LIFE UNPAUSED: AN OT CANCER SURVIVORSHIP PROGRAM WITH TELEHEALTH ACCESSIBILITY

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DESCRIPTION THE DEI SITE

Cancer CAREpoint (CCP) is an independently funded nonprofit cancer support and resource center located in San Jose, California. Its mission is to "transform support for cancer patients, survivors, family members, and caregivers in the Silicon Valley through personalized one-on-one counseling, assistance, resources, and education (CCP, n.d., para. 1). The organization serves anyone directly or indirectly impacted by cancer. CCP provides counseling and support services, exercise classes (i.e. yoga and qi gong), nutrition seminars, therapeutic massage, guided imagery and mediation sessions, wig fitting services, and so much more.

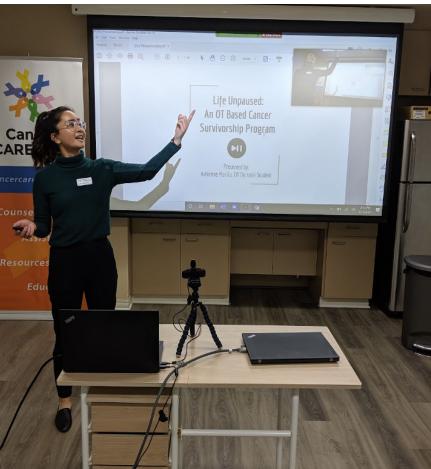


OVERVIEW OF THE CAPSTONE PROJECT

The capstone project focused on the development of "Life Unpaused," an occupational therapy-based cancer survivorship program with Telehealth accessibility.

Purpose/Goal: To promote quality of life (QOL) and participation in daily activities in the cancer survivor population.

Duration: Four week program met once a week for 90 minutes. One hour was dedicated to educating participants while the remaining 30 minutes was reserved for group discussion and peer to peer sharing.



Content: Topics for the program included symptom self-management (i.e. pain, fatigue, endurance, memory, etc.), adaptive/compensatory strategies, health promotion, stress, and occupations identified by participants (i.e. returning to work/school, self-care, sleep, etc.).

Accessibility: The program ran two concurrent cycles: one in the evening and one in the afternoon. Telehealth was available to participants who opted for distance/remote participation if they were unable to attend in person.

SUMMARY OF THE NEEDS ASSESSMENT

Based on staff and client feedback, the following were three identified areas of need to improve/add to CCP's existing survivorship program:

- **1.** Develop a program that includes metastatic survivors.
- 2. Teach compensatory and adaptive strategies for symptom management to enable participation in cherished or necessary occupations (i.e. as work and home management).
- 3. Increase accessibility via Telehealth.

STUDENT LEARNING OBJECTIVES

Learning Objective 1: Create and implement an OT-based cancer survivorship program that promotes QOL, and healthy habits, roles, and routines to address the needs of cancer survivors in the Silicon Valley.

Learning Objective 2: Develop educational resources for clients and staff to promote carry-over of skills taught during "Life Unpaused" sessions.

Learning Objective 3: Collect data to evaluate the effectiveness of "Life Unpaused" to determine if the needs of clients and organization have been met

LITERATURE REVIEW

QOL:

- Cancer survivors, have a significantly lower perceived QOL one-year post-treatment (Hwang et al., 2015).
- Telehealth interventions can be instrumental in decreasing depression and anxiety and improving QOL (Larson et al., 2018).

Self Management:

- Self-management interventions can improve psychosocial well-being and decrease frequent utilization of healthcare services (Coffey et al., 2016).
- By establishing healthy habits (i.e. diet and exercise) participants are motivated to develop other healthy habits into their routines (Coffey et al., 2016; Dunne et al., 2017).

Psychosocial:

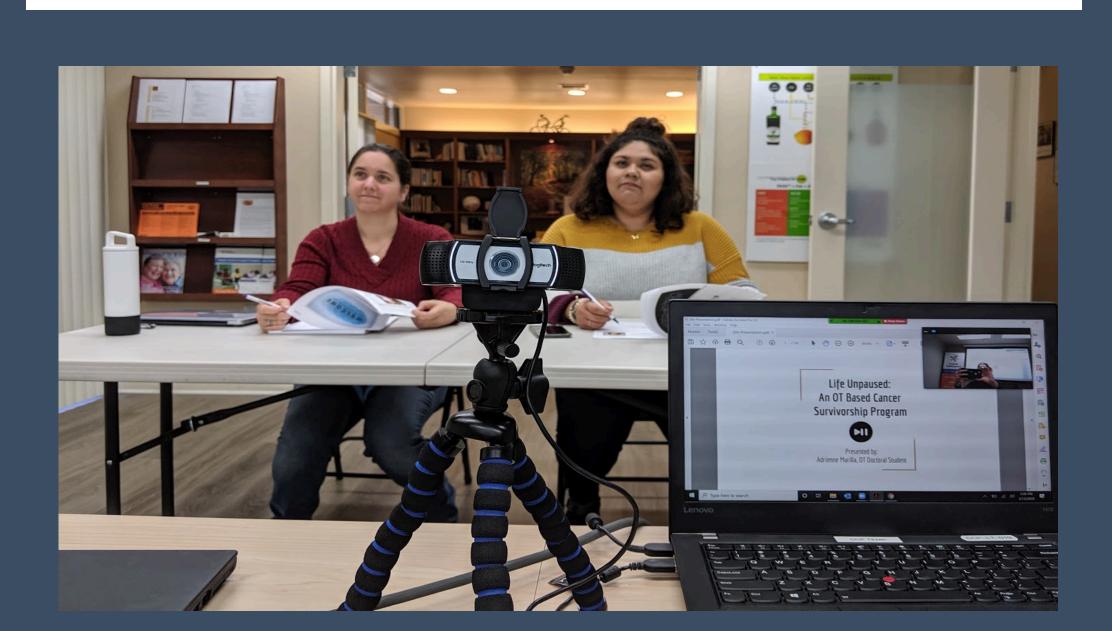
Post-treatment anxiety and depression levels decreased through disease process/side effects education (Hunter et al., 2017b; Coffey et al., 2016).

Compensatory/Adaptive Strategies:

- Most common body functions cancer survivors struggle with are energy, memory, attention, pain, and muscle strength (Hwang et al., 2015).
- Most common performance skills cancer survivors face are multitasking, coping during stressful situations, building emotional resilience after disappointment, and completing tasks (Hwang et al., 2015).

Telehealth:

- The main benefits are convenience and increased accessibility, especially for individuals living in remote areas (Cox et al., 2017).
- It alleviates the cost of energy and time spent driving to a physical location (Cox et al., 2017).



PROJECT OUTCOMES

Assessment Results

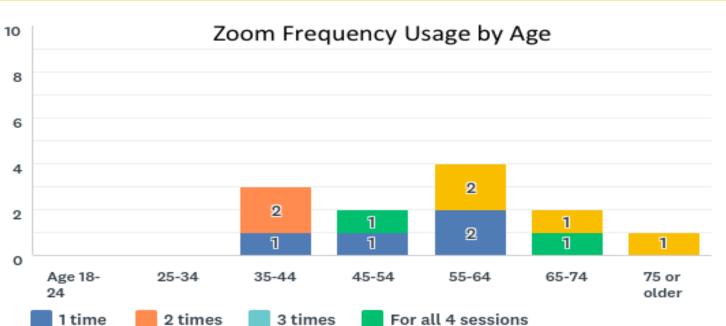
COPM Paired Samples T-Test (Standard)

			t	df	р	Cohen's d
Performance_Post	-	Performance_Pre	4.93	11	< .001	1.42
Satisfaction_Post	-	Satisfaction_Pre	7.12	11	< .001	2.06
Vote. Student's t-test.						
	*	For both performan	ce and s	atisfact	tion p < 0	.05 indicating
		ice. Results also sho	W VEDV I	lange of	fact sizes	(Cohon's D)

			t	df	р	Cohen's c
Post_Physical_Well_Being	-	Pre_Physical_Well_Being	0.72	11	0.49	0.21
Post_Psychological_Well_Being	-	Pre_Psychological_Well_Being	5.57	11	< .001	1.61
Post_Social_Concerns	-	Pre_Social_Concerns	2.43	11	0.03	0.70
Post_ Spiritual_Well_Being	-	Pre_ Spiritual_Well_Being	0.29	11	0.78	0.08

well-being and social concerns.

Post Life Unpaused Feedback and Telehealth Survey Results



Pros/Cons of Using Zoom (Telehealth)	Theme		
"Saved a lot of time"	Convenience/Flexibility		
" Sometimes hard to hear" " The echo becomes distracting id presenter stands too far from the mic"	Audio Problems		
"It was convenient. But for my lifestyle (with a toddler), it was too hard to stay focused"	Difficulty Focusing		
What did you like best about the content? What was most helpful?	Theme		
"practical advice" "helpful tips" "variety of tips and tricks"	Strategies can be applied to daily life		
"meal prep tools" "tools for the kitchen"	Learning about different adaptive equipment		
"I liked how to parcel out your energy"	Energy conservation optimized daily planning		

" How to plan ahead so that things don't get overwhelming"	
"Just knowing that other people are dealing with similar issues"	Participating in a group setting validated experience of symptoms
"I liked the handouts"	Handouts and worksheets served as reminders

can hang up the one paper worksheets.

Never used Zoom

SCHOLARLY DELIVERABLES

- Educational materials in the form of handouts. worksheets, and Powerpoints were distributed to participants and later uploaded to CCP's share drive.
- Data and program outcomes were reported to staff and clients during site-wide presentation.



Implications for Occupational Therapy

Limitations

Future Directions

I wish to express my deepest gratitude to my faculty mentor Dr. Manisha Sheth, OTD, OTR/L and my community site mentor Morrigan Bruce, MPA Director of Programs, for their invaluable guidance, encouragement, and mentorship throughout this process. This project would not have been possible without the support of Dr. Marie Atallah, Dr. Daniel Cipriani and everyone at Cancer CAREpoint. Finally, I wish to say a special thank you to our Capstone Coordinator, Dr. Danielle Friberg for her dedication, help, and attention to detail throughout the entire DEI/Capstone process.

DISCUSSION / IMPLICATIONS

Interpretation of Results

• Despite no statistical significance for physical well-being scores in the QOL-CSV, participants still reported higher psychological well-being and social concern scores. This is also consistent with the increase in COPM performance and satisfaction scores (p<0.05).

• Telehealth is a viable method for closing the accessibility gap. Ten out of 12 participants attended all four sessions in person, online or some combination of the two.

• Even though participants who never used Zoom were in the older age ranges, their age peers were still using the technology. In fact, one participant over the age of 65 used Zoom for all four sessions.

• Participants reported occasional audio issues during Zoom usage.

 Participants enjoyed the real life applicability of the content. Educational materials kept participants motivated and accountable.

• Group setting validated and normalized aspects of each participant's survivorship experience.

• OT has an important role in cancer survivorship care.

• OT has a role in increasing health literacy in community based settings.

• Despite the Covid-19 pandemic, OT can still provide services via Telehealth.

• OT can use Telehealth for both individual and group settings.

• The program had a small sample size (n=12), so findings cannot be generalized the larger population.

• Limited evidence for OT and cancer survivorship care.

• Tech literacy can be a barrier.

• Audio while using Zoom in this hybrid format needs improvement.

After obtaining licensure, the OT Doctoral student will facilitate the program again along with individual consultations.

• Life Unpaused" can be adapted to a completely online format.

• Scholarly dissemination of the capstone project will take place via poster presentation and publication so as to contribute to OT research.

ACKNOWLEDGEMENTS