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*School of Occupational Therapy*

Improving Independent Living Residents' Acceptance Towards Skilled Therapy Services

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**Abstract**

The purpose of this doctoral capstone project was to understand why independent living (IL) residents presented with decreased acceptance of skilled therapy services and to implement mechanisms to improve their adherence towards a skilled therapy program at Compass Park. Independent living residents demonstrated a decreased acceptance towards skilled therapy services secondary to a lack of understanding on what skilled therapy involves, which increased their risk of debility and hospitalizations. The program consisted of educational seminars and therapeutic wellness activities in order to increase the IL residents' understanding of what a skilled therapy program involves. The IL residents presented with an increase in their readiness to initiate a skilled therapy program for prevention and improvement in their self-perceived global mental health. The program was sustained at Compass Park through the social services team administering educational videos about skilled therapy services for IL residents to view before beginning a skilled therapy program.

Nettie Ransford, late Indiana Secretary for the Order of the Eastern Star, had the idea for Compass Park in the late 19<sup>th</sup> century, which was to establish a community for the children and widows of Freemasons who have passed away. With the support of the masonic organization, Compass Park became a well-known masonic orphanage and women's shelter in 1903 (Compass Park, 2020). As time progressed, the stakeholders of the organization altered their mission in order to serve the general older adult population. This shift allowed individuals who are not associated with the Masons to purchase dwellings at Compass Park.

Compass Park is a large campus that includes independent living apartments and villas, assisted living facility, memory care units, and a rapid recovery skilled nursing facility. The stakeholders of Compass Park contract therapists from Healthcare Therapy Services, Inc. to treat individuals in their skilled nursing facility and provide outpatient therapy to residents living in the assisted and independent living facilities.

Independent living residents presented with a decreased acceptance towards participating in a skilled therapy program secondary to a lack of understanding, decreased self-efficacy, and fear of inability to age in place. The skilled therapy and social services team reported that IL residents experience falls and hospitalizations secondary to a lack of acceptance and adherence towards a skilled therapy program for prevention.

I focused on delivering educational seminars, followed by common therapeutic activities, in order to assess alterations in IL residents' readiness to change and patient-reported wellness. In order to ensure sustainability of the program (DeJuliis & Bednarski, 2020), I created educational videos on the topics covered in the seminars for the social services and skilled therapy team to provide to IL residents during their transitions in care.

### **Background**

The population I served were individuals who are 55-years-old and greater who reside in the independent living facility at Compass Park, Indiana Masonic Home. Independent living residents may reside in dwellings that are apartments, which are interconnected with the main building, or they may reside in their own single-level villas. Due to the fact that IL residents are able to function and complete pertinent occupations independently, they may not currently require skilled therapy services.

Known challenges have been identified by Compass Park stakeholders in regard to IL residents during my needs assessment of the organization. First, the most recent challenge was that IL residents presented with decreased physical health due to a lack of wellness activities being implemented at Compass Park since the beginning of the COVID-19 pandemic for infection control. A second challenge that Compass Park stakeholders reported was that IL residents are likely to refuse therapeutic services and choose to prematurely discontinue services. Katie Grissom, Director of Operations for Healthcare Therapy Services, reported that residents are initially hesitant to participate in a skilled therapy program secondary to decreased self-efficacy, fear that they will have to move from their dwellings, and a decreased understanding of what a skilled therapy program involves or the benefits of engaging in a skilled therapy program (Kramer-Stephens & Grissom, 2022).

After discussion with an IL social services team member, it was apparent that a lack of education before and during the transition period of care is a primary reason why IL residents refuse to initiate a rehab program. After interviewing the IL residents, it became apparent that many are relatively unaware of what a skilled therapy program involves, the importance of

engaging in one, or how engaging in a skilled therapy program can improve their ability to age in place for a longer period of time.

My on-site mentor and additional members from the skilled therapy team agree that administering educational seminars and educating the IL activity director on wellness activities will certainly be beneficial for the IL residents. The IL social services team reported that it would be beneficial to have access to the educational videos in order for them to distribute them to IL residents who may be apprehensive of a skilled therapy program in the future.

Educating to IL residents that participation in a skilled therapy program, which provides preventative (Elliot & Leland, 2018) and health promotion (Berger et al., 2018) interventions will increase their ability to age in place may improve their acceptance of a skilled therapy program. Furthermore, providing education to residents on the importance of participation in a skilled therapy program is an effective method to improve adherence towards the program (McLean et al., 2010). The researchers' results inform the program in that providing structured and purposeful educational seminars will improve acceptance and adherence towards skilled therapy programs provided by Compass Park. I will also be educating participants on what will likely be involved in their therapeutic program so they will know what to expect prior to initiation.

Meade et al. (2019) found that social, personal, and environmental supports were important in improving adherence towards a skilled therapy program. Educating participants on support systems offered through a skilled therapy program at Compass Park may improve their readiness to accept an advised skilled therapy program. Li et al. (2014) found that poor transitions in care negatively affected patient perceptions regarding the next step in their care, such as a skilled therapy program. A lack of education and support systems before and during

transition periods of care worsened patients' medical and functional outcomes (Li et al., 2014). Advocating for IL residents to involve their support systems during a transition period may increase the likelihood that IL residents initiate engagement in a prescribed skilled therapy program. Providing educational videos to the IL social services team to administer to IL residents before their transition of care may improve their acceptance towards accepting skilled therapy services.

Shared decision-making positively impacted health outcomes of individuals in the clinical setting (Légaré et al., 2018). Educating to IL residents on their role of goal-setting, activity tolerance, and the Just-Right-Challenge in a skilled therapy program may increase their acceptance of skilled therapy services, while improving their therapeutic outcomes (Moore & Kaplan, 2018). Skilled therapy practitioners have consistently utilized shared decision-making in practice, whether consciously or not (Duncan, 2022). The IL residents' understanding of this core therapeutic practice may increase their acceptance of a skilled therapy program as residents will have an increased sense of locus of control (Marton et al., 2020).

This program is different from those in the literature because it applies to the specific population of older adults residing in an IL facility, and addresses a previously determined gap in communication regarding services. Much of the literature addressed improving adherence with a skilled therapy program in acute care or outpatient settings, but there is a lack of literature that addresses acceptance towards participation in a prevention-based therapy program among residents in an independent living facility. Through analysis of my needs assessment and the literature, designing this educational program will be important to

encourage the IL residents to participate in a skilled therapy program when applicable to sustain their ability to age in place.

### **Theoretical Framework**

I utilized the Readiness to Change model to guide the program's design, implementation, and evaluation. The Readiness to Change model was originally utilized to improve patient adherence with prescribed medications, but has been adapted to improve adherence with healthy lifestyle changes (Stonerock & Blumenthal, 2017). The Readiness to Change model was an applicable model to guide the program because it directly assesses behaviors for adherence. The model indicates that there are five stages of behavioral change for adherence; they are precontemplation, contemplation, preparation, action, and maintenance. I have adapted the Readiness to Change assessment tool to fit the needs of the program. The IL residents presented in the pre-contemplation phase, which indicated that education on the risks versus benefits of participation in a skilled therapy program is best practice for improving behavioral change (American Society on Aging, 2006).

The cognitive behavioral frame of reference guided the program because the approach is used to alter individuals' dysfunctional perceptions (Cole & Tufano, 2008), in which I implement strategies to increase the IL residents' acceptance towards engagement in a skilled therapy program. The goal of the program was to increase acceptance of skilled therapy services so residents may have improved occupational performance and ability to age in place. The Readiness to Change model when combined with the cognitive behavioral approach were beneficial to guide the program.

### **Program Development & Implementation**

I developed the program to improve acceptance and adherence towards the skilled therapy services offered at Compass Park amongst the IL residents. The literature indicated that educating individuals on the importance of purposeful engagement in skilled therapy services improved their adherence towards a skilled therapy program (McLean et al., 2010), while also improving their outcomes in regard to occupational performance in older adult populations (De Coninck et al., 2017; Nielsen, 2022; Turcotte et al., 2018). The IL residents presented in the precontemplation phase of behavioral change from the Readiness to Change model, which means that education on skilled therapy is indicated to increase acceptance (American Society on Aging, 2006). I implemented six educational seminars focusing on an introduction to therapy and its benefits, as well as common therapy interventions one might expect. The educational seminars were paired with hands-on wellness activities so the IL residents may integrate common therapy interventions into their lives. These interventions included fall prevention, seated exercise and tissue lengthening program, mindfulness, energy conservation, and pain management.

I utilized two outcome measures to assess the progress of the participants and impact of the educational seminars and wellness activities. The first outcome measure was a survey based on the Readiness to Change model to determine which phase of behavioral change the participants presented in prior to the implementation of the program (Katz et al., 2019). As my project was intended to improve acceptance towards a skilled therapy program, understanding how initially willing the participants were to participate was important in how I design and implement the program. The second outcome measure I utilized was the Patient Reported Outcomes Information System (PROMIS) tool (Gruber-Baldini et al., 2017). This outcome

measure was important for the program because I was able to assess the participants' self-perceptions on their current global health status (Gruber-Baldini et al., 2017), which indicated whether the participants would be willing to participate in a skilled therapy program to improve their self-perceived deficits. The PROMIS tool also allowed participants to organize their thoughts prior to reporting their concerns to the IL social services team when indicating their request for skilled therapy services.

A pertinent challenge during the implementation of the program was participant drop-out secondary to uninterest. When I encountered this challenge, I utilized cognitive behavioral approaches to challenge the participants' absolutist thought patterns (Cole & Tufano, 2020). For instance, a common reason that participants did not wish to participate was due to believing they will never need therapy. I successfully altered the perceptions of three individuals by challenging these absolute statements. The second challenge was decreased patient participation in the program secondary to residents forgetting that the program events were being held at a particular day and time. To address this challenge, I implemented further marketing towards the program by advertising on hallway monitors and calling participants the morning of the program events in order to provide a reminder.

### **Program Outcomes**

I analyzed the data from the PROMIS tool and Readiness to Change survey before and after the implementation of the program. I analyzed the change in responses for the PROMIS tool in order to understand the effect that the program had on IL residents' self-perceptions for global health. I also analyzed the change in responses for the Readiness to Change survey to understand the effect that the program had on improving the IL residents' understanding of a therapy program. The Readiness to Change survey also allowed for me to assess the change in

the residents' acceptance of skilled therapy services offered at Compass Park. The difference in responses for the PROMIS tool and Readiness to Change survey and were captured as independent means. A two-tailed paired sample t-test was completed in Microsoft Excel to determine the significance of change in the participants' responses for my Readiness to Change survey and the PROMIS tool (Gupta et al., 2019).

The educational seminars, in conjunction with wellness activities, were indicated to be statistically significant in improving the participants acceptance towards a skilled therapy program and their perceptions of their own global health. One can infer from Table 1 in Appendix A that the participants reported they had an improved understanding of what a skilled therapy program involves and increased willingness to participate in a skilled therapy program. Table 1 also indicates that the participants reported a decreased sense of worry that they will have to move from their dwellings after participation in a skilled therapy program and belief that a skilled therapy program is too intensive. Based on the responses from the post-survey based on Readiness to Change, the participants have progressed to the contemplation or preparation phase (Katz et al., 2019). The responses from interviews and the pre-survey indicated that residents were in the pre-contemplation stage (Katz et al., 2019). One can infer from Table 2 in Appendix B that the participants have improved self-perceptions of their global mental health.

The IL residents reported that they have previously experienced debility and deficits in their occupational engagement secondary to a variety of reasons. After the IL residents learned and obtained first-hand experience about what a skilled therapy program involves, the IL residents who have voiced these concerns reported that they will be contacting the IL social services team in order to hopefully receive a skilled therapy consultation.

### **Summary & Conclusion**

In summation, IL residents initially exhibited decreased acceptance towards initiating a skilled therapy program and that residents who have initiated a skilled therapy program demonstrate poor adherence. The rapid recovery unit and long-term care facility have had an influx of admissions from residents who were residing in the IL facility secondary to decreased initiation of preventative measures. The program was designed and implemented to provide IL residents with educational seminars and wellness activities in order to improve their understanding of what skilled therapy has to offer and how it improves aging in place via prevention-based therapy.

Based on the results from the needs assessment, IL residents exhibited decreased acceptance towards skilled therapy services secondary to the following: poor self-efficacy, fear of inability to age in place, and a misunderstanding of what skilled therapy is (Compass Park, 2020). Aligned with face-to-face in-service events for the IL residents, I have also created condensed educational videos for sustainability of the program. The social services team have adopted the use of these educational videos and will present the educational videos to IL residents before or during their transition in care for the IL residents to have an improved understanding of skilled therapy services.

Many of the residents reported increased positivity during their day when they were able to gather for the weekly educational seminars and wellness activities. My findings indicated an improvement in the participants' self-perceived global mental health as presented by the results gathered from the PROMIS tool. Post measurement data from the Readiness to Change survey indicated that IL residents improved in their understanding of what a skilled therapy program involves and acceptance of initiating a skilled therapy program. IL residents had a paradigm shift

from believing skilled therapy services are not warranted to contemplating or preparing to seek assistance from the social services team to begin an individualized skilled therapy journey.

In conclusion, through data analysis and conversation with the residents and team members at Compass Park, I have accomplished much with the implementation of the program. The data indicated that the IL residents have shifted their perspective of skilled therapy and are more apt towards beginning a skilled therapy program. Independent Living residents have reported increased acceptance towards initiating a skilled therapy program; some participants have even reached out to IL social services in order to receive a physician consultation for skilled therapy orders.

I assured sustainability of the program by creating a webpage titled, “What is Therapy at Compass Park?”. During the dissemination of my findings and implications of the program to the social services and nursing team members for the IL facility, I have provided methods to continue with use of the webpage. The social services team members will direct new residents to the webpage in order to learn about what skilled therapy services Compass Park has to offer. Additionally, the social services team may have the current residents review this webpage in order to improve their understanding of what to expect before beginning their skilled therapy journey.

My findings were beneficial for the profession of occupational therapy because they indicate that providing in-service events for IL residents have improve their readiness to change and adhere to a skilled therapy program. The IL residents’ shift in their readiness to change, from pre-contemplation to contemplation or preparation, indicated an improvement in the residents’ desire to initiate and adhere to a skilled therapy program.

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## Appendix A

Table 1

*Analysis of Participants' Readiness to Change for a Therapy Program*

Statement Provided	Pre-survey Mean	Post-survey Mean	Pre-survey Standard Deviation	Post-survey Standard Deviation	p
"I understand what a therapy program involves."	2.25	1.625	0.707106781	0.51754917	<b>0.049173714</b>
"I am willing to participate in a therapy program, if needed."	2.25	1.625	0.707106781	0.51754917	<b>0.011201433</b>
"I am worried that I will have to permanently move from my home if I participate in a therapy program."	3.625	4.5	0.916125381	0.534522484	<b>0.02093757</b>
"I believe a therapy program is too intensive for me."	3.625	4.625	0.51754917	0.51754917	<b>0.00724699</b>

*Note.* The table indicates the participants' agreement with each statement provided.

Numerical mean values that are closer to one indicate more agreement and numerical mean values that are closer to five indicate less agreement with the statements provided.

\*Bolded items are statistically significant,  $p < 0.05$

**Appendix B**

Table 2

*Analysis of Participants' Self Perceived Global Health*

Domain of PROMIS tool	Mean	Standard Deviation	p
Pre- Global Physical Health	13	2	0.079602012
Post- Global Physical Health	13.75	2.314550249	
Pre- Global Mental Health	14.75	2.764571783	<b>0.049867231</b>
Post- Global Mental Health	15.75	3.105295017	

*Note.* A numerical mean value closer to 20 represents greater self-perceived global mental and physical health.

\*Bold items are statistically significant,  $p < 0.05$

### Appendix C

Table 3

*Doctoral Capstone Experience and Project Weekly Planning Guide*

Week	DCE Stage	Weekly Goal	Objectives	Tasks	Date complete
1	Orientation	Complete orientation	Meet with site mentor, key stakeholders, IL residents to introduce myself and why I am on site to implement my program	Set up meetings with aforementioned individuals Finalize MoU Complete necessary paperwork for orientation	Jan 13
2	Orientation Screening / Evaluation	Update needs assessment Begin pre-data collection and interviewing of residents for program Complete update literature search	Determine outcome measure to utilize and implement for IL residents Determine marketing mechanisms for program	Write background and introduction draft Implement flyers door-to-door for marketing of program	Jan 20

Table 3

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Week	DCE Stage	Weekly Goal	Objectives	Tasks	Date complete
3	Screening / Evaluation	Finish pre-data collection and interviewing of residents for program	Finalize goals for DCE  Finalize recruitment of participants for program	Finish background and introduction drafts  Provide reminder pamphlets for my first in-service the following week  Complete background draft	Jan 27
4	Implementation	Implement first education seminar and wellness activity	30 min seminar on intro to therapy  30 min wellness activity of common ther acts  Goal of half of participants to attend	Review topics to be covered and wellness activities with on-site mentor  Complete project design and implementation draft	Feb 3

Table 3

*Doctoral Capstone Experience and Project Weekly Planning Guide*

Week	DCE Stage	Weekly Goal	Objectives	Tasks	Date complete
5	Implementation	Implement second education seminar and wellness activity	30 min seminar on benefits of therapy 30 min wellness activity of seated AROM	Review topics to be covered and wellness activities with on-site mentor Midterm evaluation	Feb 10
		Record self for educational videos for sustainability, focusing on first week's topic	Goal of half of participants to attend		
6	Implementation	Implement third education seminar and wellness activity	30 min seminar on fall prevention 30 min wellness activity of seated tai chi	Review topics to be covered and wellness activities with on-site mentor	Feb 24
		Record self for educational videos for sustainability, focusing on second week's topic	Goal of half of participants to attend		

Table 3

*Doctoral Capstone Experience and Project Weekly Planning Guide*

Week	DCE Stage	Weekly Goal	Objectives	Tasks	Date complete
7	Implementation	Implement fourth education seminar and wellness activity	30 min seminar on pain management	Review topics to be covered and wellness activities with on-site mentor	Mar 3
		Record self for educational videos for sustainability, focusing on third week's topic	30 min wellness activity of seated tissue lengthening	Review topics to be covered and wellness activities with on-site mentor	
			Goal of half of participants to attend		
8	Implementation	Implement fifth education seminar and wellness activity	30 min seminar on energy conservation and mindfulness	Review topics to be covered and wellness activities with on-site mentor	Mar 10
		Record self for educational videos for sustainability, focusing on fourth week's topic	30 min wellness activity of guided breathing and mindfulness	Project outcomes draft due (post-pone until Mar 24 as I am behind on post-data collection)	
			Goal of half of participants to attend		

Table 3

*Doctoral Capstone Experience and Project Weekly Planning Guide*

Week	DCE Stage	Weekly Goal	Objectives	Tasks	Date complete
9	Implementation	Implement sixth education seminar and wellness activity	30 min seminar on improving positive outlook on life	Review topics to be covered and wellness activities with on-site mentor	Mar 17
		Record self for educational videos for sustainability, focusing on fifth week's topic	30 min wellness activity of gratitude journaling	Dissemination plan due	
			Goal of half of participants to attend		
10	Implementation	Record self for educational videos for sustainability, focusing on sixth week's topic	Begin edits of educational videos, including visual cues, quality of video, and adding	Consult with on-site mentor on additional criteria to add to videos	Mar 24
		Complete edits for educational videos and finalize for upload to webpage	subtitles for educational video one through three		

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Week	DCE Stage	Weekly Goal	Objectives	Tasks	Date complete
11	Implementation	Complete edits for educational videos and finalize for upload to webpage	Begin edits of educational videos, including visual cues, quality of video, and adding subtitles for educational video four through six	Consult with on-site mentor on additional criteria to add to videos	Mar 31
12	Discontinuation	Upload videos to webpage and finalize aesthetics of webpage to prepare for dissemination	Edit webpage for easy access and navigation for IL residents	Draft due for abstract, summary and conclusion  Edit PP for dissemination presentation	Apr 7
		Prepare PP for dissemination next week		Consult with on-site mentor on webpage criteria	

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Week	DCE Stage	Weekly Goal	Objectives	Tasks	Date complete
13	Dissemination	Disseminate to social services and nursing	Prepare dissemination presentation to Therapy staff  Ensure social services and nursing team understand purpose of translation tool	Edit PP and consult with on-site mentor for additional criteria to add to PP.	Apr 14
14	Dissemination	Disseminate to therapy team	Ensure therapy team understands purpose of translation tool	Consult with on-site mentor on additional criteria for dissemination presentation for therapy team	Apr 21