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## *School of Occupational Therapy*

Reducing Overdoses within the Aging Population through Policy and Program Implementation

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### **Abstract**

The purpose of this doctoral capstone project was to collaborate with a nursing home facility to implement naloxone education for nursing home staff. Research indicates there continues to be an increase in opioid presence in the Cuyahoga County area. I worked with MetroHealth's Office of Opioid Safety, the county hospital in Cleveland, Ohio, and IPRO QIN-QIO, a federally funded Medicare Quality Innovation Network, to implement the "Nursing Home Naloxone Policy and Procedure Toolkit" into Eliza Jennings Nursing Home. I created a resource binder, completed four in-services to train and educate nursing staff on the new policy and procedures, and used a pre- and post-survey to assess knowledge gained from the presentation. The in-services yielded a 17% increase in knowledge, and staff reported feeling confident with using naloxone in an overdose situation. The results imply that there is a need for more education in nursing home staff on naloxone.

MetroHealth Hospital is in Cleveland, Ohio, the county hospital for Cuyahoga County in the greater Cleveland, Ohio area. For my Doctoral Capstone Experience (DCE), I worked in MetroHealth's Office of Opioid Safety with their education coordinators. "Our mission is to promote opioid safety throughout the MetroHealth system and in the greater community through education, advocacy, and treatment through increased access to non-opioid pain management modalities, safe opioid prescribing, prevention of opioid use disorder, addressing the stigma of substance use disorders, harm reduction, and access to addiction treatment" (Office of Opioid Safety, 2022). This office has a variety of programs, such as a mobile RV unit that serves as a syringe exchange program, offers assistance to individuals in the county jail, and has a Motivational and Engagement Clinic which offers medicated assisted treatment. The education team was looking to grow their platform to bring education to individuals across the lifespan. The team works with high school age children and young adults through local schools and colleges. My research finding is that nursing homes were identified as a high-risk population for being affected by the opioid epidemic that the United States is experiencing (Pruskowski et al., 2019). I collaborated with individuals from IPRO QIN-QIO, a federally funded Medicare Quality Innovation Network to implement their new "Nursing Home Naloxone Policy and Procedure Toolkit" into Eliza Jennings Nursing Home in Cleveland, Ohio. With an aging population, it is critical to provide education and increase awareness of the opioid epidemic to the 55+ population. This allowed me to gain advanced skills in integration of OT and program development and education.

This paper will detail my doctoral capstone project in its entirety. I will focus on relevant background information, occupation-based theory, my project design and implementation, project outcomes, and conclusions.

## Background

According to the Ohio Department of Health (2022), in the first six months of 2021, Ohio had a higher number of unintentional drug overdose deaths than in the first half of 2020. In addition, there has been a 25% increase in overdose deaths since 2019. More specifically, overdose in Cuyahoga County remains the leading cause of injury-related deaths, with heroin and fentanyl being the two main factors, and 75% of prescription drug overdose deaths involve opioid pain relievers (Opioid Use and Misuse, 2022).

Opioid use continuously proves to be an area of much-needed help across the entire lifespan. Substance use disorder does not discriminate, and there has been an increasing number of older adults affected by substance use disorder. The Ohio Department of Health reported that there have been 3,628 deaths of people 55-64 and 756 deaths of people 65 and older (2022). The State Operations Manual, Appendix PP highlights the increased risk for older adults with overdoses and the US general surgeon is recommending all nursing facilities have a standing order of naloxone (*State Operations Manual Appendix PP*, 2023). Hunnicutt et al. (2018) highlighted the fact that older adults are at a higher risk of having dangerous side effects when using opioids due to several factors, including older age, comorbidities, mental health, frailty, and other factors. Nursing homes admit people for a variety of reasons. For example, “Surgery has been shown to be an important risk factors for developing new chronic opioid use among previous nonopioid users” (Buys et al., 2022). Buys et al. (2022) also discovered that orthopedic surgery patients discharged typically to a nursing home for further rehabilitation. These patients in a nursing facility often used opioids for an average of 22 days versus patients who were discharged home and used opioids for 11 days. Also, fractures of joints are the most common in patients over the age of 65, and Torchia et al. (2019) discovered that opioid use increased significantly after a fracture. Other research reports found that patients with Alzheimer's and

Alzheimer's related disease were more likely to receive opioids for pain (Wei et al., 2021). A study looking into OT's role on the opioid epidemic revealed that many people did not understand current guidelines which can cause poor treatment (Daniel & Wasmuth, 2020). It is vital that there are more resources available to facilities to better assist those with an opioid addiction.

The Office of Opioid Safety has an abundance of resources for all areas of need except for nursing homes. Currently, the education coordinators are providing education to young adults through lecture styled PowerPoint presentations, Zoom calls, resource fairs, and professional presentations to others in the field. By completing my needs assessment and literature review, I identified and targeted the older adult population and their need for resources. I connected with an individual from the Center of Health Affairs, a nonprofit advocacy group in Ohio for hospitals and community engagement. The Center of Health Affairs helped IPRO QIN-QIO, an organization that includes quality assurance and improvement services for local, state, and federal contracts, to roll out their naloxone tool kit. The "Nursing Home Naloxone Policy & Procedure Toolkit" has information such as an introduction, how to use it, the RIOSORD assessment, naloxone education, and competency policy/procedures, standing order for the use of naloxone for residents, staff, and visitors, and a suspected overdose drill. This resource packet is generalized to nursing homes. For my project, I implemented this resource packet into one nursing home, Eliza Jennings, in the Cleveland area, presented this information to them clearly and concisely, and created a quick reference binder. I assessed how I did as a speaker, how I conveyed this information, had participants complete a pre- and post-knowledge survey, and asked translational questions to my audience.

There have been other successful implementations of naloxone and opioid education and overdose education in facilities. Pauly et al. (2018) implemented and evaluated opioid overdose

education and naloxone distribution in a VA center. This program aimed to reduce harm and the risk of an overdose. In this study, the research team educated the staff, including primary care providers, care providers, and mental health staff, to consult a patient with a high risk for developing an addiction and how to use a naloxone kit properly. Researchers concluded that a majority of the participants found the education beneficial, easy to understand, and knowledgeable. The limitation of this study in comparison to mine is that it is done with a population who has the ability to leave and return on a day-to-day basis. In a nursing home, there is an increased risk for visitors bringing in supplies to the patients. Patients in a nursing home are also surrounded by staff all day who have busy schedules. In the case of visitors, anyone can visit the facility, which only increases the number of potential overdoses in the home.

Naloxone must be present with easy instructions in case of emergency for anyone in the facility. There was another study completed by Perera et al. (2022) where the researchers conducted a needs assessment to determine harm reduction needs. Researchers worked with a community-based organization that supplied harm reduction equipment and training to the Addiction Care Team. This team attended harm reduction, safer injection, and overdose prevention training. The trainings proved successful as the participants reported reduced stigma (Perera et al., 2022).

With the rising number of opioid overdoses, more attention must be brought to the importance of this subject. Sullen et al. (2022) found that providing education optimistically and respectfully positively impacts the audience. OTs have a unique role in drug prevention because we have the resources and education to advocate and educate those around us (Aust, 2020). By implementing the “Nursing Home Naloxone Policy & Procedure Toolkit” into a nursing home, I will be helping one facility be better prepared and confident in its ability to handle an emergency.

### **Occupation-Based Model**

#### *PEO (Person-Environment-Occupation) Model*

According to Cole and Tufano (2020), the PEO model focuses on the person, their environment, and their occupation and their interconnectedness. This model is dynamic, meaning all parts are interconnected and change when another part is affected. In the case of my project, I extrapolated out the PEO to the organizational level. The nursing home staff serves as the “person,” the environment is the nursing home facility, and the occupation is naloxone education (Cole & Tufano, 2020). Because all of these factors are integrated, it was important to me that I showed how they were all moving together. In the case of Eliza Jennings, the occupation was me completing four in-services to the nursing staff, including registered nurses (RN) and certified nursing assistants (CNA). The education or the “occupation” affects how the environment and the person operate on a day-to-day basis. I chose to use the PEO model because Substance Abuse and Mental Health Services Administration’s “perspective on health and purpose connects with the PEO person and occupation concepts, and SAMHSA home and community aspects highlight the PEO environment concepts in the occupational therapy literature” (Stoffel, 2013). The PEO model helped to guide the implementation of my project.

I created a pre- and post-knowledge check for the nursing staff that followed the PEO model. Martin et al. (2015) used the PEO model to develop a survey about occupational dysfunction and substance abuse. I adopted a similar version of their questions to create my assessment presentation questions. I used “I” statements to address their level of confidence and my presenter abilities on a scale of one to five. Using the PEO model helped me create a well-rounded survey to address both translation of education and presenter abilities.

### **Project Design and Implementation**

I developed this project by reviewing research articles and talking with individuals from IPRO. Previous research articles have shown that naloxone and overdose education positively impacted individuals' confidence and knowledge. These researchers conducted their study in different studies, including acute care settings, a VA center, and substance use disorder treatment centers (Pauly et al., 2018; Perera et al., 2022; Pade et al., 2017). For this project, I focused on implementation of naloxone and overdose education in a nursing home.

I broke my project into four steps. The first step was to connect with individuals from IPRO who guided me toward a facility that would be interested in working with me to implement the Nursing Home Naloxone Policy & Procedure Toolkit created by IPRO. I also established a relationship with the director of Eliza Jennings, the nursing director, and the pharmacist. Second, I created a resource binder that included Nursing Home Naloxone Policy & Procedure Toolkit created by IPRO QIN-QIO, a quick reference guide to naloxone administration, Eliza Jennings Policy information, and additional resources for the facility to have. The additional resources included a list of MetroHealth's community partners, emergency phone numbers, and contact information. Third, I completed four 25–30-minute presentations to Eliza Jennings's RN's and CNA's and other important personnel on a breakdown of the Nursing Home Naloxone Policy & Procedure Toolkit, overdose education, signs of an overdose, and how to use naloxone. At the beginning of my presentation, I had the staff complete a pre-survey with demographic information and five questions on naloxone and the new policy. After the presentation, staff completed the same five questions and a presenter assessment using a Likert scale. I chose to do this to test the knowledge gained throughout my presentation. "Knowledge translation is defined as the synthesis, dissemination, and application of knowledge and evidence to improve the health of clients and strengthen the greater health system" (Juckett, 2021). Using these questions helped me assess the likelihood that my project will be put into practice. The fourth step was to interpret



the results from the pre- and post- knowledge check and create an implementation checklist for IPRO QIN-QIO. The implementation checklist was a step-by-step guide for other nursing facilities to easily establish this new policy into their facility.

The largest barrier I faced throughout my project was communication with different individuals throughout the process. I also struggled with nursing home staff engagement and participation. Some successes throughout my project were promoting the education of naloxone and overdose and reducing stigma. Additional successes include advocating for OT in substance use.

### **Project Outcomes**

To determine the success of my education to the nursing staff at Eliza Jennings, I created a pre and post-survey to analyze the results of knowledge gained and the presenter assessment. My pre-survey consisted of demographic questions, including age and gender and five questions regarding my presentation, refer to Table 1. The post-survey asked the same five questions and had a presenter assessment using a Likert scale. The five questions were multiple choice, with two true/false and one where the staff had to select two answers. The scale was from one to five, one being least effective, five being most effective. There was a total of 27 nursing staff, including RNs and CNAs, for the four presentations. All participants identified as female. Eight participants were in the 20-40 age range, seven were in the 40-50 age range, and eight were in the 50+ age range. The other four participants did not answer.

The main findings were that there was a 17% gain in knowledge from the staff overall (table 2). There was also a 31% knowledge gain in understanding the administration of naloxone nasal spray and 35% knowledge gain for the assessment tools (table 3). For the presenter assessment, I analyzed the effectiveness of my presentation, and I received an average of 4.78 out of five (table 4). Five nurses did not complete the presenter assessment and five did not follow directions to

select two answers for the fourth question. I encouraged all participants to read directions thoroughly and to take the time to complete the presenter assessment.

The nursing staff's overall reaction was positive and optimistic. They felt comfortable asking questions throughout the presentation and after. The most asked question was if an individual can be allergic to naloxone and who was allowed to be administered naloxone. I was able to answer the questions for them and they stated they felt more confident. On the other hand, there were a few nurses who stated they were too busy to be there and expressed annoyance throughout the presentation. I took note in the fact that they were the ones who did not take the time to complete the presenter assessment.

Overall, the feedback and results from the four presentations were positive and showed an increase in knowledge. The nursing director and pharmacists spoke positively of the presentation and was present to re-emphasize the importance of the new policy and field any additional questions that I was not able to answer that were specific to the facility.

### **Summary**

The Ohio Department of Health continues to present statistics about how overdoses continue to be present and affecting our communities (2022). MetroHealth's Office of Opioid Safety is committed to making a change throughout the greater Cleveland area through advocacy, education, and stigma reduction through different services throughout the area. The education coordinators provided education to mostly college and high school-aged students via presentations, lectures, and resource fairs. I connected with IPRO QIN-QIO to help implement the new policy for a standing order of naloxone into Eliza Jennings Nursing Facility in Cleveland. Through this, I was able to provide education to nursing staff and collaborate with personnel from Eliza Jennings to bring the new policy into play. I completed four in-services using IPRO's presentation and edited it to fit what would be most beneficial to RNs and CNAs. I

used pre- and post-surveys to assess the knowledge gained and obtain feedback on the presentation. The in-services highlighted the new policy, assessment tools, signs of an overdose, and how to use both intramuscular injection and nasal spray naloxone in an emergency and provided extra time for questions. My pre- and post-survey yielded a 17% increase in overall knowledge gain, and participants felt confident to administer naloxone. I created an implementation checklist that IPRO will use in the future for other nursing facilities to implement the new policy into their facility easily.

For my dissemination, I was invited to help lead a round table discussion with the Ohio Department of Health's Office of Aging and Long-Term Care. The meeting was conducted virtually and had about 40 nursing homes in the Ohio area attend. This presentation consisted of IPRO personnel and me speaking to Ohio nursing homes about the new toolkit, and I spoke about the implementation process. I also presented my implementation checklist, which is now part of the toolkit that is a list for nursing homes as they continue to implement the new policy into their facilities.

### **Conclusions**

My Doctoral Capstone project gave me the opportunity to learn a variety of skills. I grew professionally through making connections, practicing advocacy skills, communicating with different providers, and educating others on OT's role in this field.

Through working with IPRO, I was able to connect MetroHealth's Office of Opioid Safety with Eliza Jennings Nursing Home and connect the education coordinators with the other nursing homes in Ohio. I was also able to advocate for OT with education in this role and increase awareness and attention to the opioid epidemic affecting people in the Cleveland area of all ages. I educated the Office of Opioid Safety on the profession of occupational therapy and how occupation therapists could be useful in this setting.

In the future, I think OT would benefit in a clinical education role like this because we can bring our clinical, advocacy, and education experience to create a well-rounded piece. As OTs are professionals who treat clients as a whole, it is important to understand all aspects of a person's life. This opportunity has allowed me to understand substance use disorders, how they can affect someone, and how I can carry these skills into everyday practice.

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**Table 1.***Pre/Post Knowledge Check Questions and Answers*

Question	Question Wording	Question Options	Answer
Question 1	The Centers for Medicare and Medicaid (CMS) released revisions to the state operations manual that allow naloxone to be administered by a licensed nurse or authorized staff to residents/patients/staff/visitors	A. True B. False	A
Question 2	If the individual does not respond in __ to __ minutes, administer additional doses of naloxone solution for intramuscular injection.	A. 4 to 5 B. 2 to 3 C. 6 to 7 D. 3 to 4	B
Question 3	When using the Opioid Risk Tool-Revised (ORT-R) assessment tool, a score of __ or more means that patient is at a high risk for opioid use disorder	A. 5 B. 7 C. 1 D. 3	D
Question 4	Please select 2 answers: When administering the naloxone solution for intramuscular injection, you inject deeply into	A. Stomach B. Deltoid C. Calf D. Anterolateral thigh	B and D
Question 5	When administering the naloxone Nasal Spray you should spray the naloxone into both nostrils	A. True B. False	B



**Table 2.***Nursing Home Naloxone Policy and Procedure Toolkit Training*

	pre-test	post-test	difference
1st presentation	40%	100%	60
3/14 at 2pm	80%	100%	20
	100%	80%	-20
	100%	80%	-20
	60%	80%	20
	80%	100%	20
	40%	100%	60
2nd Presentation	60%	100%	40
3/14 at 8pm	80%	80%	0
	40%	100%	60
	40%	40%	0
	60%	80%	20
3rd Presentation	80%	80%	0
3/16 at 2pm	80%	100%	20
	80%	80%	0
	80%	100%	20
	60%	100%	40
	80%	N/A	0
	60%	N/A	0
4th Presentation	60%	60%	0
3/16 at 8pm	60%	80%	20
	80%	80%	0
	80%	100%	20

	60%	100%	40
	60%	80%	20
	60%	80%	20
	80%	80%	0
Average			17.03703704

**Table 3.***Question Breakdown of Knowledge Gained*

Question	Pre-Test	Post Test	Knowledge Gain
Question 1	100%	100%	0%
Question 2	80%	92%	12%
Question 3	45%	80%	35%
Question 4	64%	84%	20%
Question 5	53%	84%	31%

**Table 4.***Presenter Assessment Results*

Question	Question wording	Average Response
Question 1	The training objectives were met	4.7
Question 2	The speaker was well prepared	4.9
Question 3	The trainer was knowledgeable about the training of the topic	4.8
Question 4	The training will be useful in my work	4.8
Question 5	How comfortable do you feel using naloxone after this presentation	4.7

Note: The average response was a scale from 1 to 5, 1= least effective, 5= most effective.

**Appendix A***Doctoral Capstone Experience and Project Weekly Planning Guide*

<b>Week</b>	<b>DCE Stage</b> (orientation, screening/evaluation, implementation, discontinuation, dissemination)	<b>Weekly Goal</b>	<b>Objectives</b>	<b>Tasks</b>	<b>Date Complete</b>
1	<b>Orientation</b>	Complete orientation by end of week	<ul style="list-style-type: none"> <li>-Meet with my coordinator and the other staff involved in the office of opioid safety.</li> <li>-Ensure all orientation items are complete</li> <li>-Introduce myself to the team and explain my role/what OT is.</li> <li>-Finalize questions for needs assessment with education coordinators (Libby and Natalie)</li> <li>-Understand the work environment including dress code, parking, workspace.</li> <li>-Complete SWOT analysis</li> <li>-Complete Literature Review</li> </ul>	<ul style="list-style-type: none"> <li>-Explain my role to education coordinators at the office of opioid safety</li> <li>-Address their needs from me as a student</li> <li>-Finalize MOU</li> <li>-Complete LEAP modules</li> </ul>	1/13
2	<b>Screening/Evaluation</b>	Complete search of literature and finalize details of project after meeting on 1/18 @ 1-2:30pm with Carrie Lang	<ul style="list-style-type: none"> <li>-Meet with Carrie Lang about finalizing details of project (1/18)</li> <li>-Finalize MOU and update goals depending on project</li> <li>-Attend resource fair on Saturday to better expand my knowledge on the office of opioid safety.</li> </ul>	<ul style="list-style-type: none"> <li>-Create ideas and bullet point key facts for meeting with Carrie Lang</li> <li>-Finalize MOU after speaking with Carrie and Uindy faculty mentor about new project</li> <li>-Discuss new project with education</li> </ul>	1/20

			-Start to develop plan for project.	coordinators and site supervisor	
3	<b>Screening/Evaluation</b>	Continue finding articles and recent research on substance use disorders in older adults	<ul style="list-style-type: none"> <li>-Continue to reach out to people in the community regarding my project</li> <li>-Talk to others in the office about my project for ideas</li> <li>-Attend in person presentation at CSU and online</li> <li>-Spend 1 day on mobile unit</li> </ul>	<ul style="list-style-type: none"> <li>-Better learn professional communication skills</li> <li>-Discuss other project contacts in case my original idea does not go as planned</li> <li>-Learn presentation skills through observing others speak</li> <li>-Better understand grants and funds and how they work for an organization</li> </ul>	1/27
4	<b>Evaluation</b>	Get in contact with IPRO individual regarding my project	-Meet with Carrie (Center of Health Affairs) and Anne (IRPO) and colleagues on 2/2 at 1-2pm	<ul style="list-style-type: none"> <li>-Create questions and write down ideas for meeting</li> <li>-Create blank PowerPoint to begin for presentation to nursing home</li> <li>-Send email to rehab director to ask to shadow</li> <li>-make corrections to introduction and background drafts</li> </ul>	2/3
5	<b>Evaluation</b>	Set up a date and time to meet with selected nursing home to discuss me presenting at an in-service	<ul style="list-style-type: none"> <li>-Meet with nursing director, director, and unit manager at Eliza Jennings (SNF) to discuss IPRO toolkit on 2/9</li> <li>-Meeting with IPRO and staff on 2/7 to discuss nursing</li> </ul>	<ul style="list-style-type: none"> <li>-Create a plan to discuss with nursing home staff</li> <li>-Establish a date for in-service</li> <li>-Continue to make corrections to drafts previously submitted</li> </ul>	2/10

			homes in area who may be interested	-Help office pack up for their move (sorting papers)	
6	<b>Evaluation</b>	Review finalized PowerPoint sent from IPRO, write down questions for meeting, and gather thoughts on how to tackle in-service	<ul style="list-style-type: none"> <li>-Work from home all week due to office moving</li> <li>-Meet with IPRO staff on Tuesday 2/14 to discuss progress with SNF staff and ask questions</li> <li>-Meet with site mentor to review midterm evaluation and update her due to my mentor being switched in week 5</li> <li>-Continue to find resources for final paper</li> <li>-Meet with Christine to discuss progress with project</li> </ul>	<ul style="list-style-type: none"> <li>-Better refine my professional communication skills</li> <li>-Start script for in-service presentation</li> <li>-Prepare for meeting with SNF staff on 2/23 at 1pm</li> <li>-Ask site mentor for advice regarding pre/post knowledge check</li> <li>-Work with Christine to develop questions for in-service</li> </ul>	2/17
7	<b>Evaluation</b>	Review again updated PowerPoint sent by IPRO, collect any ideas for presentation, continue to research.	<ul style="list-style-type: none"> <li>-Meet with IPRO on weekly Tuesday meeting to discuss progress and ask questions</li> <li>-Meet with nursing home and pharmacist on Thursday to confirm in-service dates, standing Naloxone order, and other details for day.</li> </ul>	<ul style="list-style-type: none"> <li>-Continue to work on questions for survey</li> <li>-Prepare for in-service presentations (March 14<sup>th</sup> and 16<sup>th</sup> at 2pm and 8pm)</li> <li>-Gather resources/materials from Metro and IPRO for presentation</li> </ul>	2/24
8	<b>Evaluation</b>	Talk with mentor/IPRO about different resources and key points	<ul style="list-style-type: none"> <li>-Meet with IPRO on weekly Tuesday meeting to discuss progress/ask questions</li> </ul>	<ul style="list-style-type: none"> <li>-Prepare for in-services</li> <li>-Gather resources/materials</li> <li>-Talk with IPRO about me</li> </ul>	3/3

		throughout presentation	<ul style="list-style-type: none"> <li>-Continue to find resources (use AJOT)</li> <li>-Gather resources from Project DAWN, OOS, and IPRO</li> </ul>	presenting to the Ohio Department of Health and what I must do.	
9	<b>Evaluation</b>	Practice presentation for nursing home, review and gather resources, complete the resource binder	<ul style="list-style-type: none"> <li>-Create binder with resources</li> <li>-Print out everything for binder</li> <li>-Organize binder</li> <li>-Practice presentation</li> <li>-Meet with nursing home on Wednesday</li> </ul>	<ul style="list-style-type: none"> <li>-Discuss nursing home needs for presentation (# of pamphlets, handouts)</li> <li>-See presentation space at nursing home</li> <li>-complete and finalize binder</li> <li>-Shadow IP OT to learn the operations of Metro's IP rehab center.</li> </ul>	3/10
10	<b>Implementation</b>	Present to nursing home 4x total. <ul style="list-style-type: none"> <li>- March 14<sup>th</sup> at 2pm and 8pm</li> <li>- March 16<sup>th</sup> at 2pm and 8pm</li> </ul>	<ul style="list-style-type: none"> <li>-Successfully present 4 in-services to Eliza Jennings</li> <li>-Collect pre/post surveys from staff members</li> </ul>	<ul style="list-style-type: none"> <li>-Continue to talk with people from IPRO throughout week with questions and challenges I faced during my presentation.</li> <li>-Ask for guidance from educational coordinators at office about presentation skills/tips</li> <li>-successfully engage the staff at Eliza Jennings about the importance of this topic</li> </ul>	3/17



11	<b>Interpretation of Results</b>	<ul style="list-style-type: none"> <li>-Interpret the results from the pre/post surveys from my presentations</li> <li>-2 presentation at CSU</li> </ul>	<ul style="list-style-type: none"> <li>-Meet with mentors to discuss how to interpret results</li> <li>-Create excel sheet and understand how to create tables to input results to see knowledge gained.</li> <li>-Spend 1 day shadowing the IP OT at Metro</li> </ul>	<ul style="list-style-type: none"> <li>-Grade all pre/post survey's and input them into excel to average the knowledge gained.</li> <li>-Spend time reviewing SCI/TBI information in preparation for shadowing experience.</li> <li>-Shadow on Friday March 24<sup>th</sup> (7am-3:30).</li> <li>-Participate in "informed choices" presentation at CSU this week.</li> </ul>	3/24
12	<b>Dissemination</b>	<ul style="list-style-type: none"> <li>-Prepare for dissemination to ODH</li> <li>-Complete edits to presentation for IPRO</li> <li>-Attend resource fair</li> <li>-Start implementation checklist for IPRO</li> </ul>	<ul style="list-style-type: none"> <li>-Submit and meet with individuals from IPRO to discuss presentation and review edits.</li> <li>-Practice education and advocacy at resource fair at Lake Erie College</li> <li>-Review all documents to determine the process of implementation into Eliza Jennings.</li> </ul>	<ul style="list-style-type: none"> <li>-Interpret results and better understand what they concluded</li> <li>-Research more into the new FDA approval of naloxone being an OTC drug.</li> </ul>	3/31
13	<b>Dissemination</b>	<ul style="list-style-type: none"> <li>-Complete finalized checklist</li> <li>-Prepare for presentation</li> <li>-Visit MEC</li> </ul>	<ul style="list-style-type: none"> <li>-Make final edits to checklist</li> <li>-Meet with IPRO individuals to practice presentation</li> <li>-Learn about MEC's day to day operations.</li> </ul>	<ul style="list-style-type: none"> <li>-Ask mentors for final guidance about presentation</li> <li>-Ensure I was registered for ODH presentation</li> <li>-Better understand how medicated assisted treatment works and</li> </ul>	4/7

				understand the importance of it.	
14	<b>Dissemination</b>	-Complete presentation	-Practice and review all necessary documents before presentation -Attend “informed choices” class with mentors	-Explain importance of OT in community settings, review my project, explain the steps, review of the results, and overview of what I created to audience.	4/14