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## They Said: Perspectives on Capstone Experience and Projects in Occupational Therapy

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## They Said: Perspectives on Capstone Experience and Projects in Occupational Therapy

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### Cover Page Footnote

We would like to thank the article contributors: Paula Kramer, PhD, OTR, FAOTA; Varleisha Gibbs, PhD, OTR/L; Karen Jacobs, EdD, OTR/L, CPE, FAOTA; and Anne Cronin, PhD, OTR/L, FAOTA.

### Credentials Display

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The editors of this special issue asked a group of distinguished occupational therapists who are well recognized for their scholarship, academic leadership, and innovative clinical contributions to share their thoughts related to the capstone experience and capstone project in occupational therapy. This group has an impressive combined 100 years of experience in academia and collective contributions to innovate clinical practice. They are uniquely qualified to offer their knowledge and advice to programs designing the capstone experience and to those beginning to mentor capstone projects. Importantly, these interviews were conducted during the 2020 global COVID-19 pandemic and in the context of unprecedented social justice activism, which the reader will see reflected in the responses. We present the conversation here and trust that the reader will find it as inspiring, informative, and provocative as we have.

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**Question:** You are each recognized for your visionary leadership in the profession. Can you share how you envision the future of the profession and the capstone project and capstone experience in that future?

**Dr. Paula Kramer** has dedicated over 35 years of service to help articulate a body of knowledge and theory and to share that knowledge through presentation, publication, teaching, mentoring, and volunteerism. Dr. Kramer reflected on the way capstones will contribute to the professional knowledge base. “I think (the Post) capstone can be used for the development of future research in the profession and can contribute to the profession’s knowledge base. If done properly, the experiences and the projects will help elevate the level of discourse and provide new doctoral level practitioners with an understanding and appreciation of research, which is necessary to grow the profession.”

**Dr. Anne Cronin** has an impressive legacy of working with interdisciplinary teams and creating unique opportunities for occupational therapy locally, regionally, and internationally. She is widely recognized for her advanced scholarship in the area of assistive technology, developmental disability, and clinical reasoning. Dr. Cronin was mindful of how the capstone process encourages professionals to think about nontraditional possibilities for practice and advocacy. “By engaging systematically in these non-traditional settings, the capstone experience could increase confidence in the establishment of new forms of occupational therapy engagement.”

**Dr. Karen Jacobs**, Director of the Post Professional occupational therapy doctorate (OTD) at Boston University, has the distinction of causing Twitter to crash during her 2012 Eleanor Clark Slagle lecture. She envisions influencing change by cultivating resilience as a tangible, honored, and intentionally nurtured tool in a therapists’ toolkit. “We have been researching effectiveness of our program and have found the primary theme is resilience.” Students feel the peer-to-peer and mentor-to-mentee relationship values the psychosocial needs of learners over grades. This has resulted in a reduction of stress, increased self-efficacy, improved social engagement and mitigation of isolation that might have been expected in an online program. Of note, as the world pivots to online learning, this ability to cope with change, to be flexible and use relationships with others to grow, is an urgent model for how to generate health and well-being even in the face of life’s inevitable chaos.

**Dr. Varleisha Gibbs** serves as AOTA’s Vice President of Practice Engagement and Capacity Building. She discusses the promise of the capstone as a way to advocate for the field. “This includes becoming experts in their practice arenas and being able to translate evidence into practice. OTD and occupational therapy practitioners are positioned to be a conduit between the research experts and those in clinical practice. Those completing their clinical doctorate programs can aim to become leaders, not only in specific employment roles. Such practitioners can lead the field in building

capacity in other practice settings and advocating for OT to fill unmet needs, such as in behavioral health.”

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**Question:** The AOTA’s *Vision 2025* for occupational therapy states occupational therapy practitioners must be effective practitioners, leaders who can influence change, collaborators, and facilitators of access to occupation. Can you reflect on how you envision the capstone experiences and capstone projects for OTDs will change the knowledge of the profession and the practice of occupational therapy? How might the capstone experiences and capstone projects advance or inhibit the *Vision 2025*?

**Dr. Kramer:** I think both the experience and the capstone project can do exactly what the vision projects for the future. That is provided that the experiences and the capstone are truly at a higher level and involve careful research and/or program development related to occupations, and are not simply seen as an extension of the Level II fieldwork experience or just a project to be completed without deeper meaning and insight.

**Dr. Cronin:** I can see the possibility that prolonged engagement in settings through a capstone project will support a greater understanding of the strengths, barriers, and values of stakeholders in the practice area of focus. This could lead to improved communication and collaboration across disciplinary boundaries.

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**Question:** In this issue, several authors spoke of challenges to creating and implementing opportunities for students to participate in the capstone experience and complete the capstone project. We posed this question to the group, and asked them to share their opinions on the potential perils and pitfalls in the capstone curriculum. What do you feel has been the greatest challenge to creating and implementing capstone experiences and projects?

**Dr. Kramer:** The biggest problem, as I see it, is making sure that the doctoral experience supervisors and doctoral project coordinators are ensuring that the experiences are high quality and the projects are really research and program development based and are disseminated in some way to promote the profession. Unfortunately, we do not have a substantial amount of PhDs in the field to supervise these students. In addition, many of the postprofessional doctoral programs have not stressed the importance of research and the need to develop the research base of our profession.

**Dr. Cronin** raised a concern and suggested those involved in designing capstone experiences proceed cautiously: “My main concern is the potential for naïve OTD students to move into settings without including important stakeholders and potentially disrupting existing interprofessional relationships. That sentiment seems to call out a critical concern for the profession, one we should be mindful of.”

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**Question:** Each member of the group, when asked if they had do’s and don’ts to offer, focused on the importance of curating, supporting, and providing ongoing developmental opportunities for the mentors.

**Dr. Kramer,** in her noted style for concision, provided a list:

1. *Do* develop each capstone experience carefully, and don’t just take anything available.
2. *Do* find mentors with experience and expertise in a particular area that can help the student grow and flourish.

3. *Don't* allow anyone without some research and/or program development experience to mentor doctoral capstone projects, even if they have a doctorate.
4. *Do* develop programs that promote dissemination of the projects in some meaningful way.
5. *Do* allow students to work on sections of faculty projects so that everyone is working smarter and not harder.
6. *Do* allow your students to use their imagination to develop new and different ideas for their projects, as long as they relate in some way to meaningful occupation.
7. Above all, *don't* make doctoral capstones meaningless exercises. It is not meant to be a dissertation, but it cannot be a small meaningless project.

**Dr. Cronin** focused on the importance of active and ongoing collaboration between the university and the mentor, not just through the student. “I believe that in their enthusiasm for their project the students may not always communicate an understanding of the intent of the program in terms of sustainability.”

**Dr. Jacobs'** suggestion was grounded in her own belief that one has to maintain their own health in order to participate fully in life. An academic program that prepares students as occupational therapists, then, must meet this goal. “You can't dip water from an empty bucket.” “Boston University implemented an occupational circle of mentors, we have a monthly meeting and participate in professional development activities, together. Each mentor gets a mentor. Our mentoring relationship is primary to the success of our students as learners but also as human beings as they grow across their lives. More, this embodied sense of interconnectedness influences the contribution each graduate makes after they graduate from the program. No one has to do everything; we reach out to one another and support one another so we can be well and teach others to be well.”

**Dr. Gibb's** advice focused on the practical need to be organized, suggesting the importance of creating a handbook with well articulated guidance for the learner and the mentors and advisors about sites and setting realistic goals for completing the degree. “Utilize change agent models to align stakeholders to support students rather see them as another challenge and compounding responsibilities of onsite advisors.” Moreover, she cautions, “Do not expect the learners to complete a PhD (or equivalent) dissertation. Educators should not view the capstone as such. Provide additional support, or allow the capstones to feed into larger projects, while making realistic goals for degree completion.”

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**Question:** In this special issue of OJOT, one of the authors writes about a critical pathway for threading individual, group, and population approaches in the curriculum and presents an organizational structure to guide sociopolitical consideration in the promotion of health and well-being. How do you imagine capstone experiences and capstone projects might strengthen the goal of health and well-being across populations?

**Dr. Kramer:** I think that given the pandemic, we have begun to learn more about the importance and effects of sociopolitical aspects on health. We must increase our study of issues of the sociopolitical environment in our curricula and explore how they effect health, well-being, and occupation. Both capstone experiences and projects should explore the effects of SES, gender, ethnicity, localities, etc., on health and on occupation. If parents cannot feed their children, how can they focus on promoting health and wellness and meaningful occupations? These areas should be explored in the context of occupational therapy. Health disparities is a ripe field for OTD experiences and capstone projects.

**Dr. Cronin:** Capstone projects could greatly improve the OTD students' understanding of low resourced community programs and settings. It can move the OTD student out of the medical and insurance supported service delivery and into service delivery for marginalized or low income populations.

In **Dr. Jacob's** 2012 Eleanor Clark Slagle lecture, she spoke of the importance of promoting occupational therapy through words, images, and actions and that information flows through social networks. We asked her to speak to the current focus on sociopolitical health in the occupational therapy curriculum and profession. "We are a global program, we all live in a global community. Networking through word of mouth, at the watercooler, or through digital media not just promotes the profession of occupational therapy but promotes our place in society as individuals. It amplifies our voice. Building a network allows you to fill your own bucket, to build social capital. It's all about the words, the images, and the actions we take and then share across our communities, whether those are face-to-face, professional circles, with individuals, or in our role as global citizens."

**Question:** As you know, the 2018 ACOTE standards advocates for Boyer's four types of scholarship to guide scholarship in the profession. How do you see the four types of scholarship (teaching and learning, discovery, application, and integration) guiding capstone experiences and capstone projects?

**Dr. Kramer:** I think this provides a wonderful opportunity to help develop students who are interested in different aspects of the profession. We can have doctoral experiences involved in teaching in our programs and exploring how different techniques promote learning. We can have more traditional research projects, innovative program development, and explore the integration of occupational therapy into community and group-based programs. I think this opens up the way we look at the doctoral experience and the capstone project.

**Dr. Gibbs:** Programs should see mentors as part of their community. While learners gain experiences, the mentors should also see the value in becoming part of the community. This can be in the form of capstone experience offerings by the institution, formal needs assessments that can inform the site or area of practice, and possibly clinical research opportunities for the mentors. Events, such as advisory board meetings and symposiums, can connect mentors with other professionals and allow for them to see their contribution to the whole.

**Question:** One obstacle educators are concerned about is the challenge to develop a community network of mentors. Do you have some tips or advice to offer programs on how to go about creating a robust community to mentor students during the capstone project and experience?

**Dr. Kramer:** I think programs need to think outside the box and look toward the broad community, not just the occupational therapy community. Homeless shelters, childcare centers, senior communities, veterans' homes, foodbanks, etc., are areas that are ripe for interventions and potential study projects. Make community visits to see how students can be involved, invite these individuals to campus for group meeting to see how their needs may be a fit with your needs. Explore areas of health disparities and see how occupational therapy can fit. I think that most importantly, we can not focus on our traditional placements but must look at areas of the community that are under-resourced and in need, and develop a niche for our profession in those circumstances.

**Dr. Jacobs'** summarized it this way. "Being an occupational therapist is a role for me and I have other roles, too, but as a scientist, a scholar of occupation, I know I need to be healthy in both mind and body to do the things I want to do each day: play, work, contribute. I use rituals each day to

prepare myself; I start with yoga, have some tea, and select an affirmation paired with an image to share through social media. I use this to create a space, to give others the invitation to be their authentic selves. Spending time with students and mentoring their occupational identity is the opportunity of an OTD. This is the nurturing of resilience and the promise of advanced study of occupational therapy.

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## Conclusion

There were several themes in the group's responses. There was consensus that capstone experiences and projects offer an exciting potential for the expansion of the profession's scholarship and practice, beyond the traditional tool box of occupational therapy, but that mentorship was the key element in success of the capstone experience. The critical need for strong communication between the university, the mentor, the practitioner, and the student in the capstone experience was consistently underscored during the interviews. Students are in a learning experience and their enthusiasm may overshadow the important contextual nuances of the pedagogical design of the learning situation. The need to model communication, collaboration, and application of the ethos of occupational science (be well, then do well) resonated in the words, images, and actions these leaders espoused.

Capstones in the educational experience for occupational therapy students is an opportunity limited only by imagination but assured success only through careful planning. Innovative acts have risks, but risks can be mitigated when we listen to those with experience. That's the promise of the capstone experience. Cautions were offered by the panel as well: to be successful, capstones should be designed with care and mentors need to be experienced and provide expertise in the area of mentorship. The group agreed the profession needs to ensure students focus on integrating occupational-based intervention and outcomes regardless of the various settings if the capstone experience is successful in promoting the unique value of occupation and occupational therapy's scholarship.

To achieve the vision of the profession, programs and the profession need to embed in the experience meaningful ways to disseminate the work of the capstone projects; otherwise, we will squander the opportunity of the experience. We must consider the importance of the challenge we are asking of our faculty and, in turn, our students and provide meaningful mentorship and communities of practice in academia that nurtures the spirit of educators, capstone supervisors, and, ultimately, those seeking to attain either entry-level or postprofessional OTD degrees.

We wish to thank this distinguished group of scholars, visionaries, and leaders: Dr. Anne Cronin, Dr. Varleisha Gibbs, Dr. Karen Jacobs, and Dr. Paula Kramer for sharing their insightful thoughts about the capstone experience and capstone project.

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*Guy L. McCormack, PhD, OTR/L, FAOTA is a guest speaker and advisor and previously served as the interim program director and clinical professor in the Occupational Therapy Doctoral Program at the University of the Pacific. He is also a professor emeritus at Samuel Merritt University. He received his BS in Occupational Therapy at the University of Puget Sound, his MS at the Ohio State University, and his PhD at Saybrook University. He is a co-editor for the AOTA OT Manager, author of Pain Management for Health Professionals, and author of Therapeutic Use of Touch for Health Professionals. Dr. McCormack has published numerous journal articles and presented several papers at state, national, and international conferences.*

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