to the common problems of unequal access to healthcare and the apparentness of health disparities within the community. This exposure allowed students to better understand the needs of the community and the changes that needed to be made within the center to better suit community members (Pennington et al., 2020).

The third form of health promotion that would be beneficial to the Springfield community would be educating individuals about adaptive equipment (AE) and the advantages of using it in order to prevent "driving retirement" and maintain independence. To provide such services, there needs to be access to a center with occupational therapists within the community. If additional services are needed, such as car modifications, the center can refer the individual to a certified driver rehabilitation specialist (Jones et al., 2016).

The theory that would be most beneficial to use with the Springfield, MA community would be the person-environment-occupation (PEO) model. The PEO model "emphasizes occupational performance shaped by the interaction between person, environment, and occupation" (Chan & Pang, n.d.). Each of the domains is interconnected, which means that each domain influences the others. Therefore, to improve occupational performance, each of the domains has to work together (Chan & Pang, n.d.). Lastly, the PEO model is beneficial to Springfield, MA because of its all-inclusive nature. The model can be used with all community members, including any age group as well as any type of disability.

Barriers to Community Participation

There are a variety of barriers to consider within the Springfield community that would limit participation in the center. The first would be the hours of operation of the center. With a majority of drivers or their caregivers working, the center needs to schedule its hours to

accommodate community members' work schedules as well as other scheduling conflicts. Therefore, the center's hours of operation may need to be early in the morning or later in the afternoon, such as from 6 am to 9 am or 4 pm to 8 pm.

Another barrier that would limit participation at the center would be a lack of community education. To educate community members, this would require physically going out into the community to speak with individuals and provide them with education about occupational therapy and the importance of driver rehabilitation, driver assessments, and driver evaluations. The lack of education can also be associated with another barrier to participation, which would be low health literacy rates. If the community is unaware that these supports exist or if community members do not understand how these supports are beneficial, individuals will be less likely to do a driver evaluation at the center.

An additional barrier would be the cultural components and stigma that may impact a person's ability to participate in the center. Certain cultures believe that asking for help is a sign of weakness, which can prevent them from seeking assistance for driving through the center. There is also a stigma around asking for help or seeking assistance. This stigma only worsens the problem. Additionally, some cultures will view working with members of the opposite gender as unethical or immoral. With a majority of occupational therapy practitioners identifying as female, this could limit the participation of some community members that identify as male.

Another component that can limit participation is a lack of motivation. Referrals for a driver assessment and evaluation can be made from a variety of parties, including a healthcare provider or physician, family member, department of motor vehicles, law enforcement (e.g., police officers), or the individual themselves (self-referral) (Betz et al., 2014). If the individual

does not make the referral themselves, motivation to go to the center and take the driver assessment may be limited.

The final component to discuss is the potential for language barriers. Members of the Springfield community primarily speak English as their first language. However, there may be community members that are more comfortable reading or listening to information about the center in another language, such as Spanish. Therefore, the students at the center need to be aware of how language can impact the individual's ability to comprehend information as well as prevent participation at the center.

Literature Review

Driving and community mobility serve as a vital link to being an active member of the community. Community mobility is defined as "'moving around in the community and using public or private transportation, such as driving, walking, bicycling, or accessing and riding in buses, taxi cabs, or other public transportation systems'" (Arbesman et al., 2014, p.658). This instrumental activity of daily living also coincides with other occupations, or meaningful activities, including social participation, play, and leisure as well as work and education (Hegberg, 2007). Therefore, it is critical to determine where the need exists for maintaining driving and community mobility.

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mobility and how driver assessments and evaluations are pertinent to remain active members within the community.

A systematic review was conducted by Arbesman et al. (2014) on the importance of occupational therapists in driving and community mobility for older adults. Within the United States, there are more than 54 million older adults (about 16% of the population), and of this total, approximately 48 million older adults currently have their licenses (Administration for Community Living, 2021; Centers for Disease Control and Prevention, 2022). Arbesman et al. (2014) discussed how driving for older adults provides a sense of independence, self-reliance, and engagement in meaningful activities. Despite the importance of driving and sense of autonomy, older adults are at an increased risk of getting into an accident while driving. Medical conditions, limited driving time on the roads, and cognitive, sensory, and physical changes can all account for this increased risk. Researchers of the article further address the evidence to support the use of clinical assessments, the effectiveness of interventions for addressing various skills and functions, and the effect of policy and community mobility programs. Researchers found evidence that supports the use of single clinical assessments as well as a series of assessments for different functional areas. Common themes based on the evidence for interventions include education, cognitive-perceptual skills, physical fitness, and skills for driving assessed by simulator training and behind-the-wheel training. Common themes for policy and community mobility include “licensure policy, driving cessation programs, community mobility, and walkable communities” (Arbesman et al., 2014, p.660).

A critically appraised topic was created with the focus of determining the effectiveness of policy and community mobility programs on older adults’ performance and participation. The researchers of the critically appraised topic determined that a need exists for occupational

therapists to work in driver rehabilitation and community mobility in order to support the engagement and participation of older adults in community mobility. Within community mobility, there is a need for occupational therapists across a wide range of services including "individual drivers to organizations providing transportation services to populations impacted by licensing policies" (Stav & Nastasi, 2012, p.5).

The number of older adults continues to increase, making the need for occupational therapists specializing in driving and community mobility, such as driver rehabilitation, more significant. Occupational therapists' role involves providing orientation and training to staff members, educating about sensitivity training to schedulers and drivers, training about transfers and driver safety, and using vehicle safety features to prevent injuries. Occupational therapists can also support the development of programs for safe community mobility. Educational and training implications for driving and community mobility were also considered with the conclusion that the topic should be integrated into training for occupational therapy (Stav & Nastasi, 2012).

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means of transportation to provide them with the tools to continue driving and be active within the community. In terms of education, there are suggestions to further develop educational modules to address the changes in new vehicle technology for older adult drivers. Some of the occupational therapy intervention suggestions include adapted driving equipment and vehicles, autonomous driving, braking, intelligent transportation systems, person-vehicle fit, and vehicle technology (Arbesman & Justiss, 2013). Each of these aspects will need to be considered when developing an affordable driving service.

Researchers of a third critically appraised topic focused on interventions for how to address cognitive, visual, and motor functions as well as driving skills and self-regulation or self-awareness (Golisz, n.d.). Additionally, the researchers focused on how passengers and families can play a role in older adults' driving ability, performance, and safety. Researchers determined that most interventions were promising and needed to be further evaluated. When considering driving and community mobility, occupational therapists should strongly consider using interventions related to vision, cognition, and motor as well as education for older adults and their families. Each of these components is vital to successful driving and community mobility. Additionally, occupational therapists should be aware of the rapid expansion related to the computer-based speed of processing training as more products become available and easily accessible. This training program should be further researched to determine its effectiveness towards driving improvement, specifically related to driving performance (Golisz, n.d.).

Resource Availability

Western New England University's (WNE) BEAR PAW Center is one available resource located in the functional lab rooms of the Department of Occupational Therapy in the Blake Law building. This resource provides the space needed to develop an affordable and accessible driver

assessment center within the Springfield community. A few benefits of having a center on-campus include that it can be run by competent students, funded by donations, and is located directly within the Springfield community. Additionally, on-campus parking is available for clients and families to utilize. One problematic area is that the marketed information about the location and resources provided at the BEAR PAW Center does not reach all members in need of services within Springfield and the surrounding communities. Additional marketing and community outreach and integration will be important for increasing awareness of this resource.

The Outpatient Rehabilitation at Mercy Medical Center, located in Springfield, MA provides outpatient services, including a Driving Advisement Program, to individuals within the Pioneer Valley and serves as an additional resource for driver assessment and rehabilitation services. The goal of the program is to assess and evaluate drivers' ability to drive safely (Outpatient Rehabilitation at Mercy Medical Center, n.d.). Occupational therapists provide the clinical evaluation component of the Driving Advisement Program as well as recommendations for further evaluations conducted by driving instructors. Mercy's program is beneficial for determining an individual's vision and perception, mobility, cognition, reaction time, and judgment related to driving. Another program benefit includes the inclusion of low-tech equipment as part of the evaluation process. One program component that may be problematic involves the lack of high-tech equipment utilized during the evaluation. The occupational therapists who conduct the evaluations are not trained in high-tech equipment nor is the facility equipped to provide this type of equipment.

Spaulding Rehabilitation Network, located in Boston, MA, is an outpatient clinic that has a Driving Assessment and Rehabilitation Program and serves as a third resource for driver rehabilitation. The goal of the program is to help clients "identify the best options for safe

community mobility" (Spaulding Rehabilitation Network, n.d.). Occupational therapists provide services to individuals that allow them to remain independent and active within the community. The program offers a Level 3 Driver Rehabilitation Program, where a one-to-two-hour clinical assessment and, in some instances, an in-vehicle assessment is conducted. The driver's vision, reaction time, and awareness of surroundings are also evaluated. After the assessments have been conducted, a variety of recommendations can be made. Recommendations include "resuming driving with recommendations or requirements, pursuing driver rehabilitation, pursuing adaptive equipment training or vehicle modifications, pursuing continued therapy, or refraining from driving" (Spaulding Rehabilitation Network, n.d.). One program benefit involves recommendations for driving and adaptive equipment, such as hand controls, left foot accelerator, and steering knob, with the inclusion of education and training for the equipment. Adaptive equipment is provided to drivers who remain fit to drive to ensure safety of the driver and others within the community. When the driver is no longer fit to drive, or driver retirement is recommended, education will be provided to discuss how to remain active within the community, how to find alternative forms of transportation, and how to determine other ways to engage in community mobility. Results of the evaluations are discussed with the physician and Registry of Motor Vehicles, if needed (Spaulding Rehabilitation Network, n.d.). One problematic area for this resource includes the distance needed to travel to receive these services for individuals within Springfield and the surrounding communities. Individuals may have to rely on support from family, friends, and others to drive them to Boston to receive services, which can be an inconvenience for both the individual and the person taking them.

References

Administration for Community Living. (2021). *2020 profile of older Americans.* Administration for Community Living. https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2020ProfileOlderAmericans.Final.pdf

American Community Survey. (2021a). *Disability characteristics.* United States Census Bureau. https://data.census.gov/table?q=springfield+ma&tid=ACSST1Y2021.S1810

American Community Survey. (2021b). *Educational attainment.* United States Census Bureau. https://data.census.gov/table?q=springfield,+ma&t=Educational+Attainment

American Community Survey. (2021c). *Employment status.* United States Census Bureau. https://data.census.gov/table?q=springfield,+ma&t=Employment&tid=ACSST1Y2021.S2301

American Community Survey. (2021d). *Financial characteristics.* United States Census Bureau. https://data.census.gov/table?q=springfield,+ma&t=Income+and+Earnings&tid=ACSST1Y2019.S2503

American Community Survey. (2021e). *Income in the past 12 months.* United States Census Bureau. https://data.census.gov/table?q=springfield,+ma&t=Income+and+Earnings&tid=ACSST1Y2021.S1901

American Community Survey. (2021f). *Means of transportation to work by vehicles available.* United States Census Bureau. https://data.census.gov/table?q=springfield,++ma&t=Transportation&tid=ACSDT1Y2021.C08141

American Community Survey. (2021g). *Poverty status in the past 12 months.* United States Census Bureau. https://data.census.gov/table?q=springfield,+ma&t=Poverty+&tid=ACSST1Y2021.S1701

Arbesman, M., & Justiss, M. D. (2013). *Driving and community mobility.* American Occupational Therapy Association.

Arbesman, M., Lieberman, D., & Berlanstein, D. R. (2014). Method for the systematic reviews on occupational therapy and driving and community mobility for older adults. *American Journal of Occupational Therapy, 68*, 657–661. http://dx.doi.org/10.5014/ajot.2014.013425

Betz, M. E., Dickerson, A., Coolman, T., Schold Davis, E., Jones, J., & Schwartz, R. (2014). Driving rehabilitation programs for older drivers in the United States. *Occupational Therapy In Health Care, 28*(3), 306–317. https://doi.org/10.3109/07380577.2014.908336

Centers for Disease Control and Prevention. (2022). *Older adult drivers.* Centers for Disease Control and Prevention. https://www.cdc.gov/transportationsafety/older_adult_drivers/index.html#:~:text=In%202020%2C%20there%20were%20almost,a%2068%25%20increase%20since%202000.

Chan, L., & Pang, L. (n.d.). *Person-environment-occupation (PEO) model.* OT Theory. https://ottheory.com/therapy-model/person-environment-occupation-peo-model.

Decennial Census. (2020). *Race.* United States Census Bureau. https://data.census.gov/cedsci/all?q=springfield+ma.

Golisz, K. (n.d.). *Driving and community mobility.* American Occupational Therapy Association.

Hegberg, A. (2007). *An older driver rehabilitation primer for occupational therapy professionals.* American Occupational Therapy Association.

Jones, J., Dickerson, A., Flaten, H. K., Belmashkan, S., & Betz, M. E. (2016). Driving rehabilitation specialists' perspectives on older driver evaluations. *American Journal of Occupational Therapy, 70*, 7002270010. http://dx.doi.org/10.5014/ajot.2016.016915

Marfeo, E., Grinnell, M., Coffey, A., & Ward, N. (2021). Driver rehabilitation utilization and need among community-dwelling older adults. *The American Journal of Occupational Therapy, 75*(2), 1–7. https://doi.org/10.5014/ajot.2020.040501

Outpatient Rehabilitation at Mercy Medical Center. (n.d.). *Driving rehabilitation.* Springfield, MA. https://www.trinityhealthofne.org/find-a-service-or-specialty/rehabilitation/specialty-programs

Pennington, K., Harwood, E., & Sick, B. (2020). Characterizing the community collaborations of a community-based student-run clinic. *Journal of Primary Care & Community Health, 11*, 1–7. https://doi.org/10.1177/2150132720984400

Registry of Motor Vehicles. (n.d.). *Your health and driving safely in Massachusetts.* Boston; Massachusetts Department of Transportation Registry of Motor Vehicles. https://www.mass.gov/doc/your-health-and-driving-safely-0/download

Spaulding Rehabilitation Network. (n.d.). *Driving assessment program.* Spaulding Rehabilitation Network. https://spauldingrehab.org/conditions-services/driving-assessment.

Stav, W., & Nastasi, J. A. (2012). *Driving and community mobility for older adults.* American Occupational Therapy Association.

Transportation Resources, Information, Planning, & Partnership for Seniors. (2018). *Driving skills assessment programs.* TRIPPS of Massachusetts. https://trippsmass.org/driving-skills-assessment-programs.

Appendix K

AOTA Critically Appraised Topic (CAT)

**A product of the American Occupational Therapy Association's Evidence-Based Literature Review Project*

Name: Amanda Hill

Benefits of Occupational Therapy in Student-Run Clinics with Driving

Focus Question:

What is the evidence to support the benefits of occupational therapy in student-run clinics (SRCs) with driving for individuals who need affordable driving services?

Clinical Scenario:

Occupational therapists (OTs) are the optimal healthcare professionals to assist clients engage in their occupations or meaningful activities. Occupations include activities of daily living (ADLs) and instrumental activities of daily living (IADLs), among others. Driving and community mobility is an IADL that is important to an individual's sense of independence, community engagement, and quality of life (Marfeo et al., 2021). Community mobility is defined as "'moving around in the community and using public or private transportation, such as driving, walking, bicycling, or accessing and riding in buses, taxi cabs, or other public transportation systems'" (Arbesman et al., 2014, p.658). This instrumental activity of daily living also coincides with other occupations, or meaningful activities, including social participation, play, and leisure as well as work and education (Hegberg, 2007). Therefore, it is critical to determine where the need exists for maintaining driving and community mobility.

As an individual ages, there can be changes in one's health status with new medical diagnoses as well as normal age-related changes, such as difficulty with vision and cognition. Each of these changes in health can impact an individual's ability to drive and be an active member of the community. For members of the Springfield, Massachusetts (MA), community, difficulty with hearing constitutes 8.9% of the 18 years and older population, 9.3% have difficulty with vision, 14.5% have difficulty with cognition, and 38.2% have difficulty with ambulation (American Community Survey, 2019). Additionally, the main form of transportation to get to work is driving alone in a car, truck, or van with approximately 99% traveling to work alone (American Community Survey, 2020).

When a medical diagnosis or age-related changes hinder an individual's ability to drive safely, a physician can refer the individual for a driving evaluation. Driving evaluations involve clinical evaluations by occupational therapists who assess an individual's reaction time and cognitive, motor, and visual functions among other areas (American Community Survey, 2019). On-road assessments can also be conducted as part of the evaluation, if appropriate. However, driving evaluations have an average out-of-pocket cost of $350-$500 with limited to no assistance from Medicare (Transportation Resources, Information, Planning, & Partnership for Seniors, 2018). For individuals who want to remain independent and active within the community, but do not have the additional funds to afford a driving evaluation, community members can be deterred from seeking services. To make driving evaluation services accessible to individuals of all socioeconomic levels, affordable clinics need to be created in order to increase personal safety while driving and the safety of others within the community.

Summary of Key Findings:

Summary of Levels I, II, and V

Researchers of one Level I systematic review, three Level II critically appraised topics (CATs), and two Level V expert opinions/clinical reference texts provide in-depth information about the significance of occupational therapy's role in driving and community mobility and how affordable driving evaluations are pertinent to remain active members within the community.

Importance of Occupational Therapy in Driving & Community Mobility for Older Adults

A systematic review was conducted by Arbesman et al. (2014) on the importance of occupational therapists in driving and community mobility for older adults. Within the United States (U.S.), there are 40.3 million older adults (about 13% of the population), and of this total, 32 million older adults currently have their licenses. Arbesman et al. (2014) discussed how driving for older adults provides a sense of independence, self-reliance, and engagement in meaningful activities. Despite the importance of driving and sense of autonomy, older adults are at an increased risk of getting into an accident while driving. Medical conditions, limited driving time on the roads, and cognitive, sensory, and physical changes can all account for this increased risk. Researchers of the article further address the evidence to support the use of clinical assessments, the effectiveness of interventions for addressing various skills and functions, and the effect of policy and community mobility programs. Researchers found evidence that supports the use of single clinical assessments as well as a series of assessments for different functional areas. Common themes based on the evidence for interventions include education, cognitive-perceptual skills, physical fitness, and skills for driving assessed by simulator training and behind-the-wheel training. Common themes for policy and community mobility include "licensure policy, driving cessation programs, community mobility, and walkable communities" (Arbesman et al., 2014, p.660).

Effectiveness of Addressing Driving and Community Mobility for Older Adults

A critically appraised topic was created with the focus of determining the effectiveness of policy and community mobility programs on older adults' performance and participation. The researchers of the critically appraised topic determined that a need exists for occupational therapists to work in driving rehabilitation and community mobility in order to support the engagement and participation of older adults in community mobility. Within community mobility, there is a need for occupational therapists across a wide range of services including "individual drivers to organizations providing transportation services to populations impacted by licensing policies" (Stav & Nastasi, 2012, p.5).

The number of older adults continues to increase, making the need for occupational therapists specializing in driving and community mobility more significant. Occupational therapists' role involves providing orientation and training to staff members, educating about sensitivity training to schedulers and drivers, training about transfers and driver safety, and using vehicle safety features to prevent injuries. Occupational therapists can also support the development of programs for safe community mobility. Educational and training implications for driving and community mobility were also considered with the conclusion that the topic should be integrated into training for occupational therapy (Stav & Nastasi, 2012).

Impact of Occupational Therapy Modifications on Driving

Another critically appraised topic focused on determining which modifications to automobiles will impact an older adults' driving ability, performance, and overall safety. In relation to occupational therapy, Arbesman & Justiss (2013) stated the important factors to include in the occupational profile and driving evaluation for older adults would be the "client-related factors associated with driver safety, client vehicle information, driver-vehicle-environment dynamics, and knowledge of potential effects that vehicle technology (high or low) may have on performance and safety"

(Arbesman & Justiss, 2013, p.3). While driving rehabilitation specialists, who also serve as occupational therapists, can provide referrals for modifications to automobiles, their main role is to consider each aspect of the client and their means of transportation to provide them with the tools to continue driving and be active within the community. In terms of education, there are suggestions to further develop educational modules to address the changes in new vehicle technology for older adult drivers. Some of the occupational therapy intervention suggestions include adapted driving equipment and vehicles, autonomous driving, braking, intelligent transportation systems, person-vehicle fit, and vehicle technology (Arbesman & Justiss, 2013). Each of these aspects will need to be considered when developing an affordable service.

Occupational Therapy Addressing Cognitive, Visual, and Motor Functions in Driving

Researchers of a third critically appraised topic focused on interventions for how to address cognitive, visual, and motor functions as well as driving skills and self-regulation or self-awareness (Golisz, n.d.). Additionally, the researchers focused on how passengers and families can play a role in older adults' driving ability, performance, and safety. Researchers determined that most interventions were promising and needed to be further evaluated. When considering driving and community mobility, occupational therapists should strongly consider using interventions related to vision, cognition, and motor as well as education for older adults and their families. Each of these components is vital to successful driving and community mobility. Additionally, occupational therapists should be aware of the rapid expansion related to the computer-based speed of processing training as more products become available and easily accessible. This training program should be further researched to determine its effectiveness towards driving improvement, specifically related to driving performance (Golisz, n.d.).

Occupational Therapy in Student-Run Clinics

Within student-run clinics, occupational therapists serve multiple roles. The main roles focus on self-management, health promotion, modifications to lifestyle, fall prevention, promotion and advocacy, home safety, and development of resources for driving and community mobility (Rogers et al., 2017). Driving and community mobility resources can include educating clients about public transportation within the community and how to get around safely, providing clients with the tools needed to be successful while driving, advocating for resources to be created, such as sidewalks, for safe community mobility, and increasing accessibility to driving services. Occupational therapists and occupational therapy students can acquire the skills needed to provide each of these resources within a student-run clinic. Conferences, seminars, and continuing education courses can be utilized to educate occupational therapy students and occupational therapists about CarFit, high- and low-tech equipment, the evaluation process, and behind-the-wheel training.

When utilizing an interprofessional approach within a student-run clinic, occupational therapy students discussed the importance of self-advocacy for the profession, their role on the interprofessional team, and why they deserved to be a part of the team (Lie et al., 2016). The researchers also discussed the client approach that is commonly used within OT, what occupational therapists do in practice, and the importance of self-efficacy. Occupational therapy's role in driving, especially within a student-run clinic, was not mentioned in the study.

Bottom Line for Occupational Therapists:

Although driving can be addressed by other disciplines, occupational therapists are the most qualified to address driving and driving interventions within their scope of practice. With the growing number of older adult drivers in the U.S., the need for affordable driving clinics has become more pertinent for maintaining driving skills and independence. A common concern

expressed by clients in OT is the ability to continue driving after a diagnosis, accident, or other life-altering events.

Various researchers discussed how beneficial occupational therapists are for addressing driving. Stav & Nastasi (2012) discussed how OTs role involves providing orientation and training to staff members, educating about sensitivity training to schedulers and drivers, training about transfers and driver safety, and using vehicle safety features to prevent injuries. Educational and training implications for driving and community mobility were also considered with the conclusion that the topic should be integrated into training for occupational therapy (Stav & Nastasi, 2012). Arbesman & Justiss (2013) discussed how occupational therapy's main role is to consider each aspect of the client and their means of transportation to provide them with the tools to continue driving and be active within the community. Other important areas to focus on for driving include education, cognitive-perceptual skills, physical fitness, and skills for driving assessed by simulator training and behind-the-wheel training (Arbesman et al., 2014). Additionally, occupational therapists' role involves providing orientation and training to staff members, educating about sensitivity training to schedulers and drivers, training about transfers and driver safety, and using vehicle safety features to prevent injuries. To supplement the development of an affordable student-run clinic, occupational therapists can support the development of programs for safe community mobility (Stav & Nastasi, 2012). The main interventions to focus on for older adults would be ones related to vision, cognition, and motor as well as education for older adults and their families (Golisz, n.d.). Additional occupational therapy interventions can involve adapted driving equipment and vehicles, autonomous driving, braking, intelligent transportation systems, person-vehicle fit, and vehicle technology (Arbesman & Justiss, 2013). Each of these areas and

interventions serve as evidence for how occupational therapy can be beneficial for driving within affordable student-run clinics.

References

American Community Survey. (2019). *Disability characteristics.* United States Census Bureau. https://data.census.gov/cedsci/table?q=springfield%20ma&tid=ACSST1Y2019.S1810

American Community Survey. (2020). *Means of transportation to work by vehicles available.* United States Census Bureau. https://data.census.gov/cedsci/table?q=springfield,%20ma&t=Transportation&tid=ACSDT1Y2019.C08141&hidePreview=true.

Arbesman, M., & Justiss, M. D. (2013). *Driving and community mobility.* American Occupational Therapy Association.

Arbesman, M., Lieberman, D., & Berlanstein, D. R. (2014). Method for the systematic reviews on occupational therapy and driving and community mobility for older adults. *American Journal of Occupational Therapy, 68*, 657–661. http://dx.doi.org/10.5014/ajot.2014.013425

Golisz, K. (n.d.). *Driving and community mobility.* American Occupational Therapy Association.

Hegberg, A. (2007). *An older driver rehabilitation primer for occupational therapy professionals.* American Occupational Therapy Association.

Lie, D. A., Forest, C. P., Walsh, A., Banzali, Y., & Lohenry, K. (2016). What and how do students learn in an interprofessional student-run clinic? An educational framework for team-based care. *Medical Education Online, 21*(1). https://doi.org/10.3402/meo.v21.31900

Marfeo, E., Grinnell, M., Coffey, A., & Ward, N. (2021). Driver rehabilitation utilization and need among community-dwelling older adults. *The American Journal of Occupational Therapy, 75*(2), 1–7. https://doi.org/10.5014/ajot.2020.040501

Rogers, O., Heck, A., Kohnert, L., Paode, P., & Harrell, L. (2017). Occupational therapy's role in an interprofessional student-run free clinic: Challenges and opportunities identified. *Open Journal of Occupational Therapy (OJOT), 5*(3), 1–15. doi: 10.15453/2168-6408.1387

Stav, W., & Nastasi, J. A. (2012). *Driving and community mobility for older adults.* American Occupational Therapy Association.

Transportation Resources, Information, Planning, & Partnership for Seniors. (2018). *Driving skills assessment programs.* TRIPPS of Massachusetts. https://trippsmass.org/driving-skills-assessment-programs.

Appendix L

WESTERN NEW ENGLAND UNIVERSITY | WNE

COLLEGE of PHARMACY and HEALTH SCIENCES

Department of Occupational Therapy

Doctoral Experiential Capstone Learning Plan & Evaluation

Document a formal evaluation mechanism for objective assessment of the student's performance during and at the completion of the doctoral experiential component**.** The student, the faculty mentor, and the site mentor collaborate to ensure completion of the doctoral experience.

Student Name: Amanda Hill
Doctoral Experiential Site and Address: BEAR PAW Center & Functional Learning Labs, Western New England University, 1215 Wilbraham Road, Springfield, MA 01119
Doctoral Experiential Dates: April 2023 – July 2023
Doctoral Experiential Site Mentor: Dr. Brittany Adams
Doctoral Experiential Faculty Mentor: Dr. Brittany Adams
Doctoral Experience Mentor's expertise relevant to this Doctoral Experiential: American Occupational Therapy Association Driving and Community Mobility Level I-III Digital Badge, CarFit Event Coordinator Certification, CarFit Technician Certification, continuing education courses related to driving
Description of the Doctoral Experiential: Implementation of Driving Services into a Student-Run Pro-Bono Occupational Therapy Center – Developing and implementing driving services into the BEAR PAW Center to serve community members who are current participants at the BEAR PAW Center and have a driving goal. The overall goal of the project is to increase access to affordable care for community members, establish safe communities and driving practices, and foster the development of more competent generalist practitioners.
Notes:

WNE OTD Learning Objectives *What does student want/need to know? What skills does student need to develop?*	**Evidence of Accomplishment** *How will performance be measured and evaluated and by whom?* *Name external project, skill, etc.* *Name who is responsible.* *Name resources needed.* *Identify target dates of completion.*	**Progress** *Site and faculty mentor rate student progress at midterm and final*	**Comments for Midterm and Final** *Site and Faculty Mentor comment regarding student progress per each objective*
WNE OTD Objective #1: *Collaborate with various professionals as part of an interprofessional team to advocate the role of occupational therapy in a nontraditional setting*	By July 2023, the student will consult with at least one expert in driving to build on current knowledge about occupational therapy's role in driving and apply the knowledge to the development of a student-run center. • Send emails to local driving centers to establish relationships with driving specialists • Network and create connections through emailing local facilities (hospitals, rehabilitation centers, etc.) for referrals to and from the BEAR PAW Center • Computer & Internet • Spring/Summer 2023 • Responsibility of Amanda Hill	MIDTERM ☐ Accomplished ☐ Making Progress ☐ Not progressing, needs attention FINAL ☐ Accomplished ☐ Making Progress ☐ Not progressing, needs attention	**MIDTERM:** Current Progress: • Student has connected and networked with local and nationally known driver rehabilitation specialists and certified driver rehabilitation specialists for referrals to and from the BEAR PAW Center, discussion of risk assessments, and areas to address for driving as a generalist occupational therapy practitioner Next Steps: • Student will continue to connect and network with local driver rehabilitation specialists for referrals • Student will continue to connect and network with nationally known driver rehabilitation specialists regarding continued development of the driver risk assessment and additional questions that occur throughout sessions • Student will explore opportunities for interprofessional relationships related to driving **FINAL:** • Student has continued to develop connections and networks with local driver rehabilitation specialists to serve as referrals for participants when needed as well as maintain connections for

			sustainability for current and future students of the WNE OTD program • Student has established connections with transition programs, the Department of Developmental Services, various stroke support groups, senior centers, and community facilities to discuss advocate for the role of occupational therapy in nontraditional settings • Student presented about occupational therapy and CarFit to members of a local senior center • Student presented about occupational therapy and role of OT in driving at independent living communities
<u>WNE OTD Objective #2:</u> *Document a needs assessment for a particular population and use said assessment as the foundation for planning a successful Doctoral Experiential Capstone Project. Additional evidence will include feedback from consumers that indicates the impact of the project on the population they represent.*	The student will conduct research and develop a needs assessment on the Springfield community in order to provide equitable community services in the form of a student-run center by July 2023. • Conduct an updated needs assessment through researching the latest statistics on the Springfield community to determine areas of need • Create a driving assessment to determine areas of concern to address with clients • Computer, Internet, & Word • Spring/Summer 2023 • Responsibility of Amanda Hill	MIDTERM ☐ Accomplished ☐ Making Progress ☐ Not progressing, needs attention FINAL ☐ Accomplished ☐ Making Progress ☐ Not progressing, needs attention	**MIDTERM:** <u>Current Progress:</u> • Student completed an updated needs assessment based on the new data provided on the Census Data website • Student has developed a driver risk assessment to address community areas of need <u>Next Steps:</u> • Student will update the driver risk assessment based on client feedback • Student will have clients complete the driving discharge form to analyze the impact project has on the community **FINAL:** • Student completed an updated needs assessment based on the new data provided on the Census Data website • Student has developed a driver risk assessment to address community

			areas of need and updated it based on client feedback • Clients have completed driving discharge form for student to analyze the impact project has on the community and make necessary changes
<u>WNE OTD Objective #3:</u> *Demonstrate proficiency and professionalism with the use of personal computers, learning platforms, zoom meetings, etc. to fully document and implement Doctoral Experiential Project for WNE as well as for members of the population served.*	By July 2023, the student will demonstrate proficiency and professionalism in the E-Portfolio and other educational platforms by documenting the components of the Doctoral Experiential Project. • Update and complete E-Portfolio with necessary documents and supplemental materials • Keep DEx files organized within the respective shared Google Drive folders • Conduct research on driving to find evidence-based, supportive information for assessment tools and interventions • Computer, Internet, Word documents, Excel files, PowerPoints, & PDF files • Summer 2023 • Responsibility of Amanda Hill	MIDTERM ☐ Accomplished ☐ Making Progress ☐ Not progressing, needs attention FINAL ☐ Accomplished ☐ Making Progress ☐ Not progressing, needs attention	**MIDTERM:** <u>Current Progress:</u> • Student has completed daily journals including daily/weekly goals • Student has completed reflections to document the DEx experience • Student has completed weekly time sheets to document time spent on DEx tasks • Student has organized all DEx related files into the Google Drive when updated and completed • Student has utilized evidence-based, supportive information to develop a driver risk-assessment form and driving manual • Student has updated the e-portfolio with relevant DEx information <u>Next Steps:</u> • Student will continue to complete daily journals including daily/weekly goals • Student will continue to complete reflections to document the DEx experience • Student will continue to complete weekly time sheets to document time spent on DEx tasks • Student will continue to organize all DEx related files into the Google Drive when updated and completed • Student will continue to utilize evidence-based, supportive information to develop a driver risk-assessment form and driving

			manual • Student will continue to update the e-portfolio with relevant DEx information **FINAL:** • Student has completed all daily journals including daily/weekly goals, reflections to document the DEx experience, weekly time sheets to document time spent on DEx tasks, and e-portfolio with relevant DEx information through the use of a personal computer • Student has organized all updated and completed DEx related files into the Google Drive • Student has utilized evidence-based, supportive information to finalize a driver risk-assessment form and driving manual • Student has utilized a personal computer to communicate via email to participants, driver rehabilitation specialists, and other community members in a professional manner
<u>WNE OTD Objective #4:</u> *Recognize and be able to describe the diverse systems of service delivery that are most cost-effective and considerate for health, social, and educational settings, both traditional and nontraditional. Through both clinical and reflective writing, be able to articulate a sensitivity to cultural, linguistic, and other diversities and describe solutions for care disparities.*	The student will demonstrate their knowledge and skills of diverse systems of service delivery, including the Internet, Zoom, writing journals, and/or other platforms as well as implementation of driving services at the BEAR PAW Center, to provide services to community members in a diverse and equitable manner by July 2023. • Conduct an updated needs assessment through researching the latest statistics on the Springfield community to determine areas of need • Create a driving assessment form and manual for the pro-bono BEAR PAW center to increase	MIDTERM ☐ Accomplished ☐ Making Progress ☐ Not progressing, needs attention FINAL ☐ Accomplished ☐ Making Progress ☐ Not progressing, needs attention	**MIDTERM:** <u>Current Progress:</u> • Student completed an updated needs assessment based on the new data provided on the Census Data website • Student has completed daily journals including daily/weekly goals • Student has completed reflections to document the DEx experience • Student has utilized evidence-based, supportive information to develop a driver risk-assessment form and driving manual • Student has updated the e-portfolio with relevant DEx information • Student has developed a driver

	access to care for Springfield community members • Computer, Internet, & Word • Spring/Summer 2023 • Responsibility of Amanda Hill		risk-assessment form with diverse populations by adding options for grading an activity down • Student has developed a free driver risk-assessment form to meet the diverse needs of the surrounding urban population including consideration of the existing healthcare disparities <u>Next Steps:</u> • Student will continue to complete daily journals including daily/weekly goals • Student will continue to complete reflections to document the DEx experience • Student will continue to utilize evidence-based, supportive information to develop a driver risk-assessment form and driving manual • Student will continue to update the e-portfolio with relevant DEx information • Student will continue to update the driver risk-assessment form by adding options or suggestions for grading an activity down as well as considering the diverse needs of the surrounding urban community **FINAL:** • Student has completed all daily journals including daily/weekly goals, reflections to document the DEx experience, weekly time sheets to document time spent on DEx tasks, and e-portfolio with relevant DEx information • Student has organized all updated and completed DEx related files into the Google Drive • Student has utilized evidence-based, supportive information to

			finalize a driver risk-assessment form and driving manual
<u>WNE OTD Objective #5:</u> *Demonstrate the ability to work with others to identify meaningful objectives, organize, manage, and motivate people and resources, communicate effectively, and oversee action to accomplish stated program or service goals.*	By July 2023, the student will develop meaningful and collaborative relationships with stakeholders, site mentors, and consultants in order to accomplish the program's goals. • Establish relationships with driving specialists at local driving centers • Network and create connections through emailing local facilities (hospitals, rehabilitation centers, etc.) for referrals to and from the BEAR PAW Center • Development of flyer for recruitment • Making phone calls to BEAR PAW Center clients • Conduct chart reviews and refer to first- and second-year students with questions, if needed • Effective communication with BEAR PAW Center staff, students, and participants • Creation of driving manual for sustainability and effective carryover for current and future students • Organization of DEx files in Google Drive • Organization of DEx files on E-Portfolio • Computer & Internet • Ongoing – Fall 2022 & Spring/Summer 2023 • Responsibility of Amanda Hill	MIDTERM ☐ Accomplished ☐ Making Progress ☐ Not progressing, needs attention FINAL ☐ Accomplished ☐ Making Progress ☐ Not progressing, needs attention	**MIDTERM:** <u>Current Progress:</u> • Student has maintained connections with driver rehabilitation specialist from Level II Fieldwork and has offered to serve as a referral to and from the BEAR PAW Center • Student has networked at the AOTA Conference in 2022 and 2023 with driver rehabilitation specialists as well as certified driver rehabilitation specialists to further understand the role of the generalist occupational therapy practitioner with driving and determine how a driver risk-assessment can be developed within our scope of practice • Student has developed and distributed a recruitment flyer on social media and via email to transition programs, recreation departments, and driving schools with the most active responses on social media and from the transition programs • Student has observed clients within the BEAR PAW Center to determine if they are suitable for the program at this time • Student has begun to develop the driving manual for future sustainability and effective carryover • Student has organized updated and completed DEx files in a Google Drive, which has also been used to organize the files within the e-portfolio • Student has attended BEAR PAW Board Meetings to maintain open communication for a smooth

			transition once the program begins • Student has developed a leadership role within her DEx group by maintaining organization and management of assignments for group members, meeting with group members to discuss group expectations and projects, and communicating effectively to ensure each group member has accomplished individual and group goals <u>Next Steps:</u> • Student will continue to communicate with the BEAR PAW Board and attend meeting to promote effective communication • Student will continue to effectively communicate with driver rehabilitation specialists and certified driver rehabilitation specialists via email to maintain connections and networks for future student sustainability and collaboration • Student will continue to add resources to the driving manual • Student will continue to add updated and completed DEx files to the Google Drive for carryover to e-portfolio **FINAL:** • Student has maintained connections with driver rehabilitation specialist from Level II Fieldwork and has offered to serve as a referral to and from the BEAR PAW Center • Student has networked at the AOTA Conference in 2022 and 2023 with driver rehabilitation specialists as well as certified

			driver rehabilitation specialists to further understand the role of the generalist occupational therapy practitioner with driving and determine how a driver risk-assessment can be developed within our scope of practice • Student has developed and distributed a recruitment flyer on social media and via email to transition programs, recreation departments, and driving schools with the most active responses on social media and from the transition programs • Student has worked with a variety of clients and conducted driver risk assessments and individual sessions • Student has continued to communicate with the BEAR PAW Board and attend meetings to promote effective communication • Student has effectively communicated with driver rehabilitation specialists and certified driver rehabilitation specialists via email to maintain connections and networks for future student sustainability and collaboration • Student has finalized the driving manual for sustainability and effective carryover • Student has developed a leadership role within her management of assignments for group members, meeting with group members to discuss group expectations and projects, and communicating effectively to ensure each group members has accomplished individual and group goals

			• Student has completed and added all updated and finalized DEx files to the Google Drive for carryover to e-portfolio
<u>WNE OTD Objective #6:</u> *Demonstrate the ability to implement in existing programs, and plan for in developing programs, an occupational therapy process that is occupation-based, client-centered, culturally sensitive, and ethically appropriate.*	The student will develop a pro-bono occupation-based driving program to address gaps in community accessibility in collaboration with community partners by July 2023. • Write manual for how to use driving center and equipment to provide future students with tools needed to continue using the driving center • Research on driving • Develop client-centered driving interventions for future sessions • Computer, Internet, Word, & Canva • Summer 2023 • Responsibility of Amanda Hill	MIDTERM ☐ Accomplished ☐ Making Progress ☐ Not progressing, needs attention FINAL ☐ Accomplished ☐ Making Progress ☐ Not progressing, needs attention	**MIDTERM:** <u>Current Progress:</u> • Student has reviewed the previously developed BEAR PAW manual to ensure the information within the driving manual aligns and makes for a smoother transition • Student has conducted research in driving and has attended professional development courses related to driving to increase driving competence and develop client-centered interventions within the generalist occupational therapy practitioners' scope of practice • Student has developed a free occupation-based driver risk-assessment form to meet the diverse needs of the surrounding urban population while ensuring the assessment form is culturally sensitive and ethically appropriate <u>Next Steps:</u> • Student will complete the remainder of the professional development courses • Student will adapt the driver risk-assessment form based on the client's needs and strengths and grade activities accordingly • Student will update the driving manual based on student and faculty feedback **FINAL:** • Student has reviewed the previously developed BEAR PAW manual to ensure the information within the

			driving manual aligns and makes for a smoother transition • Student has conducted research in driving and has completed professional development courses related to driving to increase driving competence and develop client-centered interventions within the generalist occupational therapy practitioners' scope of practice • Student has developed occupation-based, client-centered, culturally sensitive, and ethically appropriate interventions for individual sessions as well as a driver risk-assessment form • Student has developed a free occupation-based driver risk-assessment form to meet the diverse needs of the surrounding urban population while ensuring the assessment form is culturally sensitive and ethically appropriate • Student has completed her AOTA driving and community mobility micro credential • Student has adapted the driver risk-assessment form based on the client's needs and strengths and grade activities accordingly • Student has met with current first-year students to educate them about the driving program, driving equipment, and how to make it a sustainable project • Student has updated the driving manual and will continue to update it based on student and faculty feedback • Student has developed a sustainability plan for effective carryover by current and future students, staff, and faculty

<u>WNE OTD Objective # 7:</u> *Document an experiential and scholarly project that reflects the literature in restorative justice/community re-entry and use responsive, ethical methods. The scholarly process and results should be made accessible to the college and the community, especially to the population served by the project. A report of the project, presented in a professional format that others can replicate or build upon, will be evidence of accomplishment.*	By July 2023, the student will have developed and completed the scholarly and experiential components based upon the current literature as the foundation of their project in order to develop an evidence-based driving center. • Research existing driving clinics • Increase self-awareness of existing driving clinics & create partnerships with existing clinics, if available • Computer, Internet, & Email • Summer/Fall 2022 • Responsibility of Amanda Hill Experiential Component: • Create a driving assessment form and manual for the pro-bono BEAR PAW center to increase access to care for community members • Meet with students and provide education on components of driving center • Computer, Internet, Word, & Canva • Summer 2023 • Responsibility of Amanda Hill Scholarly Component: • Develop article proposal for future publication • Submit information related to project to conferences (MAOT, AOTA) • Responsibility of Amanda Hill	MIDTERM ☐ Accomplished ☐ Making Progress ☐ Not progressing, needs attention FINAL ☐ Accomplished ☐ Making Progress ☐ Not progressing, needs attention	**MIDTERM:** <u>Current Progress:</u> • Student has documented the experiential through the use of daily journals, reflections, and time sheets • Student has observed a driver evaluation and has conducted research on existing driving centers • Student has connected with a driver rehabilitation specialist at Mercy to develop a partnership between the clinics <u>Next Steps:</u> • Student will meet with the first- and second-year students to go over the components of the driving center, driving forms, and how to use the equipment • Student will develop an article proposal • Student will complete MAOT and AOTA conference applications • Student will write a paragraph regarding restorative justice/community re-entry with evidence **FINAL:** • Student has documented the experiential through the use of daily journals, reflections, and time sheets • Student has observed a driver evaluation and has conducted research on existing driving centers • Student has connected with a driver rehabilitation specialist at Mercy to develop a partnership between the clinics

			• Student has met with the first-year students to go over the components of the driving center, driving forms, and how to use the equipment • Student is in the process of developing an article proposal • Student has completed and submitted 2 MAOT and 2 AOTA conference applications • Student has written a paragraph regarding restorative justice/community re-entry with evidence for use in final report and e-portfolio
<u>WNE OTD Objective #8:</u> *Through both clinical and reflective writing, be able to articulate a clear awareness of my own personal and professional strengths and boundaries and identify supports and strategies for goal achievement.*	The student will create a section on their DEx E-Portfolio to discuss their personal and professional strengths and boundaries as well as supports and strategies to achieve goals by July 2023. • Update and complete E-Portfolio with necessary documents and supplemental materials (including reflections and daily journals) • Keep DEx files organized within the respective shared Google Drive folders • Weekly meetings with Dr. Adams regarding progress and goal achievement • Computer, Internet, Word documents, Excel files, PowerPoints, & PDF files • Summer 2023	MIDTERM ☐ Accomplished ☐ Making Progress ☐ Not progressing, needs attention FINAL ☐ Accomplished ☐ Making Progress ☐ Not progressing, needs attention	**MIDTERM:** <u>Current Progress:</u> • Student has engaged in weekly DEx meetings with Dr. Adams to discuss current progress with project • Student has attended various professional development conference, courses, and symposiums to further her knowledge in driving • Student has completed daily journals about her progress and set goals for personal and professional achievement <u>Next Steps:</u> • Student will continue to engage in weekly/biweekly DEx meeting with Dr. Adams to discuss progress with project • Student will complete professional development courses to further her driving knowledge • Student will continue to complete daily journal and set goals to note progress throughout project **FINAL:**

			• Student has engaged in weekly DEx meetings with Dr. Adams to discuss current progress with project • Student has attended and completed various professional development conference, micro credentials, courses, and symposiums to further her knowledge in driving • Student has completed daily journals about her progress and set goals for personal and professional achievement • Student has completed her e-portfolio • Student has maintained organization of DEx related documents within the Google Drive folders
Student Objective # 9: *Student will further their knowledge in driving by taking professional development courses to become a more competent generalist practitioner.*	• Professional development courses related to project • Increase competence in driving and occupational therapy's role in driving • Professional development websites (AOTA, Adaptive Mobility Services, NBCOT Navigator, UIC Engage IL's Free Interprofessional Geriatrics Courses, Saebo's Free Online Continuing Ed Courses, OnlineCE.com's One Free Course, OT Mastery's Vision Deficits and Occupation Course, occupationaltherapy.com) with possible funding for courses (grants) • Computer, & Internet • Summer 2023	MIDTERM ☐ Accomplished ☐ Making Progress ☐ Not progressing, needs attention FINAL ☐ Accomplished ☐ Making Progress Not progressing, needs attention	**MIDTERM:** Current Progress: • Student is in the process of completing AOTA's Driving and Community Mobility Micro Credential • Student has attended a virtual, week-long Aging and Driving Symposium for professional development • Student attended the AOTA Conference in 2022 and 2023 by attending driving and community mobility sessions and posters • Student has discussed the role of a generalist occupational therapy practitioner in driving with the owner of Adaptive Mobility, who is a certified driver rehabilitation specialist Next Steps: • Student will complete AOTA's Driving and Community Mobility Micro Credential • Student will continue to complete free professional development

			courses (MedScape - Driver Safety: The Clinician's Connection, Saturday Education Series on Adaptive Driving, Campus Safety and Violence Prevention (CSVP) Training Opportunities) **FINAL:** • Student has attended a virtual, week-long Aging and Driving Symposium for professional development • Student attended the AOTA Conference in 2022 and 2023 by attending driving and community mobility sessions and posters • Student has discussed the role of a generalist occupational therapy practitioner in driving with the owner of Adaptive Mobility, who is a certified driver rehabilitation specialist • Student has completed AOTA's Driving and Community Mobility Micro Credential • Student continues to complete free professional development courses
<u>Student Objective #10:</u> *Student will expand their critical thinking skills associated with implementing driving into the student-run free center by conducting a needs assessment and utilizing input from healthcare professionals and community members.*	Needs Assessment: • Conduct an updated needs assessment through researching the latest statistics on the Springfield community to determine areas of need • Computer, Internet, & Word • Spring/Summer 2023 BEAR PAW Center: • Send emails to local driving centers to establish relationships with driving specialists • Network and create connections through emailing local facilities (hospitals, rehabilitation centers, etc.) for referrals to and from the BEAR PAW Center	MIDTERM ☐ Accomplished ☐ Making Progress ☐ Not progressing, needs attention FINAL ☐ Accomplished ☐ Making Progress ☐ Not progressing, needs attention	**MIDTERM:** <u>Current Progress:</u> • Student has completed an updated needs assessment based on the latest statistics from the Census Data website • Student has networked with driver rehabilitation specialists to serve as a referral to and from the center • Student has networked with certified driver rehabilitation specialists to gain insight into the occupational therapy generalist's role with driving • Student has considered the abilities of the individuals she will be working with and has included ways to grade the activity

	Computer & Internet • Ongoing – Fall 2022 & Spring/Summer 2023		Next Steps: • Student will utilize a post survey to utilize input from community members to improve the driving services offered at the BEAR PAW Center • Student will continue to communicate with driving specialists about the driving services offered at the BEAR PAW Center **FINAL:** • Student has completed an updated needs assessment based on the latest statistics from the Census Data website • Student has networked with driver rehabilitation specialists to serve as a referral to and from the center • Student has networked with certified driver rehabilitation specialists to gain insight into the occupational therapy generalist's role with driving • Student has considered the abilities of the individuals she will be working with and has included ways to grade the activity • Student has developed a post survey to utilize input from community members to improve the driving services offered at the BEAR PAW Center • Student continues to communicate with driving specialists about the driving services offered at the BEAR PAW Center
Student Objective #11: *Student will enhance their time management and organization skills by creating documents with independent weekly and monthly goals to ensure the*	• Create a Word document with goals and deadlines for the DEx project to improve time management skills and increase organization skills • Keep track of hours to improve	MIDTERM ☐ Accomplished ☐ Making Progress ☐ Notprogressing, needs	**MIDTERM:** Current Progress: • Student has developed a daily/weekly goal sheet to refer

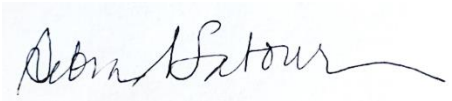
project is completed within 14 weeks.	time management skills through use of daily time log • Computer & Word • Spring 2023	attention FINAL ☐ Accomplished ☐ Making Progress ☐ Not progressing, needs attention	back to as needed to stay organized and improve time management skills • Student utilizes a daily/weekly time sheet to keep track of accomplishments within DEx project <u>Next Steps:</u> • Student will continue to utilize the daily/weekly goal sheet for organization and time management purposes • Student will continue to utilize the daily/weekly time sheet to keep track of accomplishments within DEx project **FINAL:** • Student has developed and is in the process of completing her daily/weekly goal sheet to refer back to as needed to stay organized and improve time management skills • Student utilizes a daily/weekly time sheet to keep track of accomplishments within DEx project • Student has worked additional hours per week to achieve her weekly goals
<u>Student Objective # 12:</u> *Student will improve their communication skills by consulting with driving rehabilitation specialists and other professionals in order to provide an inclusive and thorough driving program to community members.*	• Send emails to local driving centers to establish relationships with driving specialists • Network and create connections through emailing local facilities (hospitals, rehabilitation centers, etc.) for referrals to and from the BEAR PAW Center • Computer & Internet • Ongoing – Fall 2022 & Spring/Summer 2023	MIDTERM ☐ Accomplished ☐ Making Progress ☐ Not progressing, needs attention FINAL ☐ Accomplished ☐ Making Progress ☐ Not progressing, needs attention	**MIDTERM:** <u>Current Progress:</u> • Student has networked with driver rehabilitation specialists to serve as referrals to and from the BEAR PAW Center • Student has networked at the AOTA Conference with certified driver rehabilitation specialists to further understand the role of

			driving for generalist occupational therapy practitioners as well as discussed areas to address within the driving program <u>Next Steps:</u> • Student will continue to maintain connections with driver specialists to further develop effective communication skills **FINAL:** • Student has networked and continues to network with driver rehabilitation specialists to serve as referrals to and from the BEAR PAW Center • Student has networked at the AOTA Conference with certified driver rehabilitation specialists to further understand the role of driving for generalist occupational therapy practitioners as well as discussed areas to address within the driving program • Student has effectively communicated with occupational therapists in various settings as well as transition programs, participants, caregivers, and others to improve her communication skills during presentations, meetings, initial evaluation results, and scheduling

Initial Approval by Site Mentor/Student/Faculty Advisor:

I agree with the above stated objectives and feel that all learning objectives are obtainable within the fourteen (14)- week timeframe. I believe that the stated objectives encompass all aspects of the student role in this doctoral experience. I understand that the site mentor or student can add additional objectives at any time as the situation and experience dictate with approval of the faculty advisor. Any objectives that are proposed to be removed will need to be approved by the faculty advisor approval.

Brittany Adams	4/19/2023	Amanda C. Hill	4/14/2023
Site Mentor Signature	Date	Student Signature	Date

Brittany Adams	4/19/2023		4/20/2023
OTD Faculty Mentor	Date	OTD Doctoral Experiential Coordinator	Date

Final Site Mentor / Student Evaluation

Site mentor evaluation of student performance (Identify if all objectives have been met. If yes, please comment on students' achievement for each objective. If no, please identify why goal not met):

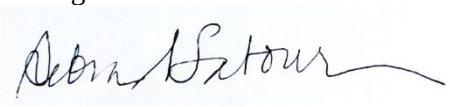
Amanda has met all 12 objectives as stated. For specific evidence demonstrating how each objective has been met, the "learning objectives" page of her e-portfolio should be reviewed. Congratulations, Amanda!! You have done incredible work on this project and I look forward to continuing this well into the future of the OTD program!

Student evaluation of Site mentor, experience and self (Please comment on opportunities provided, supervisory relationship and individual performance):

Dr. Brittany Adams provided opportunities to explore program and professional development, community networks, driving books, suggestions for conferences and publishing, and additional driving-related resources. The supervisory relationship with Dr. Adams involved weekly meetings to discuss individual project updates and provide resources as needed. She demonstrated good communication and organization skills. Amanda demonstrated strong self-directed skills throughout her project. She developed a driving program that met and exceeded each of the stated objectives.

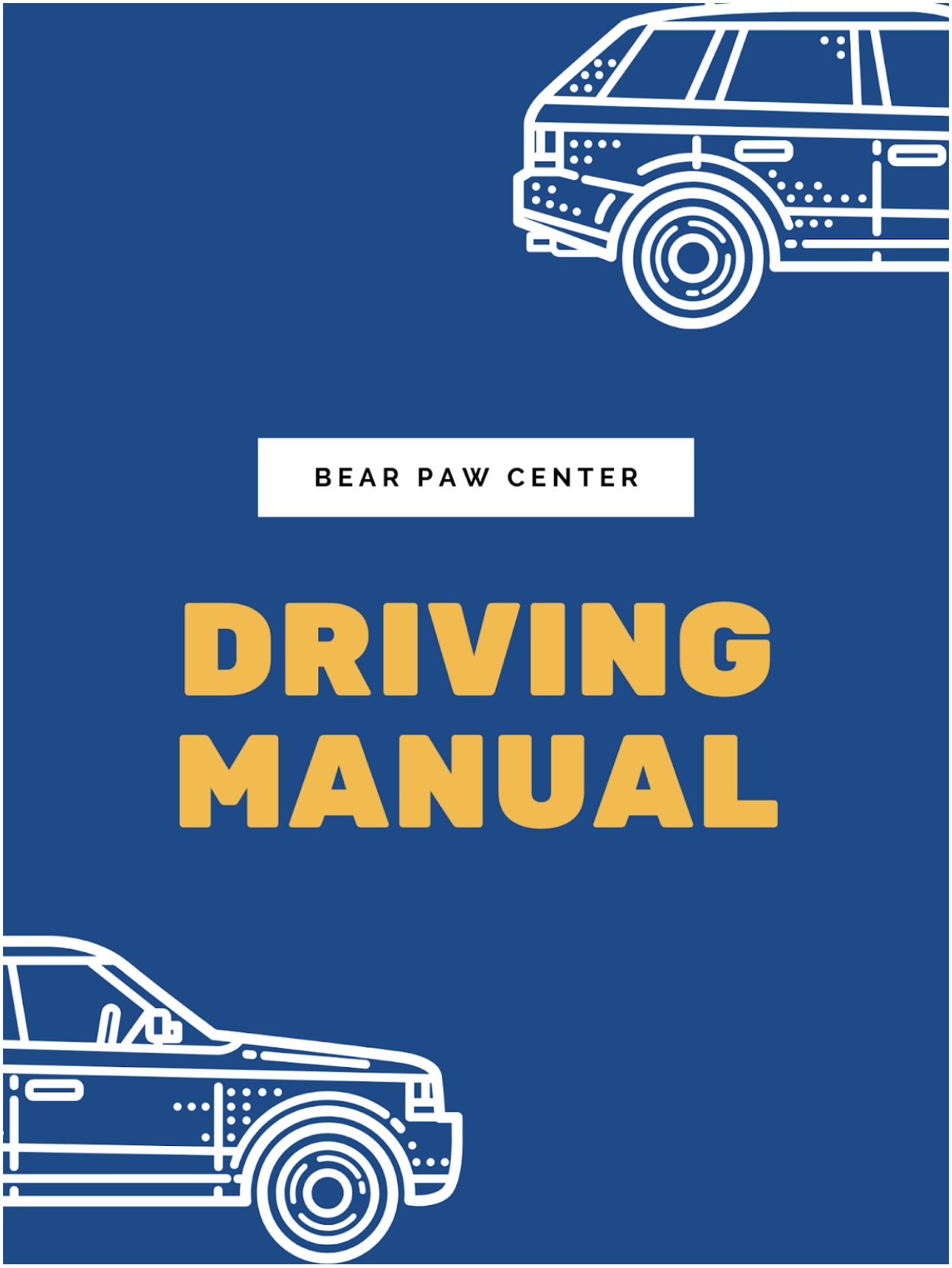
Please check one:

__X__ All the learning objectives have been accomplished and I recommend that the student Pass the Doctoral Experience.
_____ The Student has NOT fulfilled the objectives for the Doctoral Experience and is NOT recommended to pass

Brittany Adams	July 10, 2023	Amanda C. Hill	July 14, 2023
Site Mentor Signature	Date	Student Signature	Date
			7/15/2023
Brittany Adams	July 10, 2023		
OTD Faculty Mentor	Date	OTD Doctoral Experiential Coordinator	Date

This form is adapted from those used by the Ohio State University (2018) and Boston University (2018).

Appendix M



Appendix N

BEAR PAW CENTER
DRIVING SERVICES

FREE OCCUPATIONAL THERAPY DRIVING SERVICES

May 2023 - July 2023

ABOUT US

Get back to doing what you love to do! The BEAR PAW Center now provides no-cost occupational therapy (OT) driving services tailored to your goals. These services are tailored to both new and experienced drivers.

WHAT WE OFFER

- Education and recommendations to increase driver safety
- Supportive driver assessment to determine current strengths related to driving
- Referrals to driver specialists

CONTACT US NOW

Phone: 413-206-9501
Email: BEAR.PAW.Center@wne.edu
Website: www.wne.edu/otd

Appendix O

Receipt of manuscript submission will be inserted upon completion.

References

Accreditation Council for Occupational Therapy Education. (2018). *2018 accreditation council for occupational therapy education (ACOTE®) standards and interpretive guide.* ACOTE. file:///C:/Users/Test/Downloads/2018-ACOTE-Standards-1.pdf.

Alberta Health Services Provincial Occupational Therapy Driving Working Group. (2017). *Occupational therapy practice guide for enabling participation in driving 2nd edition.* Canadian Association of Occupational Therapists. https://www.caot.ca/document/5894/T11%20Occupational%20Therapy%20Process%20Enabling%20Participation%20in%20Driving.pdf

American Community Survey. (2021). *Tables.* United States Census Bureau. https://data.census.gov/all?q=springfield+ma

American Community Survey. (2019). *Disability characteristics.* United States Census Bureau. https://data.census.gov/cedsci/table?q=springfield%20ma&tid=ACSST1Y2019.S1810

Arbesman, M., Lieberman, D., & Berlanstein, D. R. (2014). Method for the systematic reviews on occupational therapy and driving and community mobility for older adults. *American Journal of Occupational Therapy, 68*, 657–661. http://dx.doi.org/10.5014/ajot.2014.013425

Baum, C. M., Christiansen, C. H., & Bass, J. D. (2015). The Person-Environment-Occupation-Performance (PEOP) model. In C. H. Christiansen, C. M. Baum, & J. D. Bass (Eds.), *Occupational therapy: Performance, participation, and well-being* (4th ed., pp. 49-56). Thorofare, NJ: SLACK Incorporated.

Glasgow, R. E., Harden, S. M., Gaglio, B., Rabin, B., Smith, M. L., Porter, G. C., Ory, M. G., & Estabrooks, P. A. (2019). RE-AIM planning and evaluation framework: Adapting to new

science and practice with a 20-year review. *Frontiers in Public Health, 7*. https://doi.org/10.3389/fpubh.2019.00064

Golisz, K. (n.d.). *Driving and community mobility.* American Occupational Therapy Association.

Hawley, C. (2015). Knowledge and attitudes of occupational therapists to giving advice on fitness to drive. *British Journal of Occupational Therapy, 78*(6), 339-348. https://doi.org/10.1177/0308022614562402

Hunt, L. A., & Arbesman, M. (2008). Evidence-based and occupational perspective of effective interventions for older clients that remediate or support improved driving performance. *American Journal of Occupational Therapy, 62*, 136–148.

Marfeo, E., Grinnell, M., Coffey, A., & Ward, N. (2021). Driver rehabilitation utilization and need among community-dwelling older adults. *The American Journal of Occupational Therapy, 75*(2), 1–7. https://doi.org/10.5014/ajot.2020.040501

Transportation Resources, Information, Planning, & Partnership for Seniors. (2018). *Driving skills assessment programs.* TRIPPS of Massachusetts. https://trippsmass.org/driving-skills-assessment-programs.

Yuen, H. K., & Burik, J. K. (2011). Brief report—Survey of driving evaluation and rehabilitation curricula in occupational therapy programs. *American Journal of Occupational Therapy, 65*, 217–220. doi: 10.5014/ajot.2011.000810