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School of Occupational Therapy

Increasing occupational therapists' knowledge of wounds in a hand therapy clinic

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Abstract

A person's occupational participation and performance are negatively affected by upper extremity injuries, specifically wounds. Specific wound care principles reduce impairment and improve overall function for desired occupations. Although wound care management is within occupational therapy's scope of practice, wound care is considered an advanced clinical skill. The primary purpose of this capstone was to increase the wound care knowledge of occupational therapists at Advance Physical Therapy. A secondary purpose included creating a media platform for colleagues at Advance Physical Therapy to access the wound care educational module, a documentation educational presentation for new hires and students, and any future resources following the conclusion of the capstone. The capstone student developed a wound care educational module with a pre/post survey and learning objectives. The student presented it to four occupational therapists and one fieldwork student. This program development increased the wound care knowledge and confidence of occupational therapists.

Keywords: Wound management; occupational therapy; upper extremity; wound care

Doctoral Capstone Project Scholarly Report

Advance Physical Therapy is a collection of rehabilitation clinics offering physical therapy, occupational therapy, and sports medicine services. With the mission to help patients advance (*About us: Advance physical therapy*), Advance Physical Therapy aims to improve a person's health and well-being while remaining rooted in a client-centered approach (*About us: Advance physical therapy*). Four full-time occupational therapists practice at the Quincy, Illinois, location, including an assistive technology professional (ATP) and two certified hand therapists (CHTs). No physical therapists or certified occupational therapy assistants treat patients with upper extremity injuries at this location.

The site mentor expressed interest in obtaining more knowledge for entry-level occupational therapists and future fieldwork students in wound care for the upper extremity. The site mentor also expressed interest in utilizing a multi-media platform for therapists to access other educational resources. This capstone aimed to increase the wound care knowledge of occupational therapists and students at Advance Physical Therapy. The capstone student utilized reverse mentoring. "The [less experienced] mentor provides advice to the [more experienced] mentee, and the mentee gives the mentor a new insight to stimulate growth and reflection in the mentor" (Clarke et al., 2019, p. 694). By increasing knowledge about wounds and how to care for them, therapists can improve patient satisfaction and patient function (Esterhuizen et al., 2021; Kuhnke et al., 2019). This capstone project offered evidence-based research into wounds and the effects of wounds on various occupational outcomes. The educational module included general information about wounds, occupational therapy's role in wound care, wound factors to consider during evaluation, interventions, and further wound care education recommendations. A secondary purpose included creating a media platform for colleagues at Advance Physical

Therapy to access the wound care educational module and any future resources. This platform would provide Advance Physical Therapy with an improved onboarding process and sustainability after the capstone project concludes.

Background

Role of Occupational Therapy in Wound Care

According to the American Occupational Therapy Association (AOTA), “the prevention and amelioration of wounds and their impact on daily life occupations are within the scope of occupational therapy practice” (Role of Occupational Therapy in Wound Management p. 1, 2018). An occupational therapist’s purpose is to assist in enabling the patient to participate in significant and consequential occupations that lead to increased quality of life and satisfaction. The therapeutic use of self, the knowledge of various factors that affect wound healing, and the expertise of wound healing principles constitute occupational therapists as adequate clinicians to treat wounds (Constantine et al., 2022). Each state has a unique practice act which may include different regulations on occupational therapy practice. It is up to practitioners to be aware of third-party payer requirements, federal laws, and state regulations on wound care and wound interventions (Role of Occupational Therapy in Wound Management, 2018). Occupational therapists should also be mindful of their competence and confidence before treating wounds.

Effect of Wounds on Occupations

Wounds can negatively affect a persons’ roles, routines, and other meaningful occupations. With a wound, a person may have difficulties or require assistance with activities of daily living (ADLs), wound bed management, and wound garments (Role of Occupational Therapy in Wound Management, 2018). Wounds also affect a person’s psychological well-being and can adversely affect the quality of life (Role of Occupational Therapy in Wound

Management, 2018). Patients with hand wounds specifically are at an increased risk for infection, pain, and hospitalization (Skirven et al., 2020). Most importantly, patient education on the wound and overall care is vital to healing (Role of Occupational Therapy in Wound Management, 2018). Patients could suffer from scar adhesions, contractures (burns), infection, pain, sensory issues, edema, among other complications. Such effects require the involvement of occupational therapists; without the help of occupational therapy, patients are at risk for life altering changes in functional use of the upper extremity, and decreased independence, (Williams & Berenz, 2017)

Barriers in Wound Care

Although wound care management is within occupational therapy's scope of practice, this is considered an advanced clinical skill. Esterhuizen et al. (2021) noted access to supervision/mentorship, access/availability to wound care instruments and supplies, access to courses or educational materials, lack of knowledge/skill, and perceived perception of occupational therapy's role as just a few. If wounds are discussed in formal education, pressure ulcers often precede post-operative wound care (Garber et al., 2022; Heerschap et al., 2020). To recognize wound complications, clinicians must have a deeper understanding of the skin and how a wound follows the phases of physiological healing (Skotak & Stockdell, 1988). Short et al. (2018) stated that practitioners do not fully develop practice skills, intervention selection, and techniques in complex and chronic upper extremity conditions until one year into practice. Many general occupational therapists may not feel comfortable or adequately prepared to evaluate and treat wounds based on the entry-level education received (Esterhuizen et al., 2021).

In a study about the latest practice techniques in upper extremity rehabilitation, investigators questioned 1,690 hand therapists about wound care within their practice. In the

survey, investigators aimed to determine the frequency and criticality of 15 techniques and tools associated with wound care within the hand therapy profession (Keller et al., 2016). Therapists performed seven of the fifteen techniques less than monthly, as reported by Keller et al. (2016). Within the same survey, researchers asked when respondents acquired the skills needed for wound care management techniques. Less than 20% of respondents acquired wound care techniques during their formal education, with many learning in the first two years of hand therapy practice (Keller et al., 2016). Skilled wound care is critical to improving function, but this survey data of hand therapists suggest such care is often infrequently used.

If an occupational therapist does not address or manage an upper extremity wound, then who will? Health professionals such as doctors and surgeons have heavy caseloads. Recent shifts in the post-operative protocols have patients coming to therapy days after surgery. Therapists can also monitor wounds more closely, as many patients do not return to their doctor or surgeon for weeks (Esterhuizen et al., 2021). With patients following up with the therapist more frequently, it is more convenient for the patient to receive wound care as part of their therapy treatments (Esterhuizen et al., 2021). Accurate wound assessment, treatment, documentation, and care help promote proper healing while achieving functional outcomes (Skirven et al., 2020).

Needs Assessment

Wounds are among the top ten diagnoses hand therapists treat (Esterhuizen et al., 2021). In a 2020 survey about current practices of occupational therapists providing wound management interventions to patients with hand injuries in South Africa, investigators found that 71.7% of patients presented to the clinic with a wound monthly (Esterhuizen et al., 2021). Specific populations, including those with hand injuries, are at an increased risk for wounds (Esterhuizen et al., 2021). At Advance Physical Therapy, no occupational therapist

addressed wound management in their formal education. Only one occupational therapist participated in a wound continuing education course taught by a nursing professional not specific to the upper extremity. With several post-operative evaluations coming in monthly, post-operative wounds are encountered frequently. This demand has accentuated the need for improved education and guidance for occupational therapists. (Esterhuizen et al., 2021). Continuing education and evidence-based practice are foundational to improving patient outcomes (Roberts, 2015). A wound care module benefits therapists as well as patients. With proper training and early intervention, occupational therapists can help expedite the healing of wounds and prevent or recognize infection sooner (Kuhnke et al., 2019).

Theory and Frame of Reference

The Communities of Practice (CoP) social theory of learning guides this capstone. Although not an occupation-based model specific to occupational therapy, this adult learning theory and its impact on education in healthcare fields have been widely studied (Mukhalalati & Taylor, 2019). Professions including occupational therapy, physical therapy, nursing, pharmacy, and surgical medicine have used Communities of Practice (Mukhalalati & Taylor, 2019). Characterized by knowledge sharing and creation, “CoPs address the learning needs of professionals by supporting adult engagement with active and relevant learning” (Roberts, 2015, p. 2). Rooted in reflective thinking and evidence-based practice, CoP can increase knowledge sharing. Within the context of this capstone, this model guides learning for practitioners and students as they gain advanced clinical skills in wound care supported by evidence-based practice. This adult learning theory can facilitate “new learning, relearning, and adjusting of perspectives of previously learned concepts” (Roberts, 2015, p. 17). With various knowledge and

experiences in Advance Physical Therapy, the CoP social theory tailors to the therapists receiving and utilizing the module.

The biomechanical/rehabilitative frame of reference serves as a lens for the wound care educational module program development. In outpatient orthopedic settings, occupational therapists see patients with various upper extremity injuries who need postoperative rehabilitation, non-operative or conservative intervention, preventative care, or industrial ergonomic consultation (*What we do*, n.d.). The biomechanical/rehabilitative lens is the most used frame for individuals with musculoskeletal disorders (Cole & Tufano, 2020). The biomechanical frame focuses on the movement of the human body with deficits identified as lack of motion or strength, fatigue, avoidance, and pain levels (Cole & Tufano, 2020). The rehabilitative frame identifies environment or task barriers that can be changed to compensate for functions that cannot (Cole & Tufano, 2020). Pairing the rehabilitative frame with the biomechanical frame will help visualize the patient holistically rather than as an injured body part or wound. This frame complements the chosen theory and aims of this capstone.

Project

Participants and Design

The Institutional Review Board at the University of Indianapolis deemed this program development, not human subjects research. Stakeholders in this development included four full-time occupational therapists and one level two occupational therapy fieldwork student. The completed program encompassed a wound care educational module with learning objectives, a pre-post confidence survey/knowledge check, a documentation system educational module, and a multi-media platform to house the modules. Challenges included a need for an understanding of

the capstone project by the site and a shorter timeline due to changing project ideas. Successes include positive feedback from the site mentor about the project's purpose.

Educational Drive

The student created a company-based electronic shared drive to store the wound care module and presentation recordings. The capstone student also produced folders that contained relevant hand therapy topics; such folders included resources developed or located by the student. Folder headings included resources on conditions commonly treated in the outpatient setting, interventions, pediatrics, adaptive mobility, student resources, and modalities. Although these folders contained some resources, they could not be fully developed due to the time limitations of the doctoral capstone. With the electronic drive completed, the site had sustainability following the discontinuation of the capstone. The student also created a second (online) presentation on the documentation system to make onboarding easier for new graduates and other students, as formal training was unavailable before this capstone.

Wound survey development and analysis

The capstone student assessed each stakeholder's confidence using a Likert scale and their knowledge using multiple-choice questions from Wietlisbach et al. (2020). The student utilized a web-based anonymous survey to identify learning objectives and content. The capstone student created relevant content based on a needs assessment conversation and a detailed literature review. Competence areas addressed included wound cleansing, debridement, dressings, wound care education, and wound assessment and documentation. The student administered a pre-survey to stakeholders before the educational presentation, with the post-survey delivered after attending part two of the presentation.

Wound presentation

Following the anonymous pre-survey results, the capstone student analyzed data to tailor wound care educational presentations. The capstone student updated the presentation slideshows weekly to address the various learning objectives. Due to the depth of information on wounds and the need for wound experience, the student split the presentation into a two-part series. Part one discussed wound healing principles, OT's role in wound care, barriers and problems in wound care, certifications, client factors that affect how a wound heals, wound terms, wound assessments, and wound characteristics to include in the documentation. Part two contained information on wound interventions: incision care, infection, dressing options, debridement options, wound cleaning, patient education, scar management, and a case study.

Project Outcomes

The capstone student utilized the pre-survey to gain information about the baseline knowledge of the four occupational therapists and one fieldwork student. Of the occupational therapy personnel surveyed, no person received wound care information during formal education. The capstone student evaluated the results of the Likert-based confidence questions for means and ranges to measure if knowledge occurred and confidence increased (Table 1). The student analyzed the correct answer from multiple-choice questions into percentages (Table 2). The capstone student also asked two short answer questions to understand baseline knowledge, and the answers were not remarkable. Quantitative analysis of the post-survey results indicated that personnel met learning objectives following the presentation. The mean and range scores of the Likert-scale confidence questions improved from the pre-survey to the post-survey. Six of the eight multiple-choice knowledge questions had improvements in how many responders answered the question correctly. The capstone student did not complete further inferential statistics due to

the small sample size. Based on these findings, the wound care presentation increased wound care knowledge and confidence of occupational therapy personnel at Advance Physical Therapy.

Summary

Occupational therapists encounter wounds frequently. This demand has accentuated the need for improved education and guidance for occupational therapists (Esterhuizen et al., 2021). This capstone aimed to provide occupational therapy personnel with evidence-based research into wound care to improve confidence and knowledge. With proper training and early intervention, occupational therapists have expedited the healing of wounds, prevented and recognized infection sooner, and prevented wounds from occurring. Occupational therapy personnel at Advance lacked training and experience with wound care. With a multimedia platform created, the wound care seminar and future educational resources are available to the clinic. This platform provided sustainability following the departure of the capstone student and will aid the clinic if turnover is to occur.

Conclusion

Through this capstone, Advance Physical Therapy occupational therapy personnel increased their overall wound knowledge and confidence levels when treating wounds, as evidenced by the post-survey results. The clinicians and the capstone student mutually benefited from this capstone project through reverse mentoring. Ultimately, the use of reverse mentoring and communities of practice adult learning theory developed both the mentor and mentee. The clinicians learned about a unique niche within the occupational therapy profession not well covered in entry-level curricula. At the same time, the student gained experience and refined practice skills, intervention selection, and techniques in complex and chronic upper extremity conditions. Although knowledge occurred and confidence increased, this capstone student

surveyed only five participants. This capstone project involved a small sample size; limited results cannot be generalized to the occupational therapy profession. Additional research and an increased occurrence of wound-care information in higher education are recommended. Possible recommendations for further education at Advance include a mentorship with a more experienced therapist, continuing education courses, another capstone student, and interprofessional educational in-services to identify gaps in knowledge or confidence.

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Table 1*Pre and Post-Likert survey results*

	How confident and comfortable are you in cleaning a wound?	How confident and comfortable are you in educating the patient on various wound principles such as cleaning, decreasing risk factors, recognizing infection, etc.?	How confident and comfortable are you in performing debridement of wounds	How confident and comfortable are you in choosing the appropriate dressing based on the wound and its stage of healing	How confident and comfortable are you at accurately assessing, describing, and documenting wound characteristics
Pre-Survey Mean	2.8	3	2.2	2.2	2.2
Post-Survey Mean	3.8	3.8	3.2	3.6	4.2
Change occurred	+1.0	+0.8	+1.0	+1.4	+2.0
Pre-Survey Ranges	(1-5)	(1-5)	(1-4)	(1-4)	(1-4)
Post-Survey Ranges	(2-5)	(2-5)	(2-5)	(2-5)	(3-5)

Table 2*Pre and Post multiple-choice survey comparisons*

Multiple Choice question	Pre-survey percentage correct	Post-survey percentage correct
Wound beds should have little to no moisture	80%	80%
When cleaning a healing wound, what is the best solution?	80%	100%
Although there is no evidence to support the use of Epsom Salt and its effect on wound healing, soaking a wound in a sterile solution has been proven effective	60%	80%
Mechanical debridement...	20%	40%
When should the therapist use the clock method?	40%	60%
Wet-to-dry dressings are beneficial for clients as they provide an appropriate balance of wound moisture.	40%	100%
During an initial evaluation, it is believed tunneling has occurred; what should the therapist do?	40%	80%
You notice a patient has eschar and slough on a wound. What type of debridement is the safest and most effective option to remove the wound characteristics described above?	40%	20%

Appendix A
Weekly Planning Guide

Week	DCE Stage	Weekly Goal	Objectives	Tasks	Date complete
1	Re-Writing Literature Review	Complete new literature review.	<p>Search literature about wound care, OTs role, barriers, why wound care in OT is necessary.</p> <p>Write an in-depth literature review to prepare for capstone project.</p>	<p>Send literature review to the faculty mentor for review and finalization.</p> <p>Implement edits from the faculty mentor.</p> <p>Create subsections of lit review to improve the flow.</p> <p>Send literature review to site mentor.</p>	01/13/2022
2	Screening/Evaluation/ Orientation	Complete needs assessment via conversation with site mentor.	Identify an outcome measure to assess if a knowledge increase occurred.	<p>Meet with site mentor to discuss roles, goals, and overall needs.</p> <p>Search nursing literature on benefits of pre-post survey.</p>	01/20/2023
3	Screening/Evaluation	Create pre-test and presentation.	Meet with DCC, faculty mentor, and site	Send new MOU for signatures.	01/27/2023

		<p>Create or identify a universal and accessible platform for resources.</p>	<p>mentor to finalize plans.</p> <p>Locate resources regarding Advance's EMR and documentation system.</p> <p>Finalize MOU.</p>	<p>Discuss with the site mentor about creating google drive for the company.</p> <p>Discuss with site mentor about general learning objectives wanting to be accomplished through the educational resource.</p>	
4	Implementation	<p>Complete pre-test for clients to take.</p> <p>Create outline for presentation/slideshow for wound care.</p> <p>Create outline for remote EMR educational module.</p>	<p>Create questions regarding confidence of five wound topics chosen to disseminate on: wound cleaning, wound dressing, wound education, wound debridement, and wound</p>	<p>Search literature and resources for wound knowledge check questions.</p> <p>Establish deadline to take survey as Feb 6th.</p> <p>Meet with faculty mentor to</p>	02/3/2023

			<p>assessment & documentation.</p> <p>Create questions regarding knowledge of five wound topics chosen to disseminate on: wound cleaning, wound dressing, wound education, wound debridement, and wound documentation.</p> <p>Send email with pre-survey link Wednesday Feb 1st.</p>	<p>discuss project progress.</p>	
5	Implementation	<p>View results of survey.</p> <p>Work on presentation for wound care.</p> <p>Work on presentation for EMR.</p>	<p>Analyze results to better inform presentation and create concrete wound care learning objectives to guide presentation.</p> <p>Finish at least 5 slides from the wound care presentation.</p>	<p>Search literature to inform wound care presentation slides.</p> <p>Create means and ranges for confidence portion of pretest.</p>	02/10/2023

			Finish at least 5 slides from the EMR presentation.	Meet with faculty mentor to discuss project progress.	
6	Implementation	<p>Work on presentation for wound care.</p> <p>Work on presentation for EMR.</p>	<p>Finish at least 5 slides from the wound care presentation.</p> <p>Finish at least 5 slides from the EMR presentation.</p>	<p>Continue to search literature to inform wound care presentation slides.</p> <p>Watch NetHealth introduction videos.</p> <p>Meet with faculty mentor to discuss project progress.</p>	02/17/2023
7	Implementation	<p>Work on presentation for wound care.</p> <p>Discuss midterm with site mentor.</p>	<p>Finish at least 5 slides from the wound care presentation.</p> <p>Identify goal progress from MOU.</p> <p>Ask about observing a day in the wound care clinic.</p>	<p>Meet with faculty mentor to discuss project progress.</p> <p>Call wound clinic nurse to set up an observation time.</p> <p>Watch Nora Barrett lecture on wounds and OT.</p>	02/24/2023

8	Implementation	<p>Work on presentation for wound care.</p> <p>Work on presentation for EMR.</p> <p>Observe in wound clinic.</p>	<p>Finish at least 5 slides from the wound care presentation.</p> <p>Finish at least 5 slides from the EMR presentation.</p> <p>Explain to nurse who I am and what I am doing.</p>	<p>Find helpful resources to include in presentation for more information.</p> <p>Ask nurses about beneficial products, tips for outpatient wounds, and when to refer.</p>	03/03/2023
9	Implementation	<p>Finalize both presentational slide shows.</p> <p>Develop various handouts for therapists during presentation.</p>	<p>Discuss with site mentor thoughts on both slide shows.</p> <p>Create chart for dressings.</p> <p>Create wound care patient educational handout.</p>	Practice presentation.	03/10/2023
10	Implementation	<p>Practice presentation.</p> <p>Get feedback and confirmation on handouts from CHTs for relevant and accurate information.</p>	<p>Make any changes as needed per feedback.</p> <p>Record EMR presentation.</p>	<p>Check references and make sure everything is cited.</p> <p>Print out handouts as needed for</p>	03/17/2023

				presentation.	
11	Implementation	Present part one wound care presentation to clients. Identify dissemination plan.	Ask for feedback to better improve part two. Identify any experience goals that have not been yet achieved.	Transfer all data from school Google drive to company Google drive.	03/24/2023
12	Implementation	Present part two of wound care presentation.	Have clients take post survey. Record wound presentation for sustainability.	Upload recordings of EMR presentation to Google Drive.	03/31/2023
13	Discontinuation	Analyze post survey results and feedback.	Create means and ranges for confidence portion of post-test.	Put data into a slideshow format to present to site.	04/07/2023
14	Dissemination	Disseminate to site via virtual video recording. Discuss with site improvements and learning that occurred.	Share survey results. Offer future recommendations.	Offer my services if any problems, questions, or concerns arise from my materials provided.	04/14/2023