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Introduction to life care planning: an online course

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BOSTON UNIVERSITY
SARGENT COLLEGE OF HEALTH AND REHABILITATION SCIENCES

Doctoral Project

**INTRODUCTION TO LIFE CARE PLANNING:
AN ONLINE COURSE**

by

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Submitted in partial fulfillment of the
requirements for the degree of
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Dedication

I dedicate this project to those who have experienced catastrophic injuries or have chronic health conditions requiring long-term health management. Life care planners and other health care professionals are given the responsibility to communicate your health needs to guide the funding and implementation of health resources. The aim of this project is to help occupational therapists' follow a methodology that results in a consistent and fair evaluation of your healthcare needs and optimal health.

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ABSTRACT

Life care planning remains an emerging area of practice for many health fields including occupational therapy. The International Academy of Life Care Planners (2003) defines a life care plan “as a dynamic document based upon published standards of practice, comprehensive assessment, data analysis, and research, which provides an organized, concise plan for current and future needs with associated costs for individuals who have experienced catastrophic injury or have chronic health care needs” (p. 5). The demand for life care planners is high.

Various educational programs are available for occupational therapists to attain training on the practice of life care planning; however, only three 120-hour programs approved by the International Commission on Health Care Certification meet the educational requirements for becoming a Certified Life Care Planner. After a review of the evidence literature, there is a void in the occupational therapy literature and practice guidelines on the topic of life care planning. Without professional guidelines or formalized training in this area of forensic practice, occupational therapists can easily and unknowingly misstep when entering the field of life care planning. This lack of awareness has the potential to adversely impact client care, attract public criticism for the occupational

therapist, and potentially damage the reputation of the occupational therapy profession itself.

An online course titled *Introduction to Life Care Planning* will aim to address a general lack of awareness of life care planning amongst occupational therapists and improve evidenced-based occupational therapy practice in this area. Keilhofner's Model of Human Occupation (MOHO) (2008) is employed to highlight the commonalities between life care planning and occupational therapy to occupational therapists interested in the emerging practice area of life care planning.

The outcomes of this course will be to expand the presence of occupational therapists within the practice area of life care planning and encourage occupational therapists to follow the published standard methodology for life care planning. This is anticipated to improve the quality care for individual clients while protecting the reputation of occupational therapists and the profession within the transdisciplinary field of life care planning.

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Chapter 1 – Introduction

Life Care Planning

For the past decade, life care planning has been an “emerging” area of practice for many health fields including nursing, social work, vocational rehabilitation, physical medicine and rehabilitation, and occupational therapy. Life care plans arose from the need of lawyers to quantify the care needs of individuals who have experienced catastrophic injuries or have chronic health conditions; therefore, developing life care plans tends to occur within a litigation context. Today, life care plans are also utilized by case managers, vocational counselors, and other rehabilitation professionals to assist with the rehabilitation planning and budgeting of long-term health needs (IARP, 2009). The International Academy of Life Care Planners (2003) defines a life care plan “as a dynamic document based upon published standards of practice, comprehensive assessment, data analysis, and research, which provides an organized, concise plan for current and future needs with associated costs for individuals who have experienced catastrophic injury or have chronic health care needs (p. 5).” The practice of life care planning is transdisciplinary. That is, different health care professionals such as occupational therapists, registered nurses, vocational counselors, physical therapists, physicians, etc. can be qualified to develop life care plans as a Certified Life Care Planner.

Demographics

According to the International Commission on Health Care Certifications (ICHCC), there are a total of 800 certified and active life care planners in the United States and 5% are occupational therapists; in Canada, there are 150 certified and active life care planners of which 30% are occupational therapists (V. May, personal communication, June 9, 2017). Beyond those certified, there are many more occupational therapists engaging in life care planning, also known less formally as cost of future care, without certification as a life care planner.

Various educational programs are available for occupational therapists to attain training on the topic of life care planning, ranging from lunch and learns; webinars; two-day, 16-hour workshops; 52-hour courses; and complete educational programs consisting of 120-hour online and on-site modules. These programs will be examined in detail in Chapter 3. However, Certified Life Care Planner is now a trademarked name; therefore, occupational therapists or other healthcare professionals are unable to call themselves certified life care planners without attaining the certification provided by the International Commission on Healthcare Certification (ICHCC). Only the 120-hour educational programs approved by the International Commission on Health Care Certification (ICHCC) will meet the educational requirements for becoming a Certified Life Care Planner.

The Problem

Neither the Canadian Association of Occupational Therapists (CAOT) or the American Occupational Therapy Association (AOTA) have specific practice guidelines available to support occupational therapists who are practicing in the area of life care planning, or who are interested in learning more about it. As a result, occupational therapists may not be aware that the ICHCC has approved only particular educational programs to provide the requisite 120 hours of education prior to the candidate sitting for an exam and submitting a life care plan to the board for approval. Without professional guidelines or formalized training in this area of expert forensic practice, occupational therapists can easily and unknowingly misstep when entering the field of life care planning, leading to adverse public criticism for the occupational therapist, and potentially the occupational therapy profession.

Without an awareness of the published standards for life care planning or following a standard methodology to comprehensively assess the future care needs of an individual with chronic health needs, occupational therapists are at risk of jeopardizing their professional reputation and career trajectory, especially within the litigation context. For example, in the Supreme Court of British Columbia's decision in *Sangra (Guardian ad litem of) v. Lima*, (2015), the opinions of opposing occupational therapists about the care needs of an 84-year-old man who sustained a severe brain injury were considered. Justice Walker reasoned, that although Mr. Gander [Occupational Therapist] followed a standardized procedure, it was found to be applied "...on an inappropriate, unduly fixated and overly-narrow interpretation of a survey that does not measure functionality....(line

164).” Without a standardized approach to assessing future care, the opinions and recommendations between two therapists can be highly variable, rely on personal assumptions or flawed methodology, and leave oneself and one’s work open to a high degree of criticism. In *Sangra* (2015), Mr. Gander was an occupational therapist and Certified Work Capacity Evaluator with limited continuing education in life care planning. Unfortunately, due to his mishandling of life care planning for Mr. Sangra, he was publicly criticized in a local newspaper article by Sheila Reynolds (*Surrey-Now Leader*, December 17, 2015). According to Reynolds (2015), Mr. Gander and his occupational therapy company were being investigated for ethical violations by the College of Occupational Therapists of British Columbia (COTBC).

AOTA’s Occupational Therapy Practice Framework

Determining the future care needs of individuals with chronic health conditions involves each domain of occupational therapy, as defined by the American Occupational Therapy Association (AOTA) Occupational Therapy Practice Framework (2014). A comprehensive assessment will consider the individual’s occupations, performance skills, performance patterns, and the individual’s social and physical context. If a life care plan neglects one or more of the domains, then it is not likely that it will be a complete fit for the individual, as evidenced by Judge Walker’s reasoning: “Unfortunately, Mr. Gander did not meet with Mr. Sangra, did not attend at his home, nor did he speak with his wife or family,” (*Sangra*, 2015, 164).

Currently, within the occupational therapy profession there is a lack of professional guidelines and awareness on the topic of life care planning, which would assist occupational therapists in explicitly and objectively assessing the future care needs of individuals with chronic health conditions. When occupational therapists are using information, surveys, and tools differently to analyze data and determine future care needs, it leads to highly variable results with potential risks such as an individual not receiving adequate funding for their future care, thereby potentially causing harm or leading to the profession of occupational therapy being criticized for lacking standards and being restricted from growing into this area of transdisciplinary practice. Clarke (2000) describes how managing risks in occupational therapy can result in the improvement in the quality of care, reduce the likeliness of harm, and improve the therapist's awareness and competencies.

Life care planning is considered to be an advanced transdisciplinary practice with practitioners having at least three years of field experience. Experienced occupational therapy practitioners rely, in part, on their implicit knowledge, which is not consistently or thoroughly explicit within the life care plans that are read by an audience most likely unfamiliar with the scope of occupational therapy. For a general audience (e.g. a jury, judges, insurers and/or lawyers) who are partially or completely responsible for awarding significant financial awards, each care item needs to be explicitly justified to avoid "sticker shock," strengthen the validity of the assessor's approach, link to functional outcomes, and increase the probability of funding for each care item that is recommended. This lack of explicitness is not dissimilar to what has been experienced in

general occupational therapy practice, as Fisher opined (1998) that “our unique focus on occupation is not always obvious in practice” (p. 512).

The litigation context is adversarial with a tendency to prefer well-accepted, objective, and quantifiable measures on which to base legal decisions. In most cases, there are opposing experts critiquing each other’s methodology even before a trial begins, along with the concomitant rebuttal reports generated. At trial, opposing experts are given the opportunity to educate the court regarding the methodology used to determine the care needs of individuals, including the rationale for care items such as home support services. This context rarely generates uniformity among experts, but with adherence to published guidelines that have withstood rigorous scrutiny, one would expect two experts to have recommendations that are more similar than different. Participation in one of the ICHCC approved educational programs would assist occupational therapists to follow the same standard methodology for life care planning; hence, leading to more consistent results amongst the occupational therapy profession.

One example of how life care planning expertise can assist an OT’s practice, is considering how some standardized evaluations often leave out important considerations relevant to the cost of future care. Functional Capacity Evaluations (FCE) are a type of medical legal expert report utilized in personal injury cases that are conducted to assess the client’s physical capacity; they often include recommendations for rehabilitation and home supports. In this author’s experience and consistent with a critical review by King et al. (1998), although considered objective by the courts, recommendations made within the FCE tend to be biomechanical in nature. FCEs tends to neglect other aspects within

the domain of occupational therapy, such as one's psychological or cognitive status or the impact of the client's social, cultural, and physical environment. These aspects are better managed by a comprehensive life care plan than the FCE alone. Given its importance in this context, a life care plan must follow an accepted standard methodology and be objective and explicit when justifying care recommendations pursuant to a holistic view of the individual. The need for future care is dependent on a multitude of individual and contextual factors that are not easily measured or considered fully objective.

Solution

An online course titled Introduction to Life Care Planning will aim to address a general lack of awareness of life care planning amongst occupational therapists and improve evidenced-based occupational therapy practice in the area of life care planning. The outcomes of this course will be to expand the presence of occupational therapists within the practice area of life care planning; encourage occupational therapists to follow the published standard methodology for life care planning; and commence the life care planning certification process to protect the reputation of occupational therapists and the profession within the transdisciplinary field of life care planning. These program goals are consistent with AOTA's Centennial Vision elements, including: collaborating for success, professional responsibility, well-prepared workforce, evidence-based decision making and a clear, compelling public image (AOTA, 2017).

Course Elements:

This online course will be delivered as four, 1.5-hour modules with access to a related online discussion board. In order to recruit occupational therapists to participate in the online course, a database of occupational therapists within the author's professional network will be developed to email notifications of the course directly to occupational therapists. This continuing education course will introduce occupational therapists to the long emerging practice area of life care planning and identify transferrable occupational therapy skills that can be applied to life care planning. Through participation in the course, occupational therapists will become aware of the published standards of practice of life care planning, the current market demands of life care planning, and the available educational programs for occupational therapists. Appendix D has examples of Modules for the course. The course will utilize a real-life case study to reinforce how occupational therapists have an existing skill set that can lead to success when transitioning into the practice area of life care planning and how best to avoid common pitfalls.

Summary

The course will rely on the ICHCC's published standards of practice for life care planners, the World Health Organization's (WHO) International Classification of Functioning (ICF), and the American Occupational Therapy Association's (AOTA) Occupational Therapy Practice Framework to explain life care planning and identify the transferable skills of occupational therapists interested in the practice area of life care planning. The course will use a real-life case study to introduce occupational therapists

to life care planning and demonstrate the need to use standard methodology. The course will include information on identifying relevant educational courses and certification programs and introduce the process of establishing an occupational therapy practice in the area of life care planning.

In Chapter 2, the theoretical and evidence-based literature utilized in analyzing the problem and guiding course development is discussed. Chapter 3 provides a detailed description of the proposed online course, including details on the method of delivery, personnel required and recruitment of participants. Chapter 4 includes a logic model with a plan to evaluate the effectiveness of the online course in meeting the objectives. The methods for collecting and analyzing the evaluation data are also described. The funding plan and budget required to implement the online course in year one and year two is described in Chapter 5. Chapter 6 outlines the dissemination plan for making the course information and registration details available to occupational therapists across North America. Finally, Chapter 7 provides the conclusion to the doctoral project. The appendices include the explanatory model, logic model, course outline and examples of the course modules along with the funding plan and course evaluation materials.

Chapter 2 – Theoretical and Evidence Base to Support the Proposed Project

Explanatory Model

Occupational therapists interested in life care planning have the freedom to choose the type of training they engage in to learn how to develop life care plans, also known as cost of future care reports. If occupational therapists chose a short-course, e.g. a lunch and learn or a two-day course, they are typically given an overview of the practice of life care planning with some tools to get started. There are no professional requirements necessary to attend these short courses. If, on the other hand, occupational therapists chose an International Commission on Health Care Certification (ICHCC) approved program, they must qualify for the training program with three years of professional practice. These programs consist of six, 20-hour modules which are comprehensive and include thorough instruction on the standard methodology of the practice of life care planning.

With either educational option successfully completed, occupational therapists are able to conduct future care assessments and develop a life care plan. Life care plans tend to be developed within a litigation context and are highly scrutinized, including public judgments by the Supreme Court, where the occupational therapist is named in the proceedings and linked to their professional title. With occupational therapists receiving a variable level of education in this emerging practice area, life care plans are being developed with a variety of methodologies resulting in professional inconsistencies which can be troubling for lawyers, judges, and/or jury members to sort out on their own. With

poor consistency among occupational therapists and their reports, each individual occupational therapist and potentially the occupational therapy profession itself are at risk of losing their role in life care planning. Lastly, but perhaps most importantly, inconsistent practice standards also put the individual with the chronic health condition at risk for not receiving sufficient funding to manage their long-term care needs. The visual representation of this problem or explanatory model is located in Appendix A.

Model Evaluation

To evaluate the explanatory model (Appendix A), lines of inquiry were developed and researched. This included the following questions:

- Do occupational therapists in the United States have an awareness of life care planning or the need for life care planning?
- Is there evidence that there is a lack of literature in North America relating occupational therapy and life care planning?
- Is there evidence that there are there more occupational therapists practicing life care planning in Canada than the United States?
- Is there evidence that other health professionals perform the majority of life care planning responsibilities?

Multiple databases were searched to address each line of inquiry: CINAHL, PsychINFO, PubMed, ERIC, Social Services Abstracts. These databases were searched as they were deemed most likely to have information on occupational therapy and other allied health topics. In addition, *The Journal of Life Care Planning* was searched due its

specificity to life care planning topics. The search terms employed included: “occupational therapy” or “occupational therapist” with each of the following terms: “life care planning,” “patient care plan,” “advanced care plan,” and “end of life care plan.” Abstracts of any articles that contained the previously listed search terms were reviewed to determine relevancy to the specific area of life care planning. One relevant article from 2004 titled, “Life care plans: An emerging area for occupational therapists,” by Lisa Klinger, Barbara Baptiste and James Adams was found and reviewed in its entirety since the content was specific to occupational therapy and life care planning. Klinger (2004) describes life care planning as an emerging area of practice in occupational therapy and that occupational therapists are well suited to develop life care plans with their existing training. The availability of only one article relating occupational therapy and life care planning confirms there is a significant lack of evidence literature in North America about the seemingly ever nascent and emerging practice area of life care planning. In addition, life care planning is not likely a significant part of occupational therapy practice with a general lack of awareness of life care planning and the need for it among those in the occupational therapy profession.

The ICHCC, the certifying body for life care planning, was contacted directly to address the lines of inquiry related to the demographics of life care planning. As a certifying body, it was assumed the ICHCC would have the most up-to-date and relevant statistics relating to occupational therapists and other types of health professionals practicing life care planning in North America. This communication confirmed that there are more occupational therapists practicing life care planning in Canada than the United

States; and occupational therapists are the minority health care profession practicing life care planning with the majority being registered nurses and vocational counselors.

After a review of the evidence literature, it seems there is a significant void in the occupational therapy literature and practice guidelines to guide and support occupational therapists interested in or engaging in life care planning. The proposed online training program for occupational therapists will increase their awareness of life care planning and the importance of adhering to the published standard methodology when engaging in this practice. The online course will include a review of the current ICHCC approved training programs in life care planning and guidelines that are available outside the occupational therapy profession to guide and support occupational therapists who are interested in life care planning and intend to commence this practice as part of their occupational therapy practice as a whole.

Theoretical/Conceptual Frameworks

Occupational therapists rely on theoretical principles and models to guide evaluation and interventions as suggested by The American Occupational Therapy Association's (AOTA) *Occupational Therapy Practice Framework: Domain and Process*, Third Edition (2014). The online course will be reliant on the selection and application of multiple theories and models to guide the course development, implementation to an adult audience, and evaluation to ensure course objectives are met, as well as improve course content.

The Model of Human Occupation

As discussed in the introduction, without a focus on occupation or the whole person, components of an individual's life care plan are likely to be missed. Keilhofner's Model of Human Occupation (MOHO) (2008) will serve as the basis for developing the online course material to address the problem of inconsistent methodology. MOHO views the human as an open system, so dysfunction in one system impacts all other systems (2008). According to MacIver et al. (2015), MOHO derived interventions should have the major concepts of MOHO such as motivation for occupation, pattern of occupation, performance capacity, skills, and the environment, in all stages of the process.

The course will identify transferrable occupational therapy skills that can be applied to carrying out the type of comprehensive assessment that is needed to develop a life care plan for an individual with chronic health needs. The type of comprehensive assessment that is required to develop a life care plan is consistent with MOHO principles, as it will include examining the client's pre-injury roles and routines and their current values and interests in the context of an injury impacting their processing, social interactions, and motor skills. The social and physical environment are to be examined to determine if the environmental conditions are facilitating function or presenting as a barrier to functioning. MOHO can be used as a foundation to assess an individual's daily functioning with an injury that impacts their physical, cognitive, and emotional skills. This assessment is usually engaged within a litigation context. The use of MOHO as a foundation for the online course materials assists in educating occupational therapists

about their professional role in life care planning, including a transparent clinical process for the client and public; thereby, reducing risk to the occupational therapist and the profession pursuant to poor public perception.

Adult Learning Theory Andragogy

The Adult Learning Theory Andragogy (ALTA) (Knowles, 1980) has been selected to develop and disseminate the online course content and activities. This theory was selected because it encompasses all adult learning in any form, including e-learning. In Knowles (2005) the andragogical model is based on six assumptions that have evolved and expanded over the decades. These six assumptions will impact the course content, including the learning objectives, learning activities, and evaluation process, (pp. 64 – 68). The assumptions are:

1. **Need to know**, which directs the facilitator to highlight what the learner will gain from the learning experiences as well as the negative consequences of not learning the material. The course will address the need to know assumption explicitly with the course learning objectives and introduction designed to help set realistic course expectations.
2. **The learner's self-concept** assumes the learner is self-directed. An effort is made to reinforce self-directed learning of the content versus being a passive recipient of knowledge sharing. The course will enable the learner to go to different content areas of interest within the module without any specified order, explore a variety of learning activities at will, and be given relevant resources to find more information relevant to the individual learner.

3. **The role of the learners' experiences.** The facilitator recognizes that the learners have their own experiences and learning style in order to design content that incorporates the learner's past experiences through group discussions, case studies, and simulation activities. The facilitator of the course will be supportive, respectful, and open in sharing authentic experiences related to the topic. Regardless of current practice area, emphasis will be on the transferrable skills the occupational therapists already possess, that will be suitable for the emerging practice area of life care planning.
4. **Readiness to learn** assumes the learner is coming to the course ready for new learning, and that this new learning will aid in dealing with their current real-life situation. Designing a course for therapists who are interested in transitioning into a new area of practice will be more relevant for the learner if the content addresses their real-life concerns with knowledge that can be implemented immediately versus gained for future use. For example, therapists may want to know if transitioning will change their annual pay or their work environments, or how to start the process within their current occupational therapy practice. Based on the assumption of readiness to learn, the content will be designed to address therapists' current life situation.
5. **Orientation to learning.** Similar to a readiness to learn, the learner is more receptive to life-centered learning which they can apply to the context of their own real-life situations. A course consisting of real-life examples as well as resources to find more examples that are related to the learner's current

situation is likely to be more engaging for the learner. The course evaluation process will employ this assumption and collect data on the learners' life situations that drew them to the course in order to modify content to enhance learning.

6. **Motivation** assumes adults are motivated by both external factors, e.g. better pay or job flexibility, and internal factors, and internal factors such as job satisfaction and quality of life have been found to be the most motivating factors of adult development. Negative influencers on adult motivation for growth and development include time restraints, inaccessibility, or courses that do not adhere to adult learning principles. The online method of course delivery was chosen to reduce the negative motivating factors and enable occupational therapists a greater opportunity to access content while targeting their external motivators by engaging with the course content, e.g. the financial and time benefits of engaging in the practice area of life care planning.

Community of Inquiry (CoI) Framework

Sun (2016), operationally defined online education as "...a format used in learning when learners do not need to be in bricks-and-mortar classrooms..." (p. 159). Finch and Jacobs (2012) discuss some of the advantages of online education include cost-savings related to travel; increased access to content and global leaders; flexibility in terms of schedules; and modification of content. The Community of Inquiry (CoI)

framework views the online educational experience as arising from the interaction of three presences, e.g., social presence, cognitive presence, and teaching presence (Kozan, 2018).

Garrison et al. (2000), defined social presence as “the ability of a participant in a community of inquiry to project themselves socially and emotionally, as ‘real’ people (i.e. their full personality) through the medium of communication being used” (p. 84). CoI emphasizes the importance of the social interactions between teacher and students, between students, and between students and content. Although a short course, Introduction to Life Care Planning, will begin the effort of promoting social engagement from the start of the course by directing learners to relevant discussion boards including an open discussion board for the course enabling facilitator-to-learner and peer-to-peer interactions.

Teaching presence underscores the importance of a quick response time and feedback from teachers, which is linked to student satisfaction. The course design will include the facilitator contact information for inquiries and comments and expect a quick response time to increase learner satisfaction with the course. In Hartnett (2016, pg. 17), “having a trusted person tell you that you have the ability to succeed is a further important source of information” with self-efficacy influencing both learning and development.

Facilitating cognitive presence is done through identifying a problem, exploring the problem, and applying new knowledge to solve the problem. The activities within the Introduction to Life Care Planning course will be designed to facilitate cognitive presence

and include activities for different learning styles, as recommended in Anderson (2009). The activities within each module will include online technology tutorial links, online presentations with audio/visual content, lecture notes, individual activities to apply the information to a practical situation, and links to external video clips and reading materials to facilitate learning. In order for the learner to receive continuing education credit and evaluate whether or not the course met the learning objectives, pre- and post-course quizzes will be included in the course content, as suggested in Anderson (2008).

Current Approaches and Attempts to Address the Problem

After a thorough review of the evidence literature, the lack of awareness occupational therapists have regarding the practice area of life care planning and the issue of occupational therapists using variable methodologies has not been adequately addressed to date. Other health care professions in North America appear to be experiencing similar issues, as demonstrated by the following titles found in a review of the literature (Table 2.1).

Table 2.1
Literature Review

Title	Discipline	Content	Citation
Life Care Planning: A Role for Social Workers	Social Work	How social workers can enter field of life care planning.	Rice et al., 2000
Expert Testimony: Implications for Life Care Planning	Physical Medicine and Rehabilitation	Advocating for professional regulatory body to develop standard curriculum for the development of life care plans.	Katz et al., 2015
Life Care Planning: A Natural Doman of Physiatry	Physical Medicine and Rehabilitation	Description of life care planning as a “natural, flexible, and rewarding addition of clinical physiatry practice.”	Gonzales, et al., 2014
Life Care Planning and Case Management in Brain Injury	Nursing & Case Managers	Insight into the practice of life care planning and case management.	Grisham, S., 2015
Life Care Planning	Nursing	Discussion of the role of nurses in the emerging field of life-care planning.	Barker, E., 1999
Polytrauma and life care planning: Managing the complex interaction of multiple injuries.	Rehabilitation Counselling	Introduction of life care plans as an established approach to managing needs of individuals with polytrauma. Illustrating the applicability of life care planning.	Pomeranz, et al., 2008
The importance of work or productive activity in life care planning and case management.	Nursing & Case Managers	Discusses roles of vocational rehabilitation services in life care planning and case management.	Ried & Grisham, 2015

Training programs have been developed and have continued to evolve in the area of life care planning for decades, yet none are available through AOTA and CAOT. Currently, there are a wide variety of educational programs available in the private market, as well as an in-class, 16-hour module being taught to Master level students at the University of British Columbia (J. Fisher, personal communication May 18, 2017).

Only three of the available training programs have been approved by ICHCC, the certifying body in life care planning (Table 2.2). These programs are developed to meet the requirements of the ICHCC in terms of topics and the 120-hour educational requirement towards certification; however, occupational therapists unfamiliar with the field of life care planning may be unaware of the differences amongst existing training programs. The online course proposed by this author aims to help occupational therapists to become familiar with the educational options and enable them to consider participating in ICHCC approved training to adhere to the standard methodology of life care planning.

Table 2.2
ICHCC Approved Training

Provider	Admissions	Format	Length	Cost
Institute of Rehabilitation Education and Training (IRET)	Open Admission	Six Modules 4- online 2- On Site	120 hours	\$3,750 + Travel to FL or Toronto
Capital University Law School	<ul style="list-style-type: none"> • Bachelor's Degree in field • Rehabilitation certification of licensure • Minimum of 3 of rehabilitation work experience. 	Six Modules 5 – Online 1- Onsite	120 hours	\$4,562 + Travel to Ohio
FIG	Open Admission	24 classes 21- Online 3- Live	120 hours	\$3,799

Conclusion

Occupational therapy practice is informed through theory to guide practitioners in their daily practice and similarly, the design and content of the online course:

Introduction to Life Care Planning is grounded in multiple theories. MOHO provides the common language and framework to inform occupational therapists of the emerging practice area of life care planning. Learning theories in adult education and online education have been essential to the course development to ensure the instruction, delivery, activities and evaluation process meet the course objectives.

Chapter 3 – The Proposed Project

The development of an online course to introduce occupational therapists to the practice of life care planning is proposed to address the practice problems associated with the lack of awareness of occupational therapists in this area. As described in Chapter 2, the course titled *Introduction to Life Care Planning* will rely on contemporary learning theories and an occupational therapy framework to design course content. The course content will contain the basic principles of life care planning, identify transferable occupational therapy skills, and encourage occupational therapists interested in transitioning to this area of practice to enroll in a 120-hour course as recommended by the International Commission on Healthcare Certification (ICHCC).

Desired Outcomes

The immediate outcomes expected are: 1) learners will gain knowledge about an emerging practice area within occupational therapy and 2) the instructor will gain knowledge of the learners' need, motivation to learn this content, to enhance future course delivery. With repeated course delivery, the long-term desired outcomes are to: 1) increase the number of occupational therapists engaging in life care planning, 2) expand occupational therapy research into life care planning, and 3) establish professional guidelines to support occupational therapists practicing life care planning.

Method of Delivery

The program will feature the delivery of four, 90-minute modules that learners can access through an online learning environment. The course design is conducive for either asynchronous learning, with facilitator-participant and participant-participant interactions occurring with a time delay, (e.g. via email or discussion group), or synchronous learning with facilitator-participant and synchronous learning where participant-participant interactions occur during real time via a virtual classroom setting. Initially, the course delivery is anticipated to be asynchronous through a learning delivery platform that enables learners to register and access the course materials and discussion groups independently for maximum learner control of pace, schedule, and location.

Existing learning delivery platforms are readily available through various professional organizations such as the American Occupational Therapy Association (AOTA), Canadian Association of Occupational Therapists (CAOT), and the International Academy of Rehabilitation Professionals (IARP). In order for the course content to be delivered through these delivery platforms, a proposal for the online course will be submitted to the respective association for their approval. At AOTA, if the course is approved, then the instructor is offered a service contract that may limit the instructor from presenting similar material on another learning platform but AOTA will manage the technology and marketing of the course (D. Amini, personal communication, May 17, 2018).

Another course delivery option is self-publishing the online course by using a private learning delivery platform, such as WIZIQ NextGen, Academy of Mine,

Teachable, etc. This course delivery option does not restrict the instructor's use of material, but comes with a greater financial cost to the instructor through monthly or per user fees, as detailed in Chapter 5. The various learning delivery platforms function similarly, providing templates for page development, user registration, e-commerce, content storage, learner analytics, ability to link to an existing domain, and deliver the content either asynchronously or synchronously.

After comparing the features of the various learning platforms, this author has opted for the private learner platform WizIQ© Next Gen to maintain control of the online course material, adhere to the learning theories discussed in Chapter 2, and enable efficient course evaluation and dissemination as detailed in Chapter 4 and 6, respectively. The costs associated with this WizIQ© Next Gen will be detailed in Chapter 5. The features of WizIQ© Next Gen that were considered to be most desirable to develop, evaluate, and disseminate the online course, consistent with the learning theories reviewed in Chapter 2 are included in Figure 3.1.

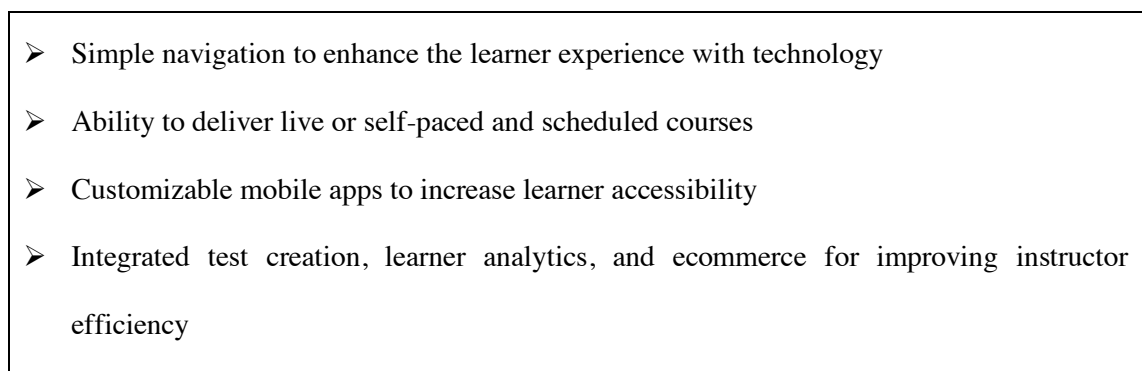
- 
- Simple navigation to enhance the learner experience with technology
 - Ability to deliver live or self-paced and scheduled courses
 - Customizable mobile apps to increase learner accessibility
 - Integrated test creation, learner analytics, and ecommerce for improving instructor efficiency

Figure 3.1. WizIQ Features. Features of the WizIQ Next Gen learning delivery system.

Personnel

The instructor will be an occupational therapist who is also a certified life care planner and author. Technical support, available from the learning platform will likely be required intermittently to assist with initial set-up of the course, including registration and e-commerce for the course. Additional technical support to modify the existing business website to promote the online course will be utilized. The services of an administrative assistant will be beneficial to create a database of potential learners, develop and send marketing materials notifying occupational therapists of the course, posting advertisements online, collecting the course analytics and evaluation information, and providing these to the instructor for analysis.

Recruitment Methods

Initially, recruitment methods will involve the development of a database of occupational therapists to email them directly with notification of the course offering, and relying on word of mouth during professional conferences and presentations. A trial of purchasing advertising space at the online homes or platforms of various professional organizations such as AOTA, CAOT, and IARP will occur during the start-up phase, followed by a cost benefit analysis to determine its effectiveness. If determined to be financially viable, advertisement via online publications, e.g. newsletters, bulletins, online journals, etc. will continue. An additional consideration will be applying to become an AOTA Approved Provider, so that participants may receive AOTA continuing

education units (CEUs) and the course will be listed on AOTA Approved Provider roster and AOTA's CE WebFind, a continuing education database.

Course Features

The course content will rely on the published Standards of Practice for Life care Planners published by IARP (2015) and AOTA's Occupational Therapy Practice Framework (2014) to describe life care planning and identify the transferable skills of occupational therapists into this growing practice area. Each module will introduce a concept of life care planning, relate it to occupational therapy and a real-life case study, include discussion questions, and provide additional professional resources for the learner to independently broaden their knowledge base. The online modules will include text with audio, figures, illustrations, and website links, and be organized in sequential order (Figure 3.2). The course module outline is located in Appendix B and the module examples are located in Appendix C.

Module 1: Introduction to life care planning

Module 2: Transferrable OT skills

Module 3: Forensic practice

Module 4: Getting started

*Figure 3.2. Module List. The outlines of each module in the four-module online course entitled *Introduction to Life Care Planning*.*

Potential Barriers

After a review of the evidence literature and a presentation at the 2017 AOTA annual conference entitled Life Care Planning: An emerging area for occupational therapists, (Witty & Jacobs, 2017), it is this author's belief that the biggest barrier to the implementation of the program will be occupational therapists' limited awareness of the term "life care planning" when they see the topic advertised or listed along with other occupational therapy program topics. This barrier may be addressed by both networking and continuing to present on the topic at general occupational therapy conferences to promote the online course offering and the practice area of life care planning.

Conclusion

The proposed online program has been designed utilizing contemporary learning theories, current literature and relevant professional standards of practice in order to ensure course feasibility, relevance and scientific soundness. Initially, the course will rely on the time of the instructor and intermittent technical support to transfer the course materials onto WizIQ, an learning delivery platform. Once the course is available online then administrative support will be relied upon to assist with marketing the course and managing the evaluation data. An application to become an AOTA Approved Provider will be submitted to expand the method of delivery and improve learner satisfaction by earning AOTA CEUs. Initially, it is anticipated the instructor will gain knowledge about the learner's needs while the learner will gain knowledge of life care planning. With optimal course dissemination, over time, it is anticipated that occupational therapists will

become more aware of life care planning resulting in research and practice guidelines specific to the role of occupational therapy in life care planning.

Chapter 4 – Evaluation Plan

Introduction

The objective of the online course, entitled *Introduction to Life Care Planning* is to increase occupational therapists' awareness about the practice of life care planning for those who are interested in the topic or interested in transitioning into a new area of practice. The course is not intended to provide the education necessary to certify occupational therapists as life care planners or to give them the tools to start engaging in the practice. In order to determine if the online course is meeting its objectives, an evaluation plan has been developed to qualitatively and quantitatively measure and analyze program outcomes. The core purpose of the formative evaluation is to improve the way the online course is delivered, both to meet participant expectations and enhance participant satisfaction. The program evaluation is primarily descriptive, to ascertain the perceived characteristics of the program and its participants. The descriptive evaluation will assist in continuing to develop the course content to effectively and efficiently increase occupational therapists' awareness of an emerging practice area: life care planning.

Expected Outcomes

The expected outcomes of the online course are visually depicted in the Logic Model presented in Appendix D. The evaluation plan has been designed to measure and analyze the following outcomes:

Short-term outcomes (eight weeks):

- 1) Enhance instructor knowledge of participant learning needs
- 2) Occupational therapists to be able to describe life care planning
- 3) Occupational therapists to be able to identify transferrable occupational therapy skills
- 4) Occupational therapists to be knowledgeable about how to initiate the certification process
- 5) Receive and analyze survey data to refine course and improve participant satisfaction

Intermediate outcome (one year):

- 1) Increase number of occupational therapists participating in life care planning pre-certification courses

Long-term outcome:

- 1) Increase number of occupational therapists practicing life care planning
- 2) Expansion of occupational therapy research in the area of life care planning
- 3) Advocate for establishment of occupational therapy practice guidelines for life care planning

Evaluation Program

Four, 90-minute, online learning modules have been developed to introduce the practice of life care planning to occupational therapists. The course will demonstrate the transferrable occupational therapy skills that can be applied to life care planning.

Participants will be informed on the educational options available to them to transition

towards incorporating life care planning into their occupational therapy practice. The online course offering will begin as a pilot program of occupational therapists who have expressed interest in life care planning within the author's existing professional networks. Initially, the course will have one facilitator (the author) with private funding as described in Chapter 5. The evaluation process will be planned in advance to address the following points:

- Use data collected to plan an expansion of the course with more participants
- Clarify program goals and objectives to meet participant expectations
- Identify areas of the course that can be adjusted to improve participant satisfaction
- Generate a plan for course improvement
- Develop a communication network of key stakeholders to resolve issues as they arise

An evaluability assessment (EA) will be initiated by assembling an EA team that includes the course facilitator as well as interested stakeholders. Initially, a circle of advisors, the director of the International Commission on Health Care Certification (ICHCC), as well as technical and administration support staff will be invited to be a part of the EA team that will meet virtually. The group will convene after ten participants complete the course, to review the logic model and course activities to explore the credibility and sustainability of the course. Relevant materials forming the foundation of the course would be reviewed such as:

- Similar on-line course structure and advertisements
- Research articles on life care planning in the field of nursing, vocational rehabilitation, and occupational therapy to underscore the transferable skills occupational therapists possess that can be applied to life care planning
- Statistics received from ICHCC on the percentage of occupational therapists involved in life care planning in Canada and the United States
- Copies of relevant court judgments involving occupational therapists to illustrate the utility of occupational therapists practicing life care planning

The EA team will utilize the current program content and data collected from WizIQ and exit surveys following the initial course offering to hold discussions around any uncertainties about the program, realistic alternate options, use of data collection for program development and, if necessary, revise the preliminary logic model. The evaluation will be carried out over six weeks after at least ten participants have completed the online course. The analytics from WizIQ and SurveyMonkey® will be collected and stored in the office of the primary instructor. The inclusion criteria for the participants will include being a licensed occupational therapist with at least three years of rehabilitation experience and an interest in life care planning or transitioning to a new practice area.

Evaluation Questions

Given the diversity of the stakeholders that have been chosen to be a part of the EA team, it is anticipated that the stakeholders will inquire on a range of issues. For

example, the director of the ICHCC, whose primary interest may be increasing the number of applications for certification and certified life care planners, may ask questions about the number of participants and their intentions to enroll in formalized pre-certification training, or not, following the course. The author's Circle of Advisors includes a faculty member from a life care planning pre-certification training program and an adjunct professor at a university teaching a unit on life care planning. They may have an interest in adding to their educational offerings and may inquire about the number of participants and the participant satisfaction with the course, as well as the cost effectiveness of such a course. The administrative and technology support staff from the author's private occupational therapy business are anticipated to ask about the participants' satisfaction with the materials provided, ease of use of the technology, and whether or not the number of participants are anticipated to grow over time. The answers provided to the individual stakeholders would ideally inform and influence the continuation, development, and growth of the online course in future.

Research Design

The research design for the program evaluation is exploratory and qualitative. The design includes both Likert style and open-ended survey questions directed to the online course participants as shown in Appendix E. The responses to the survey questions are intended to provide participant feedback on the value of the information learned in the online course. It is anticipated that this feedback will help direct program modification to remove course content that is not valued, and perhaps expand on information perceived as more valuable to the participant. For example, participants may not want to spend an

hour on the type of clientele typically seen by a Certified Life Care Planner, and they may prefer the focus to be on the assessment process for individuals with chronic illness who are typically seen by a Certified Life Care Planner.

The specific research design for the qualitative approach is to measure service quality and customer (participant) satisfaction through individual post-course surveys. The survey is intended to inform about the participants' experience with the technology utilized in the online course to determine if upgrades or changes are required for optimal delivery. The survey will also determine if the online course met participants' expectations in terms of content and delivery. This data will influence the delivery and type of content that is included in future courses.

The on-line exit survey will be requested at the end of each 90-minute module. The data will be collected qualitatively by having the participants answer open-ended questions about specific course expectations and whether or not the content was satisfactory, as well as quantitatively with the use of Likert style questions to measure overall participant satisfaction with a variety of factors such as content, instructor knowledge, course length, and technology use. A final question of value is to determine occupational therapists' interest in the practice of life care planning following the course by including the question, "After taking this course, do you plan to register for the any of the pre-certification training courses in future?" And, "why or why not?"

Surveys

The survey is designed as a structured online exit course evaluation to address the following investigative questions:

- Information on the demographics of the group, e.g. length of practice, area of practice, how they became aware of the program, and their initial goals registering for the course
- Information on the aspects of the program participants found most valuable and least valuable, and if their expectations and goals for taking the course were met
- Information on the participants' experience with the course structure (method), e.g. online learning environment, duration and frequency of class, and the cost of the course.

Planned Approach to Data Gathering

In addition to the survey results, the instructor of the online course will review the eLearning analytics available in WizIQ to investigate engagement. The analytics available through WizIQ that are of most interest are the amount of time each participant spends in the self-paced course, the download activity and the knowledge quiz results. The WhizIQ eLearning analytics will be exported to Excel, saved, stored and reviewed with the EA team. Field observation techniques will be utilized with the instructor being an overt participant in the discussions groups to promote and monitor engagement. All the data collected will be saved and compared to future participant experiences in subsequent courses to determine the impact of any program adjustments.

Data management plan

Survey Monkey®, an online survey provider has been chosen at a low-cost

method to provide and process an anonymous exit evaluation at the end of each module. The online course participants will be asked to provide consent to participate in the survey, and made aware that the results will remain anonymous and be stored on a secure server. The results will be analyzed by the instructor, as well and this will involve using the built-in review summary from the online service. Analysis will include scoring the visual analogue scale, totaling the numerical responses, categorizing the comments, and examining the data for patterns. The data can be exported into a spreadsheet software program such as Excel or a PowerPoint to be shared with stakeholders.

Conclusion

The evaluation plan is necessary to determine the credibility and effectiveness of the online course entitled *Introduction to Life Care Planning*. Details of the methods to collect, analyze and use the information collected to better understand the learner's needs have been described. An EA team will analyze the data and discuss program modifications that will facilitate course sustainability through learner satisfaction and credibility. This plan will help determine if the individual and program outcomes of the course are being met mainly increasing occupational therapists' awareness of life care planning.

Chapter 5 – Funding Plan

Program Description

This doctoral project describes the creation of an online course entitled *Introduction to Life Care Planning* to introduce occupational therapists to the long emerging practice of life care planning and to advocate for occupational therapists who are interested in this advanced area of practice to seek the ICHCC approved education. The immediate aim of this course is to increase occupational therapists' awareness of the area of life care planning and, over the longer-term, promote the profession of occupational therapy within the field of life care planning and encourage occupational therapy associations in North America to develop practice guidelines for occupational therapists in this area of practice.

Available Local Resources

Implementation of an online course in life care planning requires support from a variety of sources. To reduce the expenses associated with implementing an online course, a review of available local resources was performed. The review revealed colleagues, who are also certified life care planners, who are willing to donate their time to peer review the online content to ensure key ideas are included. Ultimately, support for this program is partially based upon one's existing social network to enlist the help of others to assist in program development, e.g., writing, contacts, technology skills, etc. Also, current workplace efficiencies, especially in the areas of communications and technology, will be an important part of the local resources employed, e.g. existing online

communication lists, existing online accounts for surveys, and existing software for presentations and graphics.

Program Costs

Beyond gratuitous peer support, the budget categories identified to develop and implement the online course include: administrative personnel, technology and writing consultants, instructor time, and technology: online learning platform provider and online survey provider. Due to the course being online, costs for supplies and travel are negligible.

In year one, implementation of the online course is expected to have higher start-up costs than subsequent years. The costs associated with the start-up include professional time for the instructor, consultants, and an administrative assistant to prepare and market the course. Once the course has been uploaded on a learning platform, professional time from the instructor will continue to be needed to monitor the discussion boards and modify the course content in response to participant feedback.

After year one, it is anticipated that less time will be required of the instructor, administrative assistant, and technology support. The online marketing and learning platform will be set-up and the majority of content revisions will have been completed with only periodic updates anticipated. The budget is outlined in Table 5.1.

Table 5.1
Program Costs

Category	Unit Cost	Year One	Year Two
Personnel	\$24/hour	\$480	\$240
Consultant	\$60/hour	\$300	\$60
Instruction	\$45/hour	\$1,440	\$720
Technology	\$59/month	\$708	\$708
Total		\$2,928	\$1,728

Personnel

Administrative assistance will be needed to develop a database of occupational therapists within the author’s existing professional network and e-mail course marketing material to them. In addition, the administrative assistant will download the analytics from the learning management system (LMS) platform and survey reports to compile for instructor analysis. It is estimated that the administrative assistant will require 20 hours in year one to address these tasks. The hours will likely be reduced in year two and beyond to 10 hours per year. The current cost of this support is \$24 per hour, Canadian funds.

Consultants

A copy editor will be contracted to review the final course text for grammatical accuracy. It is anticipated the editor will require five hours of time to review and edit the four modules. Future revisions can be reviewed by the editor with an estimated time allowance of one hour per year. The current cost of this service is \$60/hour, Canadian funds.

Technology support for the course material is included with the WizIQ learning management system platform subscription. WizIQ has several online videos and live courses to assist with the online course development through their platform. The instructor and administrative assistant would benefit from learning from these videos and implementing the ideas.

Instruction

If the current online course content was to be facilitated by someone other than the author, it is estimated that the instructor time required would be eight hours per quarter, for a total of 32 hours in year one. The instructor will be required to review existing course content, participate in and monitor the discussion boards, respond to participant feedback, analyze participant data, and revise the course material as needed. In year two and beyond it is estimated that the instructor will spend four hours per quarter or sixteen hours per year to maintain the online course. The current non-billable occupational therapist rate is \$45/hour, Canadian funds.

Equipment

It is assumed that the instructor of this course will have access to existing technology, such as a desktop or notebook computer with internet access. The instructor will require a computer with PowerPoint software to modify the course content along with an email software program to communicate with participants of the course. Assuming the instructor has access to these common items, there is no additional cost for

this computer equipment or software in the program budget.

Technology

Implementation of this course will employ WizIQ as the online LMS and Survey Monkey© as the online survey provider. WizIQ charges \$27/month, US funds, to manage one virtual room with up to 25 attendees. If the course begins attracting an audience greater than twenty-five, an upgrade will be required at an increased cost. Survey Monkey charges \$32/month for their basic package, which includes an unlimited number of surveys.

In addition, e-mail software such as Outlook will be needed to communicate with consultants, administration staff, and course organizers. The use of Microsoft's One Drive is recommended to collaborate with multiple users, including cloud storage of material. The e-mail and data storage components are not considered a course related cost.

Potential Funding Sources

As the owner of a private occupational therapy practice in Vancouver, B.C., corporate funds will be utilized to implement this program as a business expense associated with marketing the business. The total estimated costs for year one is \$2,928, and \$1,728 for year two and beyond. Sponsoring a course related to the business of the company will increase the visibility of the company within the occupational therapy community, thus attracting potential therapists wanting to work for the company.

In the event full private funding was not available, funding would be sought from alternative sources such as an angel investor or professional associations. The International Academy of Rehabilitation Professionals (IARP), The International Commission on Healthcare Certifications (ICHCC), or The American Occupational Therapy Association (AOTA) would be considered as potential funding sources, as the online course content promotes each of these organizations with an aim to improve and grow the practice area. In the event a professional organization was interested in hosting the course, the costs of the program would likely be lower, as each of the associations listed above have existing technology in place to add such a course to their online offerings. The availability of an existing learning platform to disseminate and market the online course would increase course exposure and reduce expenses.

Conclusion

Consistent with online learning theories, one of the benefits of online learning is reduced cost in providing education; however, facilitator time tends to be greater (Finch, 2012). To disseminate the course in the most efficient way, save on instructor professional time and support time, and maintain control of the course content, the use of an award-winning learning delivery platform has been decided upon. This integrated learning delivery platform is anticipated to reduce costs based on the efficiencies of using an integrated system that includes learning analytics. Analyzing the learner analytics will assist with future funding decisions, such as if the platform needs to be expanded to accommodate more learners. If there becomes greater than 25 course participants at a

time, then the costs of the LMS system will increase to accommodate additional learners. Therefore, consistent attention to learner analytics will be needed to revise the funding plan as the course develops.

Chapter 6 – Dissemination Plan

Review of Proposed Program

For the past decade, life care planning (LCP) has been an “emerging” area of practice for occupational therapy. Yet, neither the Canadian Association of Occupational Therapists (CAOT) nor the American Occupational Therapy Association (AOTA) have specific practice guidelines available to support occupational therapists who are practicing in the area of life care planning, or who are interested in learning more about it. An online course entitled *Introduction to Life Care Planning* is proposed to address a general lack of awareness of life care planning amongst occupational therapists and improve evidenced-based occupational therapy practice in the area of life care planning. This online course will be delivered as four, 90-minute modules with access to a related online discussion board as detailed in Chapter 3. The proposed program will introduce occupational therapists to the long emerging practice area of life care planning and identify transferrable occupational therapy skills that can be applied to life care planning. The goal of this chapter is to outline activities would make the online course accessible to occupational therapists and increase the awareness of this emerging area of practice.

Dissemination Goals

Through participation in the course, it is anticipated that occupational therapists will become aware of the International Commission on Health Care Certifications (ICHCC) published standards of practice for life care planning, the current market

demands for life care planning, and the available educational programs for occupational therapists to become certified.

The long-term goals of dissemination are to: 1) increase the number of occupational therapists engaging in life care planning; 2) have occupational therapists contribute to the literature available on the topic of life care planning; and 3) establish professional guidelines to support occupational therapists practicing life care planning.

Target Audiences

The primary audience will be occupational therapists with limited knowledge of life care planning who are interested in exploring new or emerging practice areas. It is assumed that these occupational therapists are not yet ready to commit the time or money to attend a 120-hour course with a cost range of \$3,750 to \$4,500 plus travel expenses.

The secondary audience targeted to receive key messages are occupational therapy associations, including the CAOT and AOTA.

Key Messages

The key messages for the primary audience of occupational therapists includes the following:

1. Occupational therapists have an existing skill set that is well suited for life care planning.
2. Life care planners are in high demand with an above average salary and great job flexibility.

3. Life care planning has published standards of practice and methodology which can be learned through attending an ICHCC approved pre-certification course.

The key messages for the secondary audience of the professional occupational therapy associations includes the following:

1. Occupational therapists are engaging in the practice of life care planning with limited support from the occupational therapy literature or practice guidelines.
2. Developing practice guidelines to address the area of life care planning will increase occupational therapist awareness of life care planning and adherence to life care planning practice guidelines.
3. With additional resources available for occupational therapists in the area of life care planning, the profession of occupational therapy can be promoted and expanded within the area of life care planning.

Initially, the author and two associates, who are certified life care planners with years of experience in life care planning, would be considered influential spokespersons to spread these key messages to the primary and secondary audiences. Once contact is made with each of the professional associations, then other influential spokespersons would be identified to further disseminate the information in the introductory course.

Dissemination:

The proposed program, *Introduction to Life Care Planning*, is an online course which is available through a website, WizIQ, as described in Chapter 3. Maintaining the course materials online through WizIQ is the first dissemination activity which is ongoing and enables the author to continuously modify content and gather more information about the learners' needs. The cost of maintaining the course material online is estimated to continue at \$27 per month as described in Chapter 5. The learner analytics available through the integrated online learning system will be monitored to determine the number of participants, as a measure of its success. After the initial ten participants have completed the course, additional dissemination activities will occur in sequential order:

Written Activities:

1. **Submission of manuscripts** on introductory life care planning topics by the author to the American Journal of Occupational Therapy (AJOT) and the Canadian Journal of Occupational Therapy (CJOT), which are the official journals of AOTA and CAOT, respectively. Submission to AJOT and CJOT is not anticipated to incur any costs with the exception of the author's time to ensure each manuscript adheres to the respective guidelines: Guidelines for Contributors to AJOT (2017) and the CJOT Author Guidelines (2015).

The criteria to determine if these efforts are a success or not is the acceptance of a manuscript to be published by AJOT and/or CJOT. If a manuscript is published, then additional measures of success may include: 1)

whether or not the author is invited to speak at any engagements or conferences
2) an increase in the number of participants enrolling in the online course and 3)
if the author is contacted by stakeholders with professional organizations to learn
more information, e.g. about occupational therapists' role in life care planning or
the need to develop occupational therapy practice guidelines.

Person to person:

2. **Answering a call for papers** and submitting a proposal for the 2020 AOTA Annual Conference & Expo, to be held in Boston, MA. It is anticipated the deadline for submissions will be in June 2019. The proposal will be submitted under the 'general' category as it is reflective of advanced occupational therapy practice and program development. The proposed session format will be a workshop, which is a 3-hour session for intermediate and advanced-level content. Based on this author's experience, proposals can be submitted for a workshop format, but then be accepted for a different format such as a short course or poster presentation. The content is flexible to deliver in any format that is accepted by AOTA.

Initially, this dissemination activity will be considered a success if the proposal is accepted by AOTA, enabling the author to present in a workshop, short course, or poster presentation format. Further evaluation efforts will be dependent upon the type of session format that has been approved. For example, a workshop or short course will include program evaluations to analyze the feedback and determine if the course was successful in meeting the learner and

course objectives. If the session format is a poster presentation, then the success would be measured by the number of conversations that have occurred during the poster session and if an increase in the online course enrollment occurs following the poster presentation.

The budget considerations for any of the session formats will be similar and include instructor time to modify content to meet the format structure, create handouts, and take account of travel expenses to attend the conference in Boston, MA. The estimated budget for each session format is outlined in Table 6.1.

Table 6.1
Session Budget

Item	Workshop	Short-Course	One Poster	Source
Color Printing 100 pages	\$93	\$93	\$93	Staples \$.93 per page Double sided
Graphic Design	n/a	n/a	\$525	Desiree Patterson
Poster Printing	n/a	n/a	\$165	Desiree Patterson
Flight/Hotel 4 nights	\$1,206	\$1,206	\$1,206	Expedia Bundle
Meals 5 days	\$500	\$500	\$500	Variable
Total	\$1,799	\$1,799	\$2,489	

3. **Development of an academic course** for a post-secondary educational institution is seen as a possible dissemination activity, following successful publishing in AJOT or CJOT and presentations at national occupational therapy

conferences. Currently, the University of British Columbia (UBC) in Vancouver, B.C. has a two-day module on life care planning as part of the Master of Occupational Therapy program taught by Ms. Jodi Fisher, Reg.OT(BC), CCLCP. Ideally, collaboration between the author, ICHCC, and the educational institution would occur that would determine the feasibility of students attaining the 120-hour continuing education requirements towards life care planning certification. For the educational institution, the ICHCC course content can be viewed as another application of the AOTA's Occupational Therapy Practice Framework and provide their students with yet another marketable skill upon graduation.

The cost of developing such an academic course would be dependent on the mode of instruction, whether on site in a classroom or through online learning. It is anticipated the greatest expense would be instructor and administration time to develop goals that meet the objectives of the particular educational institution and occupational therapy department.

Evaluation of this dissemination activity would be dependent upon whether or not an educational institution developed a course in life care planning and whether or not the course became approved by the ICHCC, the number of students who are interested in the class and move reach certification. The outcome of such a course would likely meet the long-term program goals of increasing occupational therapists' awareness of life care planning, increasing the number of occupational therapists entering the field of life care planning, and contributing to the occupational therapy literature on the topic of life care

planning. To measure these anticipated outcomes, students graduating from this academic course would need to be surveyed periodically following their graduation; analysis of the statistics of the ICHCC would be carried out to determine if the number of occupational therapists who are certified life care planners has increased; and periodic review of the literature would be performed to determine if articles are being published by course participants in the occupational therapy literature on the topic of life care planning.

4. **Meetings** with stakeholders to discuss development of CAOT or AOTA professional guidelines would assist to communicate the key message that occupational therapists require support to enter life care planning and such support would promote the profession by producing highly skilled and duly qualified life care planners. This dissemination activity would require little to no funding but be essential to meeting the long-term objective of establishing professional practice guidelines in the area of life care planning. Engaging in meetings will be considered a success if the process of developing professional practice guidelines is initiated.

Conclusion

With successful implementation of the online course, the goals and objectives of the proposed project, as outlined in Chapter 3, can continue to be met through the dissemination of key information for both the primary and secondary audiences. Specific dissemination activities have been identified in the order of importance to increase the

probability that the intended audiences will receive the key message and derive optimal benefit.

Chapter 7 – Conclusion

The proposed program in this project is innovative because it fills a gap in occupational therapy training with regard to the practice area of life care planning. It is anticipated participation in this course will improve the overall quality of services in this practice area from occupational therapist to client because it will encourage certified expertise. Certified expertise, in turn, improves the quality of care for the client and strengthens the profession by utilizing consistent standards of methodology grounded in the current evidence.

The Gap

For the past decade, life care planning has been an “emerging” area of practice for many health fields including nursing, social work, vocational rehabilitation, physiatry, and occupational therapy. Life care plans arose from the need of lawyers to quantify the care needs of individuals who had experienced catastrophic injuries or had chronic health conditions; therefore, developing life care plans tends to occur within a litigation context. Various educational programs are available for occupational therapists to attain training on the topic of life care planning, ranging from lunch and learns to complete educational programs consisting of 120-hour online and on-site modules. However, neither the Canadian Association of Occupational Therapists (CAOT) or the American Occupational Therapy Association (AOTA) have specific occupational therapy practice guidelines available to support occupational therapists who are practicing in the area of life care

planning, or who are interested in learning more about it. A thorough review of the occupational therapy evidence literature revealed a significant dearth of research, with only one article published in the last 15 years.

Occupational therapists are engaging in the practice of life care planning with limited support from the occupational therapy literature or occupational therapy practice guidelines. As a result, occupational therapists may not be aware that the International Commission on Health Care Certifications (ICHCC) has approved only three educational programs to provide the pre-certification education required prior to the exam and submission of a life care plan for board approval. Without professional guidelines or formalized training in this area of expert forensic practice, occupational therapists can easily and unknowingly misstep when entering the field of life care planning, leading to adverse public criticism for the occupational therapist, and potentially the occupational therapy profession. Determining the future care needs of individuals with chronic health conditions involves each domain of occupational therapy, as defined by the AOTA Occupational Therapy Practice Framework (2014). If a life care plan neglects one or more of the domains, then it is not likely that it will be a complete fit for the individual; thus, potentially jeopardizing their quality of care or funding available to attain the care they need for optimal health.

A Proposed Solution

Described in this doctoral project is an online course titled *Introduction to Life Care Planning* that aims to both address a general lack of awareness about life care planning amongst occupational therapists and improve evidenced-based occupational therapy practice in this area. The outcomes of this course will be to expand the presence of occupational therapists within the practice area of life care planning; encourage occupational therapists to follow the published standard methodology for life care planning to ensure a high standard of care and better health outcomes for clients; and commence the life care planning certification process to protect the reputation of occupational therapists and the profession within the transdisciplinary field of life care planning. These program goals are consistent with AOTA's Centennial Vision elements, including: collaborating for success, professional responsibility, well-prepared workforce, evidence-based decision making and a clear, compelling public image (AOTA, 2017).

Occupational therapy practice is informed through theory to guide practitioners in their daily practice and, similarly, the design and content of the online course is grounded in multiple theories. Keilhofner's Model of Human Occupation (MOHO) provides the common language and framework to inform occupational therapists of the emerging practice area of life care planning (2004). Learning theories in adult education and online education have been integrated into the course development to ensure the instruction, delivery, activities, and evaluation process meet the course objectives.

The course content will rely on the published Standards of Practice for Life Care Planners published by the International Academy of Life Care Planners (IARP), (2015) and AOTA's Occupational Therapy Practice Framework (2014) to describe life care planning and identify the transferable skills of occupational therapists into this growing practice area. Each module will introduce a concept of life care planning, relate it to occupational therapy and a real-life case study, include discussion questions, and provide additional professional resources for the learner to independently broaden their knowledge base.

The significance

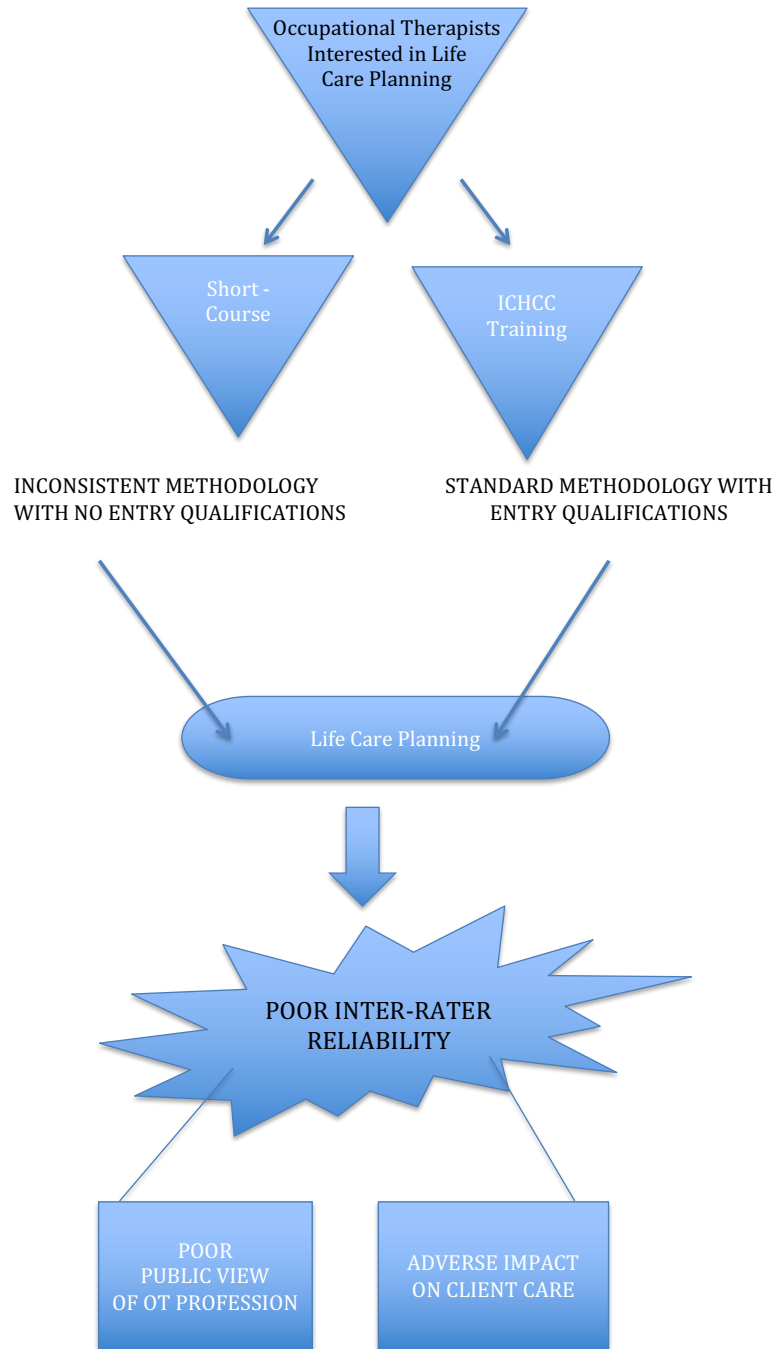
This online course will serve as an educational tool to inform occupational therapists who have limited knowledge of life care planning or who are interested in exploring a new practice area about the topic of life care planning. The therapists will learn that they already have a skill set that can be applied to life care planning, which is a practice area in high demand with above average pay and job flexibility. The participants will become aware of some common pitfalls of working in a litigation context and learn how to initiate the certification process, underscoring the importance of adhering to the published standard methodology of life care planning.

If all occupational therapists who practice life care planning, whether certified or not, adhere to the published standard methodology of life care planning, then the needs of the individual for whom the life care plan is developed will be thoroughly analyzed to the client's benefit. The standard methodology includes a needs-based plan that is

individualized, enabling the individual to access services and supports that result in optimal health. The life care plan is a communication tool and, if developed following the standard methodology of life care planning, becomes an effective tool to communicate the individual's health needs, resulting in adequate funding that facilitates optimal functioning and preservation of health.

Successful dissemination of the course will provide the occupational therapy profession with a resource for occupational therapists in the area of life care planning. It will provide an opportunity to promote and expand the profession within the area of life care planning; and ideally, motivate national occupational therapy associations to develop practice guidelines. Practice guidelines will both help support occupational therapists who are practicing life care planning and ensure that the needs of individuals with chronic health conditions are adequately evaluated, communicated, and thus accounted for.

Appendix A: Explanatory Model



Appendix B: Module Outline

Module 1: Introduction of Life Care Planning

- a. What is life care planning?
- b. Current market demands
- c. Case study analysis
- d. Additional resources
- e. Knowledge quiz

Module 2: Transferrable Skills

- a. Methodology
- b. Evidence based clinical guidelines
- c. Community resourcing
- d. Case study analysis
- e. Additional resources

Module 3: Forensic Practice

- a. Definition and role of an expert
- b. Case study analysis
- c. Mock trial questions
- d. Additional resources

Module 4: Getting Started

- a. Timeline
- b. ICHCC approved training programs
- c. Mentorship

Appendix C: Module Examples

Module 1 Example

Module 1: Introduction to Life Care Planning

Objectives

- Provide an overview of the purpose and utility of life care planning
- Understand occupational therapists' role in life care planning
- Gain knowledge of the certification process and market demands of life care planning

Readings

International Association of Rehabilitation Professionals (2015). *Standards of practice for life care planners*. (3rd ed.). Atlanta, GA: IARP.

International Commission on Health Care Certification. (2015). Practice standards and guidelines. Nineteenth Printing. *International Commission on Health Care Certification*.

Introduction

Welcome to *Introduction to Life Care Planning*. In this module, you will gain knowledge of an emerging practice area called life care planning, examine the similarities between life care planning and occupational therapy, and apply the standards of practice for life care planning and occupational therapy to a real-life case study. By the end of this module you will be able to:

- ❖ Recognize similarities between a life care plan and an OT evaluation
- ❖ Identify categories of care that are considered in a life care plan
- ❖ List the qualifications required for pre-certification training
- ❖ Describe the market demands for certified life care planners
- ❖ Apply existing OT skills to a life care planning case study

Although a self-paced course, the WizIQ NextGen will enable you to interact with the instructor of the module and other occupational therapists who are interested in life care planning through discussion board postings and direct messaging. Technical support is available through the learning platform if you run into any technical issues.

Content

The published definition used for a life care plan is “....a dynamic document based upon published standards of practice, comprehensive assessment, data analysis, and research, which provides an organized, concise plan for current and future needs with associated costs for individuals who have experienced catastrophic injury or have chronic health care needs,” (IARP, 2015, p. 5). An occupational therapy evaluation is defined by the American Medical Association (AMA) as including “.....an occupational profile, medical and therapy history, relevant assessments, and development of a plan of care, which reflects the therapist’s clinical reasoning and interpretation of the data. Coordination, consideration, and collaboration of care with physicians, other qualified health care professionals, or agencies, is provided consistent with the nature of the problem(s) and the needs of the patient, family, and/or other caregivers” (AMA, 2017, p. 664). You will notice that the definitions of life care planning and OT evaluation have many similarities, including performing an assessment, analyzing data, and developing a care plan for an individual with a health impairment.

IARP has published a standards methodology for life care planning to promote growth and consistency within the profession (2015). A life care plan is a dynamic document that is needs-based for optimal care that maintains an individual’s level of

physical, cognitive, and emotional functioning. The life care plan is designed to prevent foreseeable problems associated with chronic health conditions, e.g. social isolation, emotional problems, health complications, etc. The plan relies on evidenced-based research and practice guidelines to establish the medical foundation for each care item within the plan. Similar to occupational therapy rehabilitation plans, life care plans are “dynamic” and evolve with new information or as the client’s condition changes. Additionally, life care plans are preventative to prevent foreseeable problems association with chronic health conditions such as social isolation or deconditioning.

Occupational therapy rehabilitation plans tend to be developed for shorter time periods than life care plans. For example, in acute care hospitals the occupational therapist may set goals and makes recommendations for an anticipated hospital stay of a couple days or, in skilled nursing facility, the therapy goals and recommendations may evolve over several weeks. In life care planning, the goals and recommendations cover the remainder of the individual’s life and consider the development processes associated with aging.

The purpose of occupational therapy rehabilitation plans is often to communicate to the client, family, and other health care professionals about the goals of an individual, with recommendations to remediate or compensate for impairments in order to optimize performance in daily activities. The purpose of the life care plan similarly communicates the goals and needs of the individual, but also provides the cost of those recommendations through geographically appropriate cost research, Table 8.1. These cost projections are utilized for budgeting purposes and are most often used in the context

of personal injury litigation to either settle a personal injury claim or inform the court.

SUMMARY COST TABLE

Description	Cost per Year	Non-Recurring Cost
Appendix A-1: Future Medical Care Routine	\$0.00	\$0.00
Appendix A-2: Future Surgical Intervention	\$0.00	\$0.00
Appendix A-3: Medications	\$0.00	\$0.00
Appendix A-4: Ergonomic Supplies	\$0.00	\$0.00
Appendix A-5: Testing or Ed Assessment	\$0.00	\$0.00
Appendix A-6: Projected Evaluations	\$0.00	\$2,005 to \$2,175
Appendix A-7: Projected Therapeutic Modalities	\$0.00	\$22,780 to \$33,660
Appendix A-8: Aids for Independent Function	\$0.00	\$0.00
Appendix A-9: Orthotics/Prosthetics	\$0.00	\$0.00
Appendix A-10: Wheelchair Needs	\$0.00	\$0.00
Appendix A-11: Wheelchair Accessories	\$0.00	\$0.00
Appendix A-12: Orthopedic Equipment	\$0.00	\$0.00
Appendix A-13: Home Care	\$18,201.95 to \$19,881.95	\$89.95
Appendix A-14: Transportation	\$960.00	\$0.00
Appendix A-15: Home Modifications	\$0.00	\$11,476 to \$20,536
Appendix A-16: Architectural Renovation	\$0.00	\$0.00
Appendix A-17: Health Maintenance & Leisure	\$0.00	\$0.00
Appendix A-18: Potential Complications	\$0.00	\$0.00
TOTAL	\$19,161.95 to \$20,841.95	\$36,350.95 to \$56,460.95

Table 8.1. Cost Projections. The cost projection of therapies over time in a life care plan.

Standards of practice for life care planning includes consideration of eighteen different categories of care for an individual who has sustained a catastrophic injury or has chronic health needs. The categories include evaluations, therapies, wheelchair needs, medications and supplies, medical care, orthotics and prosthetics, transportation, home support, architectural renovations, aids for independent living and leisure or recreational equipment. The details of each category of care are beyond the scope of this course, but as an occupational therapist, you are likely familiar with the majority, if not

all, of the titles. Occupational therapists work in a variety of practice areas and we often recommend items and/or services in these categories of care. Similar to occupational therapy practice, a life care planner relies on the medical foundation available, via medical records or professional consultations, to determine the most appropriate categories of care needed.

International Commission on Health Care Certifications (ICHCC) has set minimal requirements for health care professionals seeking to become certified life care planners (2018). The qualifications include holding a minimum of a Bachelor's degree, a minimum of three years of field experience, and licensure within a designated profession. To become a certified life care planner, completion of 120-hour ICHCC approved training course is required, followed by an examination and board review of a life care plan, to be discussed in greater detail in Module 4. The market demands for life care planners are high and projected to increase given the limited number of certified life care planners in North America. Typically, certified life care planners can bill an average of \$80 to \$150 per hour, and certified nurse life care planners are billing an average of \$150 to \$245 per hour.

Case Study

Prior to his injury, Mr. Smith was a 50-year old self-employed, married man with two school aged children. Mr. Smith owned and operated a plumbing business and his wife handled the bookkeeping. In 2013, Mr. Smith was in a car accident and diagnosed with multiple soft tissue injuries and a concussion. Despite attending physical therapy,

massage therapy, and occupational therapy, he was unable to return to work.

Now, Mr. Smith is divorced with shared custody of his children. He continues to report bodily pain, headache, and fatigue and memory issues restricting his ability to fully participate in household tasks, parenting, and work. He would like to be pain-free, work, and parent his kids.

The current medical diagnoses include: Somatic Symptom Disorder, Major Depressive Disorder, Generalized Anxiety Disorder, and Post-Concussion Syndrome. There is medical consensus that the prognosis for further recovery is poor. Physicians recommend ongoing medications, exercise, counseling, homemaking services, and occupational therapy services.

Discussion Board

Please post your answers to the following questions on the discussion board on WizIQ. To facilitate discussion, please read and respond to at least one other course participant and feel free to ask other participants or the instructor questions.

Discussion 1: Based on review of the case study, what categories of care do you think will be required for Mr. Smith? Please prioritize your top three categories and explain why.

Discussion 2: Based on the evidence presented in the case study, how long do you think Mr. Smith will require the items/services you recommended for discussion 1? When answering, please link the evidence from the case study to your opinion on the duration of services.

Summary

This introductory module has introduced you to the emerging practice area of life

care planning, for which occupational therapists are already qualified to engage in further training to become certified. Comparisons between life care planning and occupational therapy have been made in terms of definitions and rehabilitation planning in order to illustrate that occupational therapists have value and relevant skills to contribute to this area of practice. The next module, entitled *Transferrable OT Skills*, will delve deeper into the existing OT skills you have that will enable you to transition into this new area of practice.

Additional Resources:

- International Commission on Healthcare Certification, www.ichcc.org
- International Association of Rehabilitation Professionals, www.rehabpro.org
- Journal of Life Care Planning, www.rehabpro.org
- “Father” of life care planning, www.paulmdeutch.com

References:

American Medical Association (2016). *Current Procedural Terminology: CPT© 2017 professional edition*. Chicago: AMA. Current Procedural Terminology is copyright 1966, 1970, 1977, 1981, 1983-2016 by the American Medical Association. All rights reserved.

International Association of Rehabilitation Professionals (2015). *Standards of practice for life care planners*. (3rd ed.). Atlanta, GA: IARP.

International Commission on Health Care Certification. (2015). *Practice standards and guidelines*. Nineteenth Printing. *International Commission on Health Care Certification*.

Module 1 Knowledge Quiz

To be eligible for 1.5 continuing education units or to test your knowledge, please take the knowledge test on WizIQ which consists of four questions relating to module 1.

1. The definitions of life care planning and OT evaluation have the following similarities:

	True	False
Resultant reports are dynamic	<input type="radio"/>	<input type="radio"/>
Describe the process of developing a plan of care	<input type="radio"/>	<input type="radio"/>
Indicate the need for an assessment of the client's needs	<input type="radio"/>	<input type="radio"/>
Address the needs of an individual with a health impairment	<input type="radio"/>	<input type="radio"/>
Plan for a lifetime of needs	<input type="radio"/>	<input type="radio"/>

2. Identify the areas of care considered in life care planning:

A	Projected therapeutic modalities
B	Home care
C	Aids for independent function
D	Leisure or recreational equipment

3. What qualifications are necessary to apply for ICHCC certification in life care planning?

A	Bachelor's degree
B	Minimum of five years of rehabilitation experience
C	Licensure in a regulated health profession
D	Experience in life care planning

4. The current market demands for life care planners are:

A	Low
B	High
C	Increasing
D	Decreasing

Module 2 Example

Module 2: Transferrable OT Skills

Objectives

- To compare the methodology of life care planning and occupational therapy
- To demonstrate the transferrable skills OT have to apply to life care planning

Readings

American Occupational Therapy Association. (2014). *Occupational Therapy Practice Framework: Domain & Process* (3rd Edition). The American Journal of Occupational Therapy, 68, S1-S48.

International Association of Rehabilitation Professionals (2015). *Standards of practice for life care planners*. (3rd ed.). Atlanta, GA: IARP.

Introduction

Welcome to Module 2 of *Introduction to Life Care Planning*. In this module, we will compare the standard methodology of life care planning and occupational therapy. Then, apply the standards of practice of both life care planning and occupational therapy to a real-life case study. By the end of this module, you will be able to:

- ❖ Recognize similarities of the methodology of life care planning and OT
- ❖ List at least three differences between a life care plan and OT rehab plan
- ❖ Apply existing OT skills to a life care planning case study

Although a self-paced course, the WiziQ NextGen will enable you to interact with the instructor and other occupational therapists who are interested in life care planning, through discussion postings and direct messaging. Technical support is available through the learning platform if you run into any technical issues.

Content

Life care planning and occupational therapy both have standards of practice which guide the occupational therapists' methodology of assessment/evaluation (AOTA, 2014 & IARP, 2015). When developing a life care plan, health care professionals must continue to adhere to their own professional practice standards while also applying the published standards of practice of life care planning. For occupational therapists, this amalgamation is a natural fit. As you will see in Figure 8.1, there are many similarities between the two methodologies, including review of the referral information, conducting an interview with the client, involving the family when appropriate, being knowledgeable of clinical practice guidelines, collaborating with other team members, and analyzing the data to communicate recommendations that are based on clinical judgement.

Methodology Overview	
Life Care Plan	OT Evaluation
Comprehensive medical review	Document referral source and data collected
Clinical interview (family if possible) and history	Describe occupational profile
Collaborate with treatment team	Analyze occupational performance
Review clinical practice guidelines and literature	Identify factors that hinder and support occupational performance
Assist in achieving optimal outcomes with a plan to remediate, prevent or reduce complications	Delineate areas targeted for intervention
Organize, evaluate and interpret client-specific information and link to recommendations	Delineate outcomes expected
	Administer relevant assessments, interpret and summarize data
	Communicate recommendations based on clinical judgment

Figure 8.1. Standard Methodology. A comparison of the methodologies of life care planning and occupational therapy.

Since life care planning is a transdisciplinary practice, registered nurses, vocational counsellors, psychiatrists, social workers, and other types of regulated health care professionals are able to become certified in life care planning. See Figure 8.2. Each health care professional has their own scope of practice from which to select and interpret assessment tools. For example, a vocational counsellor may provide an interest survey, aptitude testing, and provide vocational recommendations; however, they will rely on other professionals to make recommendations outside of their scope of practice such as home care hours, medications, or adaptive equipment. Likewise, a registered nurse will conduct an intake interview and may conduct a medication assessment with recommendations for nursing, adaptive aides, or medical supplies but rely on an occupational therapist to conduct a home assessment to provide recommendations for home support, adaptive equipment, or to quantify the future occupational therapy needs.

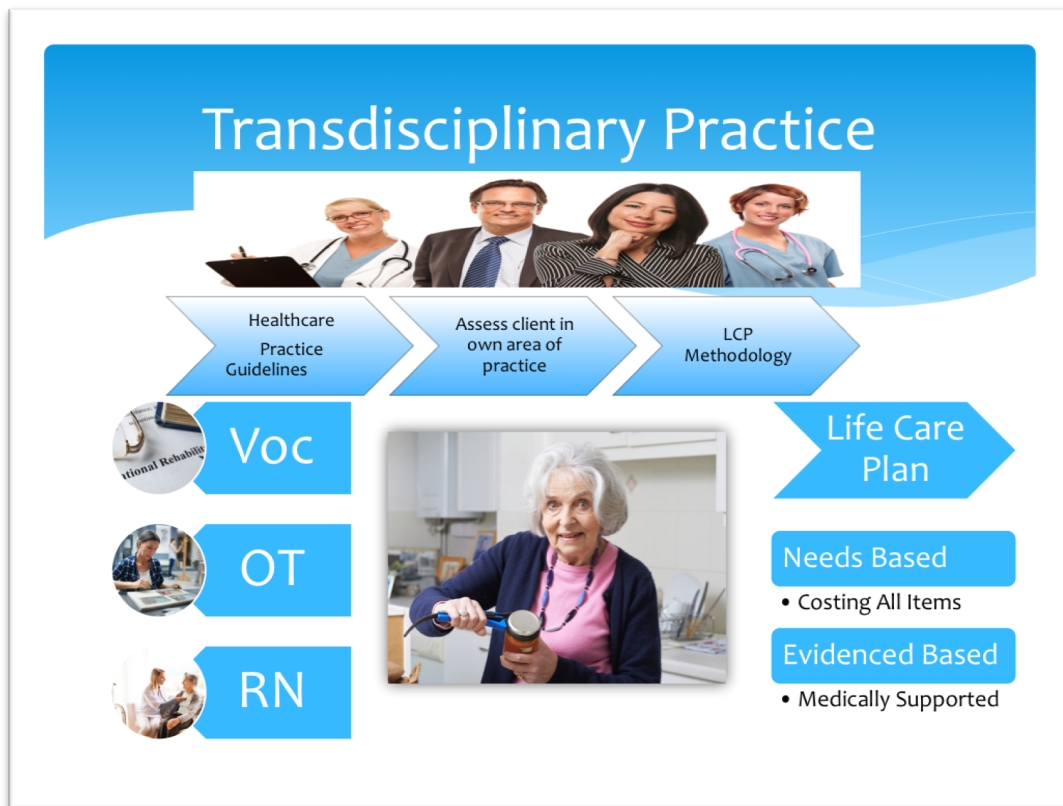


Figure 8.2. Transdisciplinary Practice. Certified life care planners complete life care plans using their own practice guidelines and adhere to life care planning methodology.

For occupational therapists, the assessment process involves a client interview and administration of appropriate occupational therapy assessment tools, including a functional assessment within the home environment to determine the primary impairments that are interfering with function. Within the scope of the occupational therapist is to make recommendations for several categories of care, such as therapies, home care, adaptive equipment, ergonomic equipment, exercise, leisure and recreational items, and vocational services. As usual, the occupational therapy recommendations are based upon the medical foundation provided with the referral. The occupational therapist often relies on consultations with other health care providers to assist quantifying services

that are outside the scope of occupational therapy, such as frequency and duration of psychology, medication dosages, vocational counselling hours, oral appliances, etc.

Similar to other areas of occupational therapy, once the occupational therapist has completed the life care plan assessment, the assessment data is analyzed along with the medical information received at the time of the referral. Typically, the medical records received include hospital records, physician and treating therapists' notes, independent medical examination reports, etc. The medical records are analyzed along with the OT assessment data to establish the medical foundation for the life care plan. The goal is to determine the pre-injury functioning, current medical diagnoses and prognosis, and response to treatment to date in order to develop an individualized care plan to optimize functioning. When medical opinions contradict each other or are different, the life care planner presents the costs of both options as it is outside the scope of practice of an occupational therapist to choose one medical opinion over another.

Occupational therapists are used to providing evidenced-based recommendations and life care planning is no different. Similarly, performing a literature review and being knowledgeable of relevant clinical practice guidelines assists with establishing a scientific foundation for the life care plan and assists with providing health education to those reading the report.

Finally, the practice of life care planning requires being aware of community resources in order to provide the cost of each item within the care plan. Occupational therapists often request funding for care items in daily practice, regardless of the practice setting. In life care planning, each care item is justified with comparison quotes to

provide an accurate picture of the costs associated with each item. As a needs-based plan, it is recommended the care items are discussed with the client, as they are likely to utilize the item or service.

Case Study

Mr. Smith was diagnosed with Somatic Symptom Disorder, Major Depressive Disorder, Generalized Anxiety Disorder and Post-Concussion Syndrome. His medical prognosis for further recovery is poor. Physicians recommended ongoing medications, resumption of supervised exercise, ongoing counseling, ongoing homemaking services, and occupational therapy services to provide case management. Mr. Smith continues to report bodily pain, headache, fatigue and memory issues, and difficulty initiating tasks. He reports that his pain restricts his participation in household tasks, parenting, and work. His goals are to be pain-free, return to work, and be a good Dad.

Discussion Board

Please post your answers to the following questions on the discussion board on WizIQ. To facilitate discussion, please read and respond to at least one other course participant and feel free to ask other participants or the instructor questions.

Discussion 1: What assessment tools would you utilize during the home assessment? Please prioritize one or two and explain why you've chosen to administer those tools.

Discussion 2: What functional task would you want to observe Mr. Smith perform during the home assessment? Why?

Discussion 3: Are you missing any information in the case study that would benefit from a consultation with another health care provider? If so and with client consent, who would you chose to consult with and why?

Summary

Module 2 has reviewed the basic tenets of life care planning and occupational therapy methodology. Comparisons between the methodologies of life care planning and occupational therapy have been made in terms of the assessment process, which includes use of assessment tools, data analysis, review of clinical practice guidelines, and sourcing community resources for the client. Module 2 has reinforced that occupational therapists have valuable and relevant skills to contribute to this area of practice. Module 3, entitled *Forensic Practice*, will delve deeper into the context in which life care planning occurs and examine an aspect of this practice which is a departure from the typical environments occupational therapists work in: the courtroom! Before spending a significant amount of time and money on pre-certification training, make sure working in the litigation context

is right for you. Module 3 aims to demonstrate that the courtroom is more similar to presenting during hospital rounds than you think!

Recommended Resources:

- National Guideline Clearinghouse, www.guideline.gov
- Journals specific to health conditions, e.g. *Pain*, *Journal of Head Trauma*
- *Journal of Life Care Planning*, www.rehabpro.org
- Academy of Integrative Pain Management, www.integrativepainmanagement.org

References:

American Occupational Therapy Association. (2014). *Occupational Therapy Practice Framework: Domain & Process* (3rd Edition). *The American Journal of Occupational Therapy*, 68, S1-S48.

Crow, E., et al. (2015). Effectiveness of Iyengar yoga in treating spinal (back and neck) pain: A systemic review. *International Journal of Yoga*, 8, 3014.

International Association of Rehabilitation Professionals (2015). *Standards of practice for life care planners*. (3rd ed.). Atlanta, GA: IARP.

Judd, L., Schettler, P., & Rush, A. (2016). A Brief Clinical Tool to Estimate Individual Patients' Risk of Depressive Relapse Following Remission: Proof of Concept. *The American Journal of Psychiatry*, 173(11), 1140-1146.

Module 2 Knowledge Quiz

To be eligible for 1.5 continuing education units or to test your knowledge, please take the knowledge test on WizIQ consisting of four questions related to module 2.

1. The methodologies of life care planning and OT have the following similarities:

	True	False
Conduct a client interview and history	<input type="radio"/>	<input type="radio"/>
Review the referral information and medical information	<input type="radio"/>	<input type="radio"/>
Identify areas of intervention	<input type="radio"/>	<input type="radio"/>
Interpret and summarize the data	<input type="radio"/>	<input type="radio"/>
Communicating the findings and recommendations to others	<input type="radio"/>	<input type="radio"/>

2. What is within the scope of OT practice and relevant to life care planning:

A	Providing a medical diagnosis and prognosis
B	Assessing occupational performance
C	Making recommendations for home care
D	Assisting client to formulate life goals

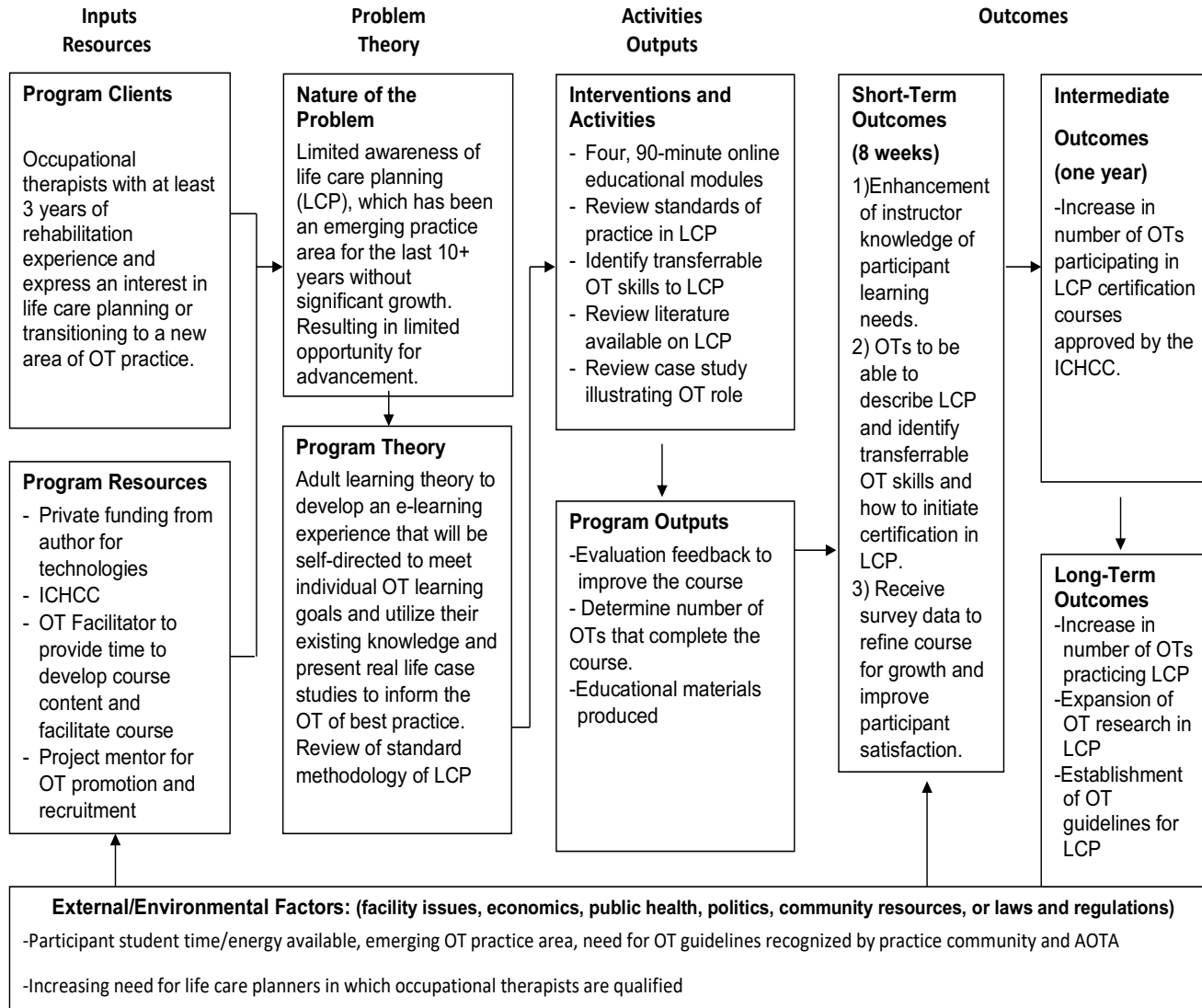
3. What data is analyzed when making recommendations in a life care plan?

A	Clinical practice guidelines
B	Funding available for care items and services
C	Client preferences
D	Location of the item/service to the client

4. What are the differences between life care planning and OT rehab plan?

A	Costing all categories of care is performed by a life care planner
B	LCPs include items/services needed for remainder of expected lifetime
C	LCP recommendations are not limited to funding
D	Life care plan is developed with minimal referral information

Appendix D: Logic Model



Appendix E: Evaluation Material Examples

A sample of questions for each general category and the reasons for selection are provided as follows as discussed in Chapter 4: Evaluation Plan:

1) How many years have you practiced occupational therapy?

- 3 – 5 years
- 5 – 10 years
- 10 – 15 years
- 15+ years

*It is anticipated that learning the demographics of the participants will assist in targeting course content to the appropriate experience level of the participants.

2) The instructor used appropriate and effective teaching methods

- 1 – Very Strongly Disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Neither agree or disagree
- 5 – Somewhat agree
- 6 – Agree
- 7 – Strongly Agree

*This question measures the participant satisfaction with the instructor's chosen teaching methods and delivery.

3) The online course format and page design were easy to use

- 1 – Very Strongly Disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Neither agree or disagree
- 5 – Somewhat agree
- 6 – Agree
- 7 –Strongly Agree

*This question measures the participant experience with the technology of the course.

4) In this course, I gained knowledge that I consider valuable

- 1 – Very Strongly Disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Neither agree or disagree
- 5 – Somewhat agree
- 6 – Agree
- 7 –Strongly Agree

*This measures the participant's satisfaction with the content of the course.

5) Describe up to three things the instructor might change about this course.

- 1.
- 2.
- 3.

*This question is intended to capture unidentified issues with the course to refine the course content and delivery and improve the participant's experience.

6) How likely are you to initiate the life care planning certification process?

Very unlikely [-----] Very
Likely

*This question will inform on if the course has influenced occupational therapists to register in pre-certification training courses in life care planning.

Appendix F: Executive Summary

Introduction

For the past decade, life care planning has been an emerging area of practice for many health fields including nursing, social work, vocational rehabilitation, physiatry, and occupational therapy. Life care plans arose from the need of lawyers to quantify the care needs of individuals who had experienced catastrophic injuries or had chronic health conditions. For example, if a person has been seriously injured in a car accident, the individual may require long-term help, medications, therapies, additional medical treatments or special equipment. The life care plan accounts for all costs the person may incur during their lifetime as a result of their injury. After a settlement, there is no opportunity for the person to return to court to seek additional funding for care. Therefore, it is important for the professionals who are developing life care plans to follow the standard methods of development in order not to miss any care items that the person may require in future.

The International Academy of Life Care Planners (2015) defines a life care plan “as a dynamic document based upon published standards of practice, comprehensive assessment, data analysis, and research, which provides an organized, concise plan for current and future needs with associated costs for individuals who have experienced catastrophic injury or have chronic health care needs” (p. 5). Various educational programs are available for occupational therapists to obtain training on the topic of life care planning, ranging from lunch and learns; webinars; two-day, 16-hour workshops;

52-hour courses; and complete educational programs consisting of 120-hour online and on-site modules. However, occupational therapists and other healthcare professionals are unable to call themselves certified life care planners without attaining the certification provided by the International Commission on Healthcare Certification (ICHCC). Only the 120-hour educational programs approved by the ICHCC will meet the educational requirements for becoming a Certified Life Care Planner.

Neither the Canadian Association of Occupational Therapists (CAOT) nor the American Occupational Therapy Association (AOTA) have specific practice guidelines available to support occupational therapists who are practicing in the area of life care planning, or who are interested in learning more about it. A review of the occupational therapy evidence literature revealed a significant void in the research, with only one article being published in the last 15 years on the topic of life care planning (Klinger, 2004). Occupational therapists may not be aware that the ICHCC has approved only particular educational programs to provide the requisite 120 hours required for certification. Without professional guidelines or formalized training in this area of practice that occurs in a legal context, occupational therapists can easily and unknowingly make mistakes when entering the field of life care planning, leading to adverse public criticism for the occupational therapist and, potentially, the occupational therapy profession, as well as impacting the care available to the client in future.

Determining the future care needs of individuals with chronic health conditions involves each domain of occupational therapy, as defined by the American Occupational Therapy Association's Occupational Therapy Practice Framework (2014). A

comprehensive assessment will consider the individual's occupations, physical/cognitive/emotional skills, performance patterns, and the individual's social and physical context. If a life care plan neglects one or more of the domains, then it is not likely that it will be a complete fit for the individual.

Theoretical Framework

Occupational therapy practice is informed by theory to guide practitioners in their daily practice and, similarly, the design and content of the online course: *Introduction to Life Care Planning*, is grounded in multiple theories. Keilhofner's Model of Human Occupation (MOHO) (2008) is employed to highlight the common language and framework informing occupational therapists in the emerging practice area of life care planning. Learning theories in adult education and online education have also been essential to the course development to ensure the instruction, delivery, activities, and evaluation process meet the course objectives.

Program Overview

An online course titled *Introduction to Life Care Planning* will aim to address a general lack of awareness of life care planning amongst occupational therapists and improve evidenced-based occupational therapy practice in this area. The outcomes of this course will be to expand the presence of occupational therapists within the practice area of life care planning; encourage occupational therapists to follow the published standard methodology for life care planning to ensure a high standard of care and better

health outcomes for clients; and commence the life care planning certification process to protect the reputation of occupational therapists and the profession within the transdisciplinary field of life care planning.

This online course will be delivered as four, 1.5-hour modules with access to a related online discussion board. Initially, in order to recruit occupational therapists to participate in the online course, the development of a database of occupational therapists within the author's existing database will occur. This will enable the course instructor to email them directly with notification of the course offering. In addition, recruitment will rely on word-of-mouth during professional conferences and presentations. After comparing the features of the various learning platforms, this author has opted for the private learner platform WizIQ Next Gen to maintain ownership of the online course material and enable efficient course evaluation and dissemination. The features of WizIQ Next Gen that were considered to be most desirable include: simple navigation, ability to deliver live or self-paced courses, customizable mobile apps, and integrated testing, analytics, and e-commerce.

The instructor will be an occupational therapist who is also a certified life care planner. Technical support, available from the learning platform provider, will likely be required intermittently to assist with initial set-up of the course, including registration and e-commerce for the course. The services of an administrative assistant will be beneficial to create a database of potential learners, develop and send marketing materials notifying occupational therapists of the course, post advertisements online, collect the course analytics and evaluation information, and provide these to the instructor for analysis.

The course content will rely on the published Standards of Practice for Life Care Planners, published by International Academy of Life Care Planners (2015) , and AOTA’s Occupational Therapy Practice Framework (2014) to describe life care planning and identify the transferable skills of occupational therapists into this growing practice area. Each module will introduce a concept of life care planning, relate it to occupational therapy using a real-life case study, include discussion questions, and provide additional professional resources for the learner to independently broaden their knowledge base. The online modules will include text with audio, figures, illustrations, and website links, and will be organized in sequential order, moving from general to more specific information. The course module outline will include: 1) Introduction to life care planning, 2) Transferrable OT skills, 3) Forensic practice, and 4) Getting started.

After a review of the literature and a presentation at the 2017 AOTA annual conference entitled *Life Care Planning: An emerging area for occupational therapists*, (Witty & Jacobs, 2017), it is this author’s belief that the biggest barrier to the implementation of the program will be occupational therapists’ limited awareness of the term “life care planning” when they see the topic advertised or listed along with other occupational therapy program topics. This barrier may be addressed by both networking in regard to the course and continuing to present on the topic at general occupational therapy conferences to promote the online course offering and the practice area of life care planning more generally.

Evaluation Plan

In order to determine if the online course is meeting its objectives, an evaluation plan has been developed to qualitatively and quantitatively measure and analyze program outcomes. An on-line exit survey will be requested at the end of each 90-minute module. SurveyMonkey®, an online survey provider, has been chosen as a low-cost method to provide and process an anonymous exit evaluation at the end of each module. Participants will be asked to answer questions about their course expectations, whether or not the content was informative, and their overall satisfaction with instructor knowledge, course length, and technology use. In addition to the survey results, the instructor of the online course will review the eLearning analytics (time users spend on the course, discussion participation, etc.) available in WizIQ to investigate engagement.

Funding

Implementation of an online course in life care planning requires support from a variety of sources. Beyond gratuitous peer support to review course content prior to online publishing, funding will be required for administrative personnel, technology and writing consultants, instructor time and fees for the online learning platform provider, and online survey provider. Due to the course being online, costs for supplies and travel are negligible. The initial funding required to implement the program is \$2,928, and less after the course is established.

Conclusion

The proposed online program, *Introduction to Life Care Planning*, has been designed utilizing contemporary learning theories, current life care planning specific literature, and relevant professional standards of practice in order to ensure course feasibility, relevance, and scientific soundness. Initially, the course will rely on the time of the instructor and intermittent technical support to transfer the course materials onto WizIQ, the learning delivery platform. Once the course is available online, then administrative support will be relied upon to assist with marketing the course and managing the evaluation data. An application to become an AOTA Approved Provider will be submitted to improve course exposure and improve learner satisfaction by earning AOTA continuing education credits. Initially, it is anticipated the instructor will gain knowledge about the learner's needs while the learner will gain knowledge of life care planning. Over time, with optimal course dissemination, it is anticipated that occupational therapists will become more aware of life care planning, resulting in a demand for research and practice guidelines specific to the role of occupational therapy in life care planning.

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Appendix G: Fact Sheet



Introduction to Life Care Planning: An Online Course

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Life Care Plan (LCP) “a dynamic document based upon published standards of practice, comprehensive assessment, data analysis, and research, which provides an organized, concise plan for current and future needs with associated costs for individuals who have experienced catastrophic injury or have chronic health care needs” (IARP, 2003, p.5).



Certified Life Care Planner (CLCP) Requirements:

Education: B.A. in regulated health field such as occupational therapy, nursing, etc.
Experience: Minimum 3 years of experience in rehabilitation
Training: 120 hours, International Commission on Health Care Certification (ICHCC) approved pre-certification training course
Examination: 3-hour proctored ICHCC exam
ICHCC Board Approval: submitted life care plan or mentorship for 1 year by a CLCP

The Problem:

- Lack occupational therapy practice guidelines to guide OTs in life care planning
- Wide variety of private educational resources with different standards
- Inconsistent methodology being utilized amongst occupational therapists
- Risk of poor public perception of occupational therapists in litigation context
- Risk of adversely impacting quality of client care and potential funding of care

The Solution:

Introduction to Life Care Planning: Online Course

Goals to increase OT participation in Life Care Planning:

- Awareness of the standards of practice of LCP
- Adherence to standard methodology in LCP
- Awareness of LCP as a potential practice area

Target Audience of OT Participants:

- With limited knowledge of life care planning
- Interested in exploring new or emerging practice areas
- Not yet ready to commit time and money to learn LCP

Learning Platform: WizIQ

Course Outline

Module 1: Introduction to LCP

- What is LCP?
- Current market demands
- Case study analysis
- Additional resources

Module 2: Transferrable OT Skills

- Methodology
- Evidence-based clinical guides
- Community resourcing
- Case study analysis

Module 3: Forensic Practice

- Definition of expert
- Case study analysis
- Mock trial questions

Module 4: Getting Started

- Timeline
- ICHCC approved training
- Mentorship



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Curriculum Vitae

