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Designing Effective Capstone Experiences and Projects for Entry-Level Doctoral Students in Occupational Therapy: One Program's Approaches and Lessons Learned

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Designing Effective Capstone Experiences and Projects for Entry-Level Doctoral Students in Occupational Therapy: One Program's Approaches and Lessons Learned

Abstract

Entry-level doctoral occupational therapy programs require students to complete a capstone experience and project that supports advanced skills through an in-depth learning experience with a student-selected mentor. Strong curriculum design and mentorship are vital aspects of successful capstone experiences and projects. Through the application of these key components, students are supported, in collaboration with mentors, to achieve mutually beneficial projects allowing advancement of the profession through dissemination of capstone work.

Comments

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Keywords

occupational therapy, capstone, doctorate, curriculum, mentor

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The first entry-level occupational therapy doctoral (OTD) program in the US was accredited in 1998 (American Occupational Therapy Association [AOTA], 2014), and the initial entry-level OTD education accreditation standards were set forth by the American Council for Occupational Therapy Education (ACOTE) in 2006. The doctoral section of the ACOTE standards were subsequently updated in 2011 and 2018 (ACOTE, 2018; AOTA, 2011). In 2015, there were six accredited entry-level OTD programs in the US; currently, approximately 170 entry-level OTD programs are either fully accredited, in the application process for accreditation, or in the development phase of accreditation (AOTA, 2019). A steady increase of new OTD programs emerging has resulted in major changes to the accreditation standards that outline the uniqueness of the doctoral degree compared with the master's degree.

One pivotal and consistent component of the doctoral standards is the requirement for students to complete an advanced competency experience at the end of the curriculum. The most recent ACOTE standards, to be implemented in the summer of 2020, changed the name from the previously entitled "doctoral experiential component" to the "capstone experience and project" (ACOTE, 2018, p. 38). Capstone components in entry-level OTD curricula support previous literature, both inside and outside of the profession, that asserts that graduates from these programs must engage in experiences and projects that demonstrate synthesis and application of knowledge gained through the curriculum (ACOTE, 2018; Campbell, 2011). In addition, the literature reflects the view that doctoral students should participate in professional scholarly endeavors (ACOTE, 2018; Jirikowic et al., 2015). The OTD capstone is an essential component of entry-level OTD programs that prepare graduates to accept responsibility and professional autonomy in assuming leadership roles in the health care delivery system (AOTA, 2013). According to ACOTE standards, the capstone should not be designed as a third fieldwork; rather, it should provide students with an in-depth experience in one or more of eight identified focus areas: clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, education, and theory development (ACOTE, 2018). Further, compared with the previous ACOTE standards, the newest standards provide more detail on the requirements for students, educational programs, and capstone mentors.

The entry-level OTD capstone is divided into a 14-week capstone experience and project (herein called capstone), which ACOTE requires to be aligned with each program's vision, mission, and curricular design (ACOTE, 2018). During the capstone, students are mentored by an individual with expertise in the student's area of interest, and students complete an individual capstone project that demonstrates synthesis of advanced knowledge as well as application of gained knowledge (ACOTE, 2018). Through capstone experiences and projects, occupational therapy (OT) students are afforded significant opportunities to enhance knowledge, skills, and motivation by engaging in emerging practice areas, primary care, interprofessional teams, and specialty practice areas (Olsen et al., 2010). Capstone experiences and projects are widely used as a component of teaching in graduate health profession programs and are often associated with higher levels of student learning because of the deeper approach that allows students to gain experience integrating ideas into real-world practice (Campbell, 2011). Clinical doctoral programs, many of which include capstone projects, have become the new educational standard among most health professions (Brownell & Swaner, 2009; Campbell, 2011). An entry-level schema for clinical doctorates is a precedent that has been established by a variety of health-related professions, including OT.

Both the increasing number of entry-level OTD programs in the US and demands to recruit and support new capstone opportunities have created a need to describe the capstone curricula and

educational methods of existing programs as potential models for other programs. Having gained experience and addressed key challenges in designing and implementing OTD capstone curricula, the authors are motivated to share the program's model and lessons learned with peers in academic and nonacademic OT settings. This paper will describe the curriculum design of this institution's capstone program as well as the processes of academic preparation, the roles and responsibilities of capstone partners, the mentor selection processes, approaches to capstone evaluation and outcomes, and lessons learned. The intent of this article is to support academic colleagues in informing the development and implementation of effective new capstone programs for OTD students.

Key ACOTE Standards Related to Capstone

ACOTE is an associated advisory council of the executive board of AOTA and is the recognized accrediting agency for OT education. Academic resources outlined in the A.2.0 ACOTE (2018) standards address the roles, qualifications, general responsibilities, and release-time expectations of the capstone coordinator (CC). Capstone definitions and requirements are addressed in the eight D standards (ACOTE, 2018). These capstone-specific standards address the design of the doctoral capstone and its reflection of the curriculum design, preparation for capstone, contractual agreements, duration of the capstone experience, mentor requirements, mechanism of evaluation, and doctoral project stipulations (ACOTE, 2018). In the following sections, key ACOTE standards are summarized for capstone experiences and projects, demonstrating approaches to achieving these standards most effectively.

Doctoral Program Overview

This university's OT program is 33 months in length and comprises 2 years of didactic coursework. It includes three Level I fieldwork rotations, 6 months of Level II fieldwork, and a 14-week capstone that occurs in the final semester. When the inaugural cohort of students were enrolled, six other accredited entry-level OTD programs existed nationwide, with numerous others in varying stages of accreditation. With limited numbers of similar programs as guiding models, the faculty created a capstone curriculum through alignment with the program's vision, mission, and targeted educational outcomes for students. Curriculum development was guided by the ACOTE standards, with the faculty actively seeking advice through extensive faculty discussions and networking with other OTD programs. To date, this program has four cohorts of capstone students totaling 131 students and capstone projects.

This OTD program follows the practice-scholar model as a prominent thread in the curriculum. The design of this model is to support students in developing professional skills and abilities to be lifelong learners and effective consumers of evidence, students who are evidence-informed and evidence-based practitioners and who have a drive for research design and innovation (Crist et al., 2005). Regarding the curriculum and the OTD capstone, significant time and effort is spent building and following the practice-scholar model tenants in an already densely packed curriculum. This approach presents unique challenges because priority is placed on service learning where the allotment of resources is in areas outside of minimum curricular requirements, including numerous experiences in community engagement and project-based learning; thus, there is a risk of not emphasizing foundational knowledge and skills. To address these and other challenges in the capstone process, the program incorporates several distinguishing features in the following areas: capstone curriculum; role delineation for the faculty, CC, mentor, and student; dissemination; and the themes and characteristics of the mentors' and students' projects.

Capstone Curriculum

The OT students take three designated courses related to capstone: (a) Doctoral Capstone Planning, (b) Doctoral Capstone, and (c) Practice-Scholar Culmination. Jirikowic et al. (2015) and DeJuliis and Bednarski (2019) outline a similar structure for capstone development centered around four stages: idea development, planning, implementation, and dissemination. Although the first capstone-related course (idea development and planning) begins in the fifth semester, or spring of the students' second year, students are encouraged to develop and document ideas of interest from the start of the program. A successful strategy that students have employed for collecting ideas is creating a shared online document to store topics and capstone project ideas gleaned from interactions with guest lecturers, community partners, and faculty. This early and student-directed collection of capstone ideas from the start of the program allows students to generate ideas to cultivate by the time the capstone planning class occurs. The second and third capstone-related courses (implementation and dissemination) occur during the sixth and final semester of the program (DeJuliis & Bednarski, 2019). The following section includes examples of assignments and activities that have been successful in the planning, preparation, implementation, and dissemination phases for our OTD students.

Doctoral Capstone Planning

During the initial capstone class, students engage in a 15-week capstone planning course that consists of traditional lecture, in-class and online discussions, self-study, and guest panel presentations. This course supports students in designing individualized capstone level plans, with faculty direction to guide the development and implementation of the 14-week doctoral capstone. The student's plan will reflect the desired outcomes from the doctoral capstone, which are to acquire practice-scholar competencies reflecting the degree program's sequence and scope of content in the curriculum design. The goals of the capstone planning course include identifying interest areas, topics, and mentors, as well as finalizing a draft of the capstone plan. Because the initial capstone plans are created a year in advance, much can change for a mentor and mentor site. Thus, capstone plans need to be fluid, working documents that allow for changes to meet the evolving needs of the students, mentors, and sites. The high value coursework included in the capstone planning class, above and beyond the ACOTE requirement of needs assessment and literature review, is described as follows:

- Students explore capstone ideas and supporting evidence in an online discussion board. The final capstone idea is derived from this initial discussion board work.
- Students create individualized marketing materials to send to potential mentors. Materials include a flyer that defines capstone, details student ideas, and clearly identifies mentor roles.
- Students are encouraged to be creative in capstone flyer design while also adhering to health care literacy standards and accessibility standards.
- Using the content from the flyer, students work in small groups to hone a capstone elevator speech for mentors.
- Students engage in peer-to-peer teaching via feedback assignments through online discussion boards. Students upload marketing materials and provide one another with constructive feedback.
- Current capstone experience students in the community return to campus to present capstone projects to the planning class. Students are required to include information regarding the journey of planning, mentor selection, collaboration process with mentors, and the challenges and successes experienced. Students who complete capstones farther from campus are asked to submit video summaries to the online learning system detailing capstones work.
- Examples of exemplar capstone projects are shared with the students to support developing capstone ideas and selecting of mentors.

An ACOTE requirement is that students must complete a literature review and needs assessment before the capstone experience. One of the fundamental challenges is that students have not yet completed longer clinical rotations and do not have the context for application to practice for a robust needs assessment. Another challenge is that students may not identify a mentor during the planning class and need to complete these two requirements while on fieldwork where the focus is on developing entry-level practice skills. While students become proficient in literature reviews during the program, most do not have enough relevant experience to envision focus areas and application in practice. To meet these challenges, content in the capstone planning class was designed to support students in fulfilling these requirements so that they are not doing this activity while on fieldwork. Students must identify a topic of interest; a search strategy inclusive of search engines, search terms, and article yields; and a summary of topic-focused articles that can be shared with potential mentors. Students complete a needs assessment via a strengths, weaknesses, opportunities, and threats (SWOT) analysis based on the literature or in collaboration with a mentor (if identified early in the planning class) (Rizzo & Kim, 2005).

Another component in the class is the development of a student's capstone plan. This consists of eight parts: (a) mentor information, (b) capstone overview relating the plan to AOTA's *Vision 2025* and to the program's overall mission and goals, (c) focus areas identified (d) mentor name and qualification information, (e) learning objectives (based on focus area), (f) proposed learning activities, (g) proposed evidence or deliverables of the project (what is being provided to the mentor/site), and (h) the project timeline (AOTA, 2017). In this capstone plan are weekly activity tracking forms, program created midterm evaluation forms (narrative), and the program created final capstone evaluation form, all of which are requirements in the D standards of ACOTE (2018).

Doctoral Capstone

The students complete the capstone during the final semester of the program in one or more of the eight identified focus areas per ACOTE. Several programs elect to embed the capstone project throughout their curriculum; often, faculty serve as the mentors for the project, and students identify a mentor to implement projects during the experience portion. In contrast to students in other entry-level OTD capstone programs, the students in this program complete projects and experiences in the same semester with identified mentors in the community (DeJuliis & Bednarski, 2019). This approach supports the collaboration between community-based mentors and students to ensure that sustainable and site or practice-related projects are created. During the implementation phase, students remain engaged with the faculty and peers through online discussion posts during Weeks 2, 7, and 12. These serve as check-ins on progress and completed work. Also, the program has designed its own internal evaluation form embedded in a student's capstone plan. Key components of evaluations include progress toward learning activities, projects, remaining work, sustainability of projects, mentor-perceived value of projects, and narrative summaries from both students and mentors. Evaluations of capstone are completed at midterm (Week 7) with the CC and the final (Week 14) with the student and mentor.

Students and mentors complete a midterm evaluation at Week 7. Students provide a summary of progress toward individualized objectives and projects and summarize completed activities and plans for the remaining seven weeks. Further, mentors can provide feedback and complete an evaluation to date at this time. The capstone plan has the embedded evaluative measure that allows mentors to indicate whether projects are achieved, in progress, or discontinued; in addition, the evaluation includes the mentors' comments on the overall practicality and sustainability of projects. This midterm evaluation is

uploaded to the online learning platform for the CC to review. The students and mentors also complete a midterm phone call and/or site visit.

During Week 14, students and mentors complete the final evaluation of the capstone. Specifically, students describe progress toward proposed learning activities and evidence and project deliverables. Mentors provide feedback regarding individual learning objectives and activities and evaluate whether the objectives were achieved, if evidence of a deliverable was provided, if the project or deliverable is sustainable, if the project is valuable to the setting, and if students have identified future projects and overall mentor feedback.

Practice-Scholar Culmination

Dissemination is achieved through the third capstone-related class and is driven by the practice-scholar model to allow for a demonstration of synthesis of skills learned throughout the program, wrapping up three exemplary components: capstone presentations and artifacts, practice-scholar apprentice presentations, and professional development presentations. Final evaluation of the capstone is completed by the CC during this dissemination phase and feedback is given through the designed rubrics.

Through this feature of the class, the practice-scholar model epitomizes the goal of cultivating highly respected OT practitioners who are also scholars with the ability and interest to establish knowledge translation and practice-based evidence projects, support research initiatives, and who can translate observed changes from interventions into outcome studies. A practice-scholar is not only a consumer of evidence but creates evidence in context. This class, occurring in the final semester, is a blend of online and on-campus assignments and activities. The online assignments include:

- resume writing and marketing self as a future occupational therapy practitioner, and
- professional development presentation preparation, in which students work in small groups to create a conference-style presentation with active learning components to be provided on campus to peers and community practitioners.

The final week of the semester the students are on campus to complete the following activities:

- provide an evaluation and reflection to the program related to the didactic portion of the curriculum, fieldwork rotations, and capstone experience;
- engage in several opportunities to practice and collaborate with peers, faculty, and mentors to finalize culminating presentations for a half day symposium;
- prepare for future employment: Students attend several training sessions that focus on the application process for the national certification examination and state licensure, in addition to understanding employment options and interviewing techniques;
- present during the final day to a symposium capstone presentations, professional development presentations, and practice-scholar projects to peers, faculty, university leadership, and community practitioners;
- present in a “Floor us in 4 Minutes” model, which allows the student to clearly and succulently summarize capstone work. This innovative approach to dissemination is designed to improve students’ communication skills as well as the capacity to present research, scholarship, and/or creative works effectively;
- present a 50-min small group professional development presentation composed of students with like interests. The team creates a conference-style presentation that focuses on a topic that was learned in the program and/or fieldwork. Each team is required to create a

presentation that includes learning objectives, the evidence to support the material presented, and an active learning strategy for the attendees; and

- present an outcome of the research that was accomplished in the practice-scholar team. Outcomes may include a manuscript, poster presentation, or program developed.

Roles of Faculty, Capstone Coordinators, Students, and Mentors

Faculty

Faculty members, other than the CC, may support the capstone experience in several ways. A student may select a faculty member to be the capstone mentor if doing so aligns with the student's learning outcomes; however, our faculty serve as designated capstone mentors only in limited instances. One reason is that this role poses challenges to faculty if workload is not allocated to support the mentoring work. To address this issue, faculty who choose to serve as designated capstone mentors fold the mentoring time and work into scholarship or research allocated time. To date, there have been three faculty members who have served as capstone mentors and, when serving as a mentor, are required to complete all of the mentor roles and responsibilities as outlined in the program's MOU. More frequently, when a faculty member's area of expertise aligns with a student's interest area, the faculty member will provide guidance on capstone ideas, identify potential mentors, assist in making mentor selection, and help the student develop the capstone plan.

Academic Fieldwork Coordinator (AFWC)

The AFWC works closely with the CC on similar tasks, but these are two distinct roles in the department (DeJuliis & Bednarski, 2019). Effective collaboration between the AFWC and the CC is crucial in identifying potential capstone sites and mentors, managing contracts, and ensuring that site-specific requirements are known to both the AFWC and the CC.

Capstone Coordinator (CC)

The CC in the program is a full-time, 12-month, core faculty member who oversees and supports the capstone portion of the program to ensure compliance with ACOTE D standards (ACOTE, 2018). Broadly, the minimum responsibilities of the coordinator are to provide a framework for students to develop, plan, implement, and disseminate capstone work (DeJuliis & Bednarski, 2019; Jirikowic et al., 2015). A major challenge facing programs is how to structure the CC position to meet the needs of mentors and students, as well as faculty expectations. To that end, the CC has other responsibilities in the department, college, and university, including teaching non-capstone courses, providing service, and engaging in research. In contrast to other OTD program models, in which faculty serve as mentors or there are capstone committees, the program's CC is solely responsible for oversight of each aspect of the capstone (DeJuliis & Bednarski, 2019). The coordinator and students select and work collaboratively with mentors from the community to implement the capstone. The results of this intentional approach are a clear communication path for capstone contact for students, a primary point of contact for mentors, and a single point of contact to manage contracts, the memorandum of understanding (MOU), and capstone plans.

Student

Capstone is a student-driven process in which the onus falls on the student to create an idea, search the literature, complete a needs assessment, and identify a mentor. Students struggle at times to convey capstone interests beyond general themes, such as an interest in stroke rehabilitation, and to understand how project-based work unfolds in a real-world setting. When students lack clarity, it is difficult for mentors to understand how to best support a capstone student. Assignments in the planning

class, such as refining a student's capstone idea in a capstone elevator speech, address this issue directly. At a minimum, students are required to complete the following activities:

- develop a personal definition and explanation of capstone for potential mentors;
- complete a capstone plan, which includes a plan for supervision and culminating project identification;
- develop an objective evaluative measure of achievement for capstone; and
- develop a timetable for capstone with week-by-week objectives.

At a minimum, students are responsible for the achieving the following objectives and milestones:

- success of the culminating project,
- meeting with the mentor on a routine basis to assess progress toward the capstone plan and culminating project,
- contacting the CC about concerns regarding progress that the mentor is not able to address,
- meeting with the CC and mentor to complete a midterm visit and program developed evaluation, and
- meeting with the mentor to complete final program developed evaluation of the capstone and culminating project.

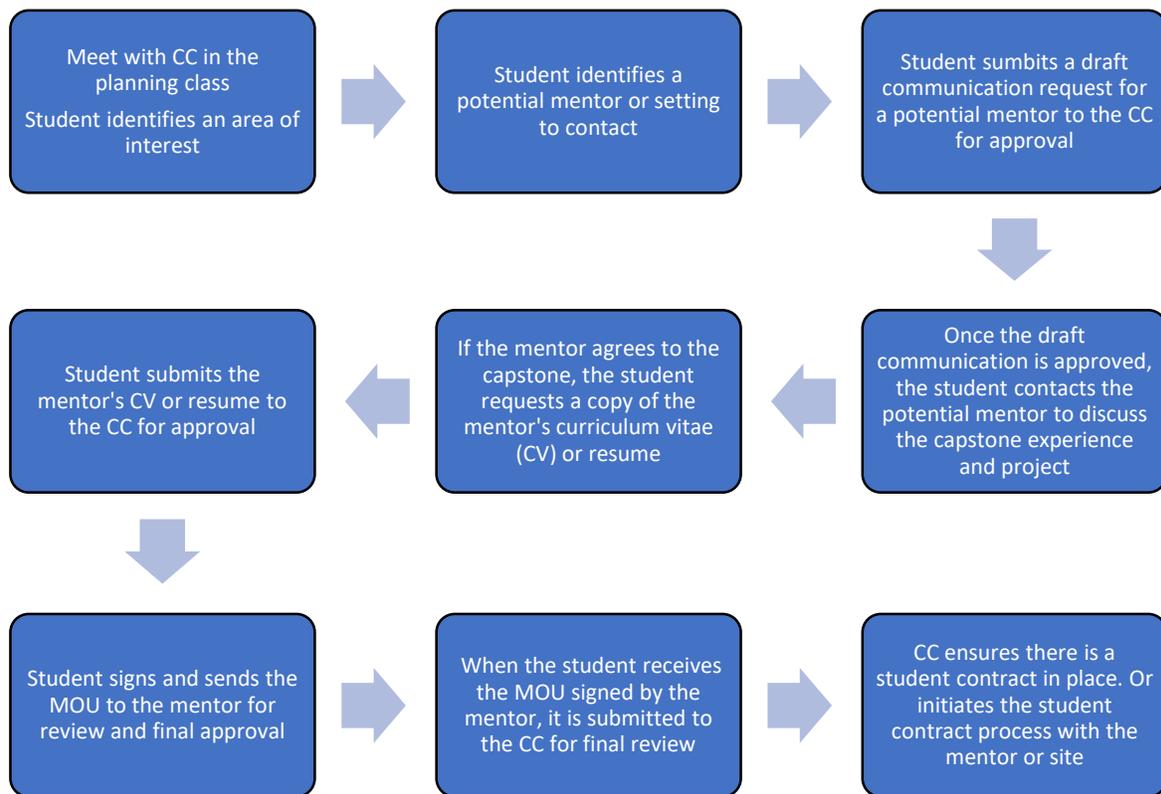
Capstone Mentor

A mentor is defined by ACOTE (2018) as an individual with expertise consistent with the student's area of focus. Mentoring is further defined as "the relationship between two people in which one person (the mentor) is dedicated to the personal and professional growth of the other (the mentee). A mentor has more experience and knowledge than the mentee" (ACOTE, 2018, p. 51). The mentor does not have to be an occupational therapist. The mentor identification and selection process begins in the fifth semester of the program during the capstone planning class. As illustrated in Figure 1, there are nine identifiable steps in the program's mentor selection process, several of which are imbedded as planning class assignments. Mentors appear to best serve students when there is a clear understanding of the differences between a Level II fieldwork rotation and the capstone experience. In addition, capstone mentors are most effective when the differences between mentoring and supervision are well understood. Most capstones are a blend of supervision and mentoring, and collaborations are successful when mentors and students clearly define expectations. Capstone mentors are responsible for the following activities, deliverables, and milestones:

- providing the CC with a resume, curriculum vitae, or bio sketch that provides evidence of the mentor's expertise consistent with the student's area of interest;
- reviewing and signing the MOU before the capstone begins;
- providing feedback on and final approval of the capstone plan;
- providing the student with the mentorship and resources required to fulfill the capstone responsibilities and achieve the highest educational goals;
- reaching out to the CC with any concerns or questions that cannot be resolved with the capstone student; and
- coming to an agreement with the student and the program as to proprietorship and/or authorship for capstone projects.

Figure 1

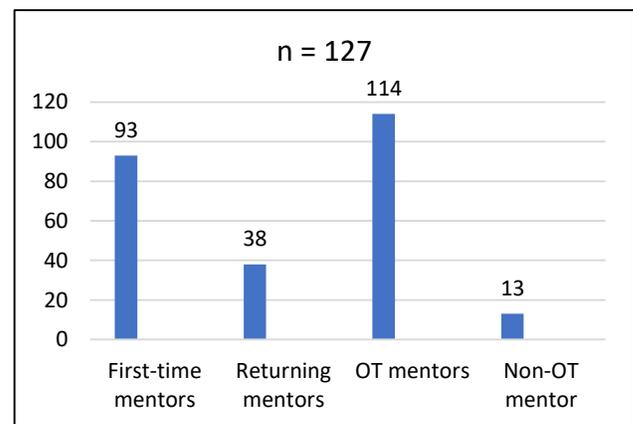
Flow Chart of Mentor Selection Process



The Capstone Component

To date, in four cohorts, 131 students in the OTD program have successfully completed capstones with 127 mentors, with two mentors having taken multiple students. Core to the program is the mission to serve the state population and support its workforce for OT. While students are required to complete Level I and Level II fieldwork rotations in the state, with a few exceptions, capstone can be completed outside the state or internationally. In keeping with the mission, many students are selecting capstone sites and mentors in the state (see Figure 3). In the inaugural cohort, 13 of the 23 (56%) mentor sites were cultivated from existing fieldwork contracts and relationships. In subsequent cohorts, 38 (29%) mentors have returned to mentor another student on new projects (see Figure 2). To date, 93 out of 127 (73%) were first-time mentors for the program’s capstone students (see Figure 3).

Figure 2
4-year Mentor Demographics



Nearly all of this program's students (96%) select two or more focus areas for capstone projects, and 20% of students select at least four focus areas (see Figure 4). The most selected focus areas are clinical practice skills and program development. There appears to be emerging focus trends in capstone, with the most apparent surrounding clinical skill development and program development. Students are frequently drawn to clinicians who practice in specialty areas or are recognized for advanced level of practice, so it makes sense that clinical skill development would be a focus for students. Students most frequently collaborate with mentors on program development projects, with none choosing theory development to date (see Figure 4). This theme indicates that students and mentors are, in fact, collaborating on projects that meet a site need or clinical practice initiative.

Figure 3
4-year Capstone Locations Summary

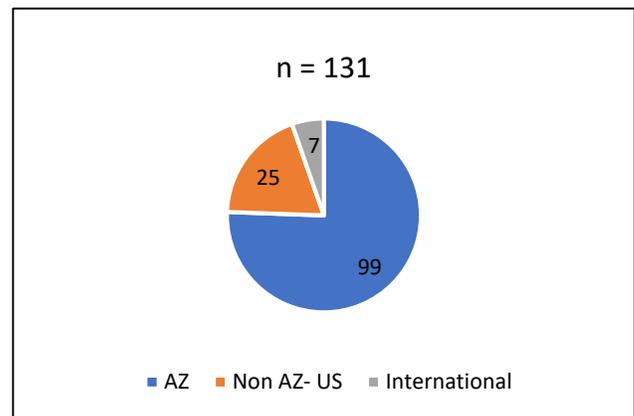
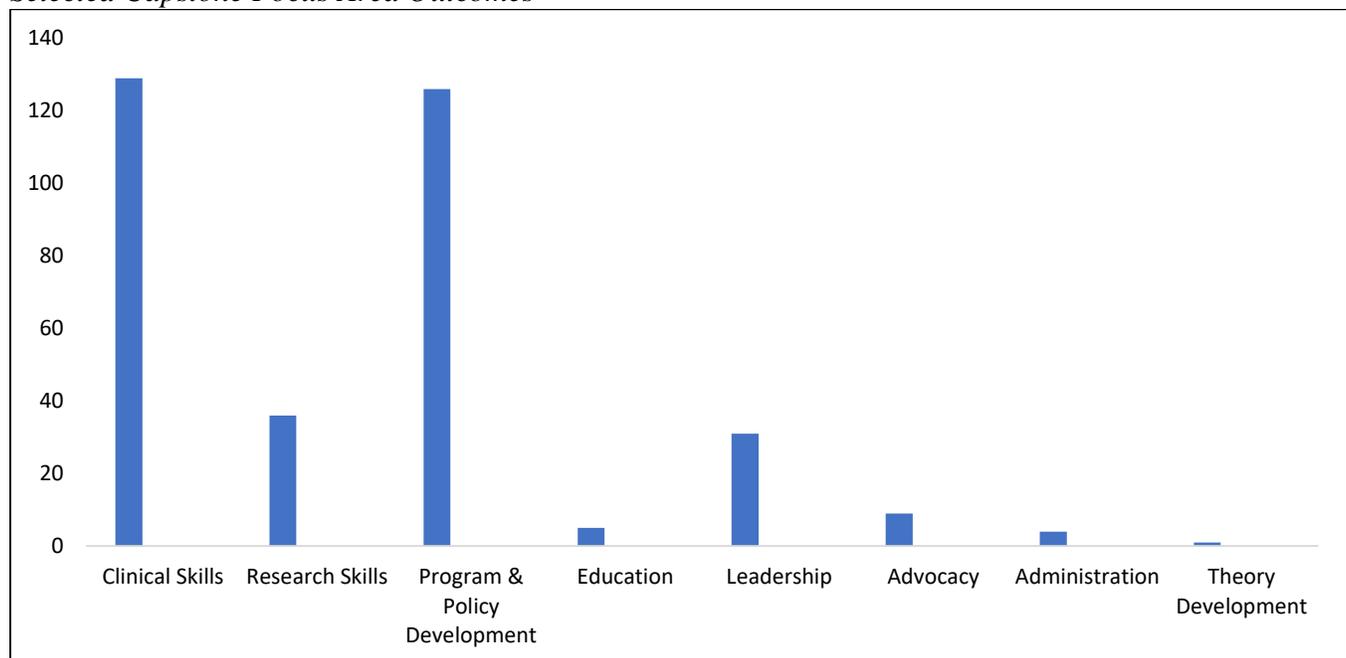


Figure 4
Selected Capstone Focus Area Outcomes

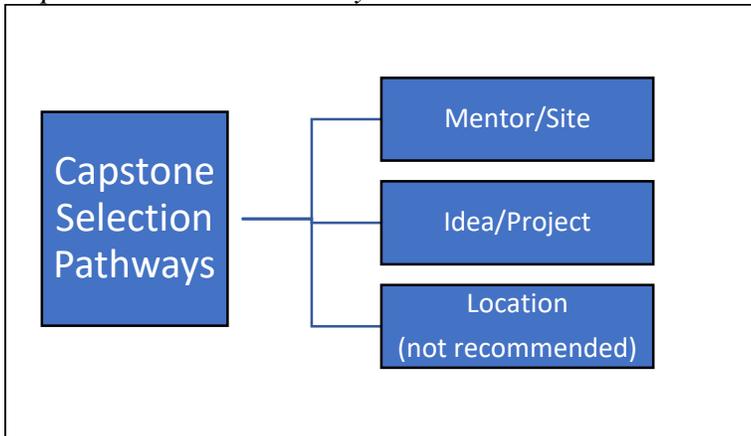


Students typically take one of three paths toward mentor selection (see Figure 5). First, the mentor-focused path involves selecting the mentor based on shared interest or expertise. This approach can be student-driven but also offers the chance that mentors already have projects for students to join, so students do not necessarily generate the ideas. Second, the idea/project-focused path involves an out-of-the-box or emerging practice area, perhaps something that students may or may not have a chance to do in the future. This is the most student-driven approach, as students approach potential mentors with ideas already in formation. Third, the location-focused path involves selecting the location site where students plan to live and work and then finding a mentor. This path narrows the students' scope in terms

of finding both a mentor and site open to taking a capstone student. This is emerging as the least student-driven pathway, tending to be more mentor-directed in terms of project availability and clinical practice exposures.

Figure 5

Capstone Selection Pathways



Lessons Learned

Communication

The capstone was initially entitled residency when the program first started to distinguish it from fieldwork and set it apart from other student experiences. However, this term has different meanings in medical models and health care settings, and in some cases, the term residency was prohibited because it is designated for medical students. After faculty discussion and feedback from community stakeholders and students, the department changed the name to doctoral experiential component (DEC) to align with the 2011 ACOTE standard terminology. In accordance with the most recent 2018 ACOTE standards, the term capstone is now used to ensure the experience and project are consistently represented in the profession. This term more closely aligns with the project nature of the clinical doctorate outcomes. The multiple name changes have been a barrier for the CC to overcome, as clarification is needed to update mentors and students on the overarching goals of capstone.

Close communication with the AFWC is essential to build mentors and sites for capstone. The AFWC is key in providing sites and potential mentors with site-specific examples of capstone opportunities. This is accomplished during all Level II fieldwork rotations, during which the AFWC completes 90% of midterm evaluations in person. Based on experiences over the past 4 years, it seems non-occupational therapy mentors and occupational therapists in nontraditional roles readily engage in mentoring capstone students more so than traditional occupational therapists. Examples of non-occupational therapy mentors to date are child life specialist, director of pediatric hospice program, primary school teacher, recreation therapists, life coach, yoga instructor, volunteer program coordinator of non-profit organization, and director for youth foster congregate care homes. At times, it has been easier to recruit non-occupational therapists because these mentors do not necessarily have the constraints of productivity and clinical practice responsibilities, and there is not a need to differentiate between a capstone and fieldwork student.

The department chair, faculty, CC, and AFWC all work to communicate a single message and theme of capstone when collaborating or communicating with the program's numerous stakeholders.

Capstone mentors and project ideas can and do come from these relationships. For example, during an OT state association lunch, an occupational therapist identified a need to collect and analyze data on the evaluation process and discharge recommendation practice habits of the staff. The CC helped define the project question and research questions and connected a capstone student for the project. This resulted in policy and program changes in the mentor's practice setting and created elevation of practice in discharge planning. Collaborating with existing mentors to get the word out on capstone has been well received at AOTA and state conferences. As a bonus, not only does this provide mentors to engage in scholarship through presentations, potential mentors hear from mentors who have been through the process and can relate best how capstone translates in clinical practice.

Social media platforms are an effective way to share capstone stories and projects. Students, mentors, and projects are routinely showcased on the program's numerous social media platforms. Students create the narrative to be shared, which benefits the university, OT program, and mentors.

Resources

Each year, there is a period of developing and evolving expectations with each new cohort of OTD students and mentors (Hansen et al., 2007). New mentors and students require time to explore capstone projects and collaborations to determine if capstone is a good fit for the mentor and student. Most capstones are a blend of supervision and mentoring, and collaborations are successful when mentors and students clearly define expectations, allocate time for clinical skills and projects, and discuss communication styles.

There currently are few resources available for academic programs and mentors to guide capstone curricular development or clinical site capstone programs. Mentors seeking this information have access to fieldwork resources and rely on adapting them to meet the needs of capstone students in the practice setting. Feedback from mentors and students indicates that the structure of a consistent capstone plan is preferred rather than every capstone plan being in a different format. Uniformity has helped with familiarizing mentors to the program and supports branding and expectations of student projects.

Mentor Preparation

A challenge facing students and programs is that people who excel in professional fields are not always master educators or mentors, and mentoring involves a complex and dynamic exchange between mentors and mentees (Smith, 2007). However, capstone mentors, when knowledgeable about the expectations and components of capstone, can further personal professional development and achieve a higher level of mastery (Stoffel et al., 2014). Mentor sites, when familiar with the expectations and potential for program development, may bolster recruitment and retention of staff and highlight new programs by engaging in capstone mentoring partnerships with students and academic programs. Occupational therapists are familiar with fieldwork because all occupational therapists go through the process. There is a plethora of fieldwork literature, frameworks, and supports for fieldwork educators to follow. There currently are few frameworks and resources for OT capstone mentors outside of academia. CCs need to provide capstone mentors with resources and education regarding the capstone for mentors to feel more confident in their responsibilities and understanding of the differences between fieldwork and capstone requirements.

Conclusion

The capstone experience is an important and vital element of entry-level OTD programs. It is an individualized component of entry-level OTD education to produce a culminating project (Case-Smith et al., 2014). In this student-informed process, the onus is on students and mentors to develop programs

and envision how projects are springboards for future practice, such as research, quality improvement projects, and staff development (Fortune et al., 2012). AOTA's *Vision 2025* charges occupational therapists to increase capacity and collaboration (AOTA, 2017). OT mentors can meet *Vision 2025* by engaging in mentor partnerships with capstone students. Through curriculum design, academia can promote capstone partnerships with occupational therapists and non-occupational therapist mentors that offer the opportunity not only to engage in scholarship, but also to advance programs that are of importance to the student, mentor, community, and or facility. The future holds exciting opportunities among established and developing OTD programs to share structural elements of capstone curriculum and program outcomes, to clarify language used for descriptions, and to better engage mentors in capstone collaborations.

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