Improving Occupational Therapy Doctoral Students’ Social Awareness for Making Equitable Policy Decisions: A Quantitative Quasi-Experimental Study

Alysson Goodwin  
*Monmouth University - USA, agoodwin@monmouth.edu*

Denise Crowley  
*Monmouth University - USA, dcrowley@monmouth.edu*

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Abstract
Occupational therapy has set a strategic vision to increase equity and health access through leadership in all practice areas. To this end, educators in occupational therapy doctorate programs must increase the students’ ability to lead with an awareness of the social impacts of policy decisions. The purpose of this study was to explore educational opportunities to support occupational therapy doctorate students in developing social awareness for decision-making. The study aimed to use an e-learning module to increase social awareness surrounding a departmental decision about a white coat ceremony. A quantitative quasi-experimental one group pre-test post-test study examined if a significant increase in a trait associated with making socially just decisions occurred following students’ participation in an e-learning module that outlined the social aspects of the use of the white coat. Results indicated that students had a statistically significant increase in awareness of social inequality and motivation to act following participation in the e-learning module. The study provides initial evidence toward the effectiveness of developing students’ social awareness for policy decisions through tailored e-learning to outline social aspects of policy paired with the opportunity to decide.

Comments
The authors declare that they have no competing financial, professional, or personal interest that might have influenced the performance or presentation of the work described in this manuscript.

Keywords
e-learning, critical consciousness, social policy

Cover Page Footnote
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Credentials Display
Alysson Goodwin, PhD, MBA, OTR/L
Denise Crowley, OTD, OTR/L

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The American Occupational Therapy Association (AOTA, 2017) created a strategic vision for occupational therapists to increase equity, leadership, and access to health care. Occupational therapy (OT) educators must use their practice to support these strategic goals. Irvine-Brown et al. (2020) discussed the need for OT educators to create a curriculum that increases social responsibility. Improving students’ social responsibility may begin with increasing their awareness of bias. An AOTA statement paper on the commitment to diversity, equity, and inclusion spoke of how increased awareness of biases of self and others can empower therapists in their organizations to create policy toward more equitable care (Wilson et al., 2020). In addition to examining bias, occupational therapists can use socially transformative actions to impact the injustices through examples of empowerment (Farias et al., 2019).

Educators must empower students to make equitable choices. To explore the educator’s responsibility toward empowering students, we can define opportunities for empowerment. Shankar et al. (2019) outlined the two central ideas of empowering individuals as external resources and internal agency. Educators may then need to provide external resources to increase understanding of bias and social implications of policy decisions. Internal agency is granted to students, giving them the power to decide policy. Providing external resources to support the students while giving them the power to make policy decisions may represent the empowerment necessary to improve their policy-making toward more equitable health care.

The students enrolled in the Monmouth University Occupational Therapy Doctorate program requested a white coat ceremony to commemorate their transition from didactic learning into the clinical fieldwork phase of the program. The faculty agreed to allow the students to make the policy decision regarding the white coat ceremony with the condition that the students understand the social significance of the white coat. The use of the white coat in medical practice has been examined for negative concerns associated with clients’ psychological safety, nosocomial infection, increased blood pressure, and as a symbol of power and hierarchy (Cochrane & Upchurch, 2021). Based on these negative social factors, using the white coat in OT may prevent the development of an equitable relationship between therapist and client. In OT practice, Mahoney and Kiraly-Alvarez (2019) discuss the need to examine power dynamics between occupational therapists and the people they serve. Occupational therapists can use skills and resources to enter a cooperative relationship to empower the client toward positive health outcomes. To exemplify the use of empowerment to create agency, the researchers sought to create an educational opportunity that offered the students the power to decide for themselves on the white coat ceremony with the understanding of the social implications of their decision.

**Educational Theory to Support Social Awareness for Decision-Making**

Educators use theory, information, and opportunity to create learning. Several educational theories support the expansion of awareness of social forces that impact access when making policy decisions. Educators may improve students’ decision-making with the expansion of critical thinking skills. Critical thinking allows the student to identify the area of need, define ideas, determine points of view, determine repercussions, validate findings, and contemplate implications (Seibert, 2020). Critical thinking allows students to separate themselves from the problem, position themselves in relation to the problem, and look at it analytically and objectively. Andrews and Leonard (2018) discussed the process of critical thinking as the evaluation of a student’s thinking as a learner rather than a person in power. Beyond critical thinking, critical reflection positions the problem against the student’s perceptions, assumptions, beliefs, and biases. Critical reflection allows the student to characterize forces that create inequity (Seider et al., 2020). Critical reflection creates situational social awareness that extends beyond the borders of that
defined problem. Because critical reflection expands thought beyond the simple problem and person, it may be a powerful tool to increase a student’s agency toward health care equity. To expand critical reflection and improve the positioning of the problem in complex systems that influence equity and marginalization, educators may use concepts of critical consciousness.

**Critical Consciousness**

Critical consciousness (CC) may increase agency while further contextualizing the problem. CC uses reflection to create an awareness of power and privilege (Zaidi et al., 2017). In *Pedagogy of the Oppressed*, Freire (1970) identified the importance of understanding the interaction of time, history, and society surrounding policy to create CC. When making policy decisions, the deciders must be keenly aware of the power dynamics surrounding resource creation and distribution. To understand how to develop CC in the students, further explanation of the aspects of CC may be necessary.

Diemer et al. (2022) stated that CC consists of critical reflection, motivation, and action. Critical reflection involves becoming aware of social inequity. Rapa et al. (2020) defined critical reflection as examining inequitable social circumstances and described two distinct categories of critical reflection: perceived inequality and egalitarianism. Perceived inequality is the examination of categorical social constraints on occupational opportunity, and egalitarianism is the understanding that people should be treated equitably (Rapa et al., 2020). Critical reflection alone does not equate to change. Critical reflection occurs in CC and correlates with action, resulting in intent toward social justice (Andrews & Leonard, 2018).

Critical motivation is interest or intent in confronting issues of inequity (Rapa et al., 2020). To ensure the result of reflection is policy change, students must demonstrate the willingness to act based on perceived inequity. The final component of CC is critical action, which is activities to enact social change to combat issues of inequity (Rapa et al., 2020). Figure 1 illustrates the relationship between the parts of CC.

**Figure 1**

*Components of CC (Purpose Lab, n.d.)*
Developing CC

The development of CC requires autonomy and cognitive skills. Seider et al. (2020) suggested that cognitive growth in late adolescence allows engagement in analyzing social forces toward injustice. The introduction of opportunities to reflect on ideas of inequity may increase the commitment to social action. A reciprocal relationship exists between the analysis of oppressive systems and the dedication to social action in opposition to powers of injustice (Seider et al., 2020). Introducing social ideas and the autonomy to decide in graduate studies may create the opportunity for analysis and action related to social policy.

Novak et al. (2022) designed open discussions and self-reflection papers to increase CC in medical education surrounding race. The qualitative results of this study provided a framework for developing CC through themes indicating levels of CC in medical students (Novak et al., 2022). Developmental stances of CC that emerged in the research were:

- Stance 1- Passive Adaptation
- Stance 2- Cognitive Engagement and Emotional Awakening
- Stance 3- Intentions to Act
- Stance 4- Diffuse Responsibility
- Stance 5- Personal Responsibility (Novak et al., 2022, p. 7)

In Stance 1, passive adaptation, resistance to discomfort and change results from understanding the burden of equity work (Novak et al., 2022). In Stance 1, students are complacent in their attitudes and motivations toward systemic change. Stance 2 has two parts that are sequential: cognitive engagement and emotional awakening. Novak et al. (2022) describe cognitive engagement as showing interest in changing logic associated with describing variation based on race. The racial othering described in this article may expand into other categories of marginalization, such as age, sexual identity, and disability status. In Stance 2, emotional awakening, students used strong words of emotion related to their newfound understanding of inequalities that stem from racializing medicine (Novak et al., 2022). Students described associated emotions of shock, concern, pride, anger, and frustration, among others. During Stance 2, emotional awakening, educators may need to consider the adverse effects of such strong emotions in a public space. Zaidi et al. (2017) completed a study of educators’ experiences in facilitating cultural discussion to create CC. The study results indicated the need to create a safe environment for discussion and ensure sensitivity to the discomfort that may arise from emotions during the discussion (Zaidi et al., 2017). Stance 3 describes the intent to act without any apparent indicators of plans to act (Novak et al., 2022). Students in this stage may talk about general advocacy actions, such as conversations without more specific actions to combat inequitable systems. Stance 4, diffuse responsibility, describes the intent to act as a collective or profession without clear outlines of personal responsibility (Novak et al., 2022). Students in Stage 4 describe the exploration of medical practice that may contribute to injustice and being vocal with health care leadership when areas of oppression are identified. Stance 5 establishes personal goals that include actions opposing the systemic perpetuation of oppression (Novak et al., 2022). Students in this stage may speak of specific changes to daily practice and interaction to ensure equity and vocal participation efforts toward policy for social welfare. The stances outlined by Novak et al. align with critical reflection and critical motivation as described by Rapa et al. (2020) but do not include the resulting specific social actions in opposition to identified injustice. The stances may provide a more nuanced view of the development of CC through student behavior in medical or OT students.
CC and Health Equity

CC can impact health equity. Health disparities are linked to social factors that determine population health (Emmons & Chambers, 2021). The social determinants of health are factors directly connected to health outcomes. Healthy People 2030 identifies the social determinants as access to financial stability, accessibility of home and built environment, access to community and social context, access to quality health care, and access to quality education (Office of Disease Prevention, 2021). Dawes (2020) connected the persistence of health disparity with social policy, stating that policy can either promote equity or exacerbate inequity. Improving health practitioners’ understanding of social determinants of health through critical reflection can promote health equity by increasing their disposition toward combating health inequity (Windsor et al., 2022). The link between CC and health is the understanding of health disparity related to systems of power that motivate action to improve health outcomes and equity (Windsor et al., 2022).

CC in Health Education

An examination of the literature surrounding using CC concepts in OT education resulted in no identified studies. Despite this fact, CC may have a place in medical education. CC involves awareness of social and cultural issues and educational power dynamics (Manca et al., 2020). In a scoping review of the use of CC as a construct in medical education, Manca et al. (2020) discovered the importance of developing student understanding surrounding the beliefs, ideals, and sociopolitical impacts on the practice of medicine. The resources provided to the students may take the form of specific education opportunities. A review of educational resources used to increase CC in medical education revealed that the evidence is still in the qualitative and concept-forming stage. In social work education, Jemal (2018) created a conceptual framework for teaching CC and called for interventions rooted in CC to improve quality and access to care. A noted gap in the literature exists surrounding the effects of CC using specific learning tools in OT education.

Purpose

The purpose of the study is to explore educational opportunities to support OT students in developing CC for decision-making. This study fills the gap in the literature by providing a measure of the effects of a specific learning method to increase CC associated with a policy decision. The study aimed to use an e-learning (EL) module to increase social awareness surrounding a policy decision related to OT education. The research question guiding the study is: Does a significant increase in CC occur after participation in an EL module outlining social aspects surrounding a policy decision? The researchers hypothesize that the measurement of CC following participation in the EL module will increase significantly.

Method

Design

This research study used a quantitative quasi-experimental one-group pre-test post-test design to evaluate if the scores on a CC assessment are significantly different before and after participation in an EL module designed to increase this attribute. The project was associated with the students’ power to decide the departmental policy of a white coat ceremony. The study was conducted in a private non-profit university in the Northeast region of the United States in November of 2022.

Participants

The inclusion criteria of participants were students enrolled in one northeastern university Occupational Therapy Doctorate (OTD) program. The study used convenience sampling, inviting all
students enrolled in the OTD program to participate in the research study voluntarily. This sample was chosen as the policy decision regarding the white coat ceremony was only applicable to this university OTD program. Of the 44 potential participants, 31 signed consent to participate. All subjects met the inclusion criteria. Participants included male and female subjects between the ages of 21 and 30. Ten students did not complete the module in the allotted time frame, some because of technological difficulties, resulting in a final sample of 21 students.

Procedure

The Monmouth University Institutional Review Board approved all study procedures, and the participants provided electronic informed consent before participating in study-related activities.

Potential participants were sent a recruitment email introducing the study with e-sign consent through Qualtrics. The students consented to participation in an EL module with pre- and post-assessment. Attached to the module was an opportunity to vote on the policy decision of whether to have a white coat ceremony to transition between didactic and clinical coursework in the OT program. If the student did not consent to participate in the study, they were provided the EL module and final vote only and were not included in data collection. All of the students enrolled in the OTD were required to complete the module and cast a vote on the white coat policy regardless of participation in the study. The invitees were given 1 week to decide to participate in the study.

The information technology department at the university collected the informed consent from Qualtrics and assigned each participant a random number and unique sign-on credentials for the course shell in the university learning management system, Desire 2 Learn (D2L). Non-participating students were enrolled in the course shell in D2L using their typical institutional sign-on credentials. Participants and non-participants were blinded to other learners in the module to ensure protection under the Family Education Rights and Protection Act (FERPA). The researchers were blinded to the participants’ identities for data collection and analysis. All data collection was completed in Qualtrics through D2L.

The participants were allotted 2 weeks to complete the pre-vote, pre-survey, EL module, post-survey, and final vote. A debriefing script was provided to the participants and non-participants on completing the data collection period. Of the 31 students who provided consent to participate, 21 completed the pre-vote, pre-survey, EL module, post-survey, and post-vote within the data collection period.

Instruments

Pre- and Post-Survey- Short CC Scale

Based on the established connection between CC and the ability to make socially equitable policy decisions, the Short Critical Consciousness Scale (CCS-S) was chosen as the pre- and post-assessment of learning. The CCS-S is a 14-item Inventory/Questionnaire that assesses CC and includes three subcomponents: critical reflection, critical motivation, and critical action (Rapa et al., 2020). The participants respond to critical reflection and critical motivation items on a 6-point Likert agreement scale and critical action on a 5-point behavioral frequency scale (Rapa et al., 2020). The CCS-S was validated by Rapa et al., 2020, and developed from a previously validated Critical Consciousness Scale (CCS), which measured two subcomponents of CC critical reflection and critical action (Diemer et al., 2017). The CCS-S is organized into four subscales. The critical reflection, perceived inequality subscale consists of three items (α = .83); the critical reflection, egalitarianism subscale consists of three items (α = .87); the critical motivation subscale consists of four items (α = .77); and the critical action, sociopolitical action subscale consists of four items (α = .86) (Rapa et al., 2020). For this study, the Likert agreement scale and behavioral frequency scale were set to 5-point for ordinal agreement in ranked analysis.
**EL Module**

The authors developed an EL module to provide the participants with multimedia learning tools and critical thinking questions for reflection. This format was used for ease of access for participants, accurate data collection, and data reporting using D2L and Qualtrics software. The EL module was developed using EL principles and CC theory.

**Development of the EL Module.** EL has become a standard tool in medical education, allowing for a self-paced, student-centered multimedia learning experience (Paralikar, 2021). Using EL in preparation for the policy decision allowed the student’s independence in the learning process. The EL module was developed to provide the participants with a process for conceptualizing, analyzing, synthesizing, reflecting, and applying the information to guide their actions (Ennis, 2018). The EL module contained 15 multimedia learning artifacts related to the use and perception of the white coat in medical practice. In the EL artifacts were two news items, five published opinion pieces, one podcast, four scholarly research articles, two theory articles published in peer-reviewed journals, and one web-based search activity to establish visual representation. Each item presented an argument for or against using the white coat in medical practice. The EL module was designed to be completed in sequential order, with each artifact released upon completing the last artifact and, when possible, alternating social arguments in favor and against the use of the white coat.

According to EL principles, questions for critical thinking were embedded in the module (Paralikar, 2021). Principles of critical reflection guided the conceptualization of the questions. Critical reflection fostered the participants’ emotional engagement and increased their connections between social awareness and policy-making decisions (Watts et al., 2011). Questions before each artifact (see Figure 2) guided reflection. Pictures of each author were included when available to further identify the information with the individuals who presented the argument.

![Figure 2](https://scholarworks.wmich.edu/ojot/vol12/iss2/12)

**Critical Thinking Questions**

- What is said in this artifact?
- Which perspective is reflected?
- Who is represented?
- How are individuals portrayed?
- Whose interests are served by the information?
- Is this argument fair? Why or why not?
- What is this article compelling me to do as a health care provider?

The EL module was designed to create the opportunity to expand the students’ perception of the social issues surrounding the use of the white coat in medicine and provide the opportunity to decide departmental policy using CC. Zaidi et al. (2017) stated that with an increased understanding of social inequities, students experience shame and guilt surrounding privilege and lack of previous action. Using EL over the classroom environment may allow students to self-pace, manage negative feelings, and self-regulate. The EL format provides a safe environment to further the participants’ understanding and application of CC related to policy decisions (Zaidi et al., 2017).

CC promotes social change through learning through empowering and interactive methods (Watts et al., 2011). The use of EL allowed the students to use self-guided interaction to improve their
understanding. The vote on the white coat policy following the e-module represents empowerment. With the combination of EL and CC to guide the development of the module, the participants were provided with multiple learning experiences and challenged to review, synthesize, and apply knowledge through questions embedded throughout the training and surveys required after each module. Using assessment in combination with learning activities enables the participants to be well-informed, open-minded, analyze arguments, clarify information, and make valuable judgments (Ennis, 2018).

Data Analysis

Data were analyzed using an inferential statistical analysis to answer the primary research question, Does a significant increase in CC occur after participation in an EL module designed to increase CC surrounding a policy decision? The scores were analyzed for (a) critical reflection: perceived inequality, (b) critical reflection: egalitarianism, (c) combined critical reflection: perceived inequality and egalitarianism, (d) critical motivation: combined critical reflection and motivation, and (e) critical action: and a total of all categories. Non-parametric inferential analysis was warranted. The collected data were ordinal, and the researchers could not assume the sample resembled the normal distribution. The inferential statistical analysis involved a one-sided related samples Wilcoxon signed-rank t-test using pre-test and post-test scores on the CCS-S for each participant to determine the effect of the EL module on CC. Data were downloaded from Qualtrics to Excel for preparation to be analyzed by SPSS/PC 28.0. The items were scored as average differences from the mean for each subscale and combined subscales. Data were analyzed in SPSS/PC 28.0. The significance level was set to .05. A reliability analysis was completed using Cronbach’s alpha to determine the consistency of response in each scored area. An effect size for the total score was computed using \[ r = \frac{Z}{\sqrt{N}} \]

Results

The CCS-S was implemented as a pre-test and post-test to the EL module to determine if a statistically significant increase in CC occurred following participation in the EL module. The pre-test and post-test results of the CCS-S were analyzed by a comparison of the median differences. The comparison of median differences was calculated using related samples Wilcoxon Rank tests in IBM SPSS 28.0 for each subscale and combinations of subscales of the CCS-S. The significance level was set to .05. The statistical analysis results are presented in Table 1.

Table 1

<table>
<thead>
<tr>
<th>Subtest</th>
<th>T- Wilcoxon statistic value</th>
<th>p-value (one-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Reflection: Perceived Inequality</td>
<td>43</td>
<td>.06</td>
</tr>
<tr>
<td>Critical Reflection: Egalitarianism</td>
<td>12</td>
<td>.11</td>
</tr>
<tr>
<td>Critical Reflection Total</td>
<td>65.5</td>
<td>.02</td>
</tr>
<tr>
<td>Critical Motivation</td>
<td>72</td>
<td>.03</td>
</tr>
<tr>
<td>Combined Critical Reflection and Motivation</td>
<td>100</td>
<td>.01</td>
</tr>
<tr>
<td>Critical Action: Sociopolitical Participation</td>
<td>11</td>
<td>.31</td>
</tr>
<tr>
<td>Critical Consciousness Total Score</td>
<td>116</td>
<td>.03</td>
</tr>
</tbody>
</table>
The total of critical reflection subscales measured after the EL module ($Md = 4.75$) was significantly higher than before the EL module ($Md = 4$). No significant differences were found in the subscale components of critical reflection measured before and after the EL module. The critical motivation measured after the EL module ($Md = 5$) was significantly higher than before ($Md = 4.5$). The total of subscales for critical reflection and motivation measured after the EL module ($Md = 4.85$) was significantly higher than before the EL module ($Md = 4.3$). No significant differences in the measurement of critical action were found before and after the EL module. The total CC measured after the EL module ($Md = 4.21$) is significantly higher than before ($Md = 3.5$).

A Wilcoxon signed-rank test revealed that the total CC scores were significantly higher after the intervention ($Md = 4.21, n = 21$), $z = 1.873, p = .03$ (one-tailed) with a moderate effect size, $r = .3$. Reliability analysis was measured using Cronbach’s alpha to establish consistency. A value of .7 or higher is considered a good percentage of consistency. The reliability coefficients are presented in Table 2. All subscales showed consistency of response except the pre-test for critical action: sociopolitical participation.

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<tr>
<td>.85</td>
<td>.78</td>
<td>.82</td>
<td>.68 (below .7)</td>
</tr>
<tr>
<td>Critical Reflection: Egalitarianism</td>
<td>Egalitarianism</td>
<td>Critical Motivation</td>
<td>Sociopolitical Participation</td>
</tr>
<tr>
<td>.98</td>
<td>.98</td>
<td>.85</td>
<td>.92</td>
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Discussion

This study explored using an EL module to increase CC for OTD students surrounding a policy decision. After analysis of the data, it was observed that a statistically significant increase in CC followed the completion of the EL module. The specific areas of critical reflection and critical motivation demonstrated the most significant increase. The critical action component requires the completion of activities that seek to create actions toward social change. Given the timeline for the completion of the study, 2 weeks maximum, limited opportunities to take critical action may be possible.

Rapa et al. (2020) discussed how the reflection and action components of CC are multifaceted and more subtle than theorized. This study’s results support the idea that a correlation between increases in reflection, motivation, and action still needs to be fully realized. The results demonstrate increased CC but cannot give more detail on the students’ growth. Without explicitly gathering qualitative data on the students’ experience during the module and intention to act, the developmental stance of CC, according to the study by Novak et al. (2022), is difficult to determine. Limited quantitative research on efforts to increase CC outside of survey validation was available for comparison in this study. Cronbach’s alpha reliability obtained in this study was consistent with survey validation for the CCS-S by Rapa et al. The results of this study indicate the effectiveness of using EL modules to develop students’ awareness of social factors surrounding a policy decision when the power of decision-making is granted to them.

Limitations

The study was limited to the convenience sample of volunteers from one university doctoral program in OT. The time frame for the study limited the students’ ability to take critical action. Without opportunities to collect qualitative information about reflection and planning embedded in the module, the researchers could not assess the nature of improvement in CC or intentions to act based on this increase. Using a 5-point
Likert scale instead of the 5-point intensity and 6-point behavioral frequency scale used in the validation study may have decreased the instrument’s sensitivity in noting statistical differences. Furthermore, using a scale of intensity and behavioral frequency in the same assessment tool may make statistical calculation difficult as the methods for data preparation for an intensity scale may differ from the recommended preparation of data for a behavioral frequency scale. Using ordinal information to make quantitative inferences about larger populations may not be warranted. The researchers believe the assessment was adequate to demonstrate improvement in CC for the participants and may represent adequate means for post-intervention assessment in conjunction with qualitative data about intent and plans for action.

**Implications for Practice**

In answer to the call for the profession of OT to increase equity and health access through leadership, educators can empower students to decide policy. New OTD graduates may be asked to make policy decisions that affect health equity. Educators can prepare future OTDs to make those decisions by allowing them to make decisions and provide social context using principles of CC to assess systemic and historical inequity that contributes to disparities in health access. Examples of policy decisions related to OTD education that students can be presented with include dress code, the schedule of a student-run clinic, the number of participants in a group session, the place to hold a health fair, or the number of times a client can be absent before automatic discharge.

To ensure the social issues surrounding the policy decision are considered, educators can design EL modules that provide opportunities for improving CC. The modules should present balanced arguments and offer opportunities to reflect on personal bias, recognize inequitable systems, understand the need for equal opportunity, and motivate the students to take personal action toward improving access to health care for historically marginalized groups. Multimedia modules with embedded reflections and action plans can encourage the student to delve into the intricacies of the social conditions surrounding policy decisions. Empowering the students with information and allowing them to practice actual decision-making may create CC of social inequities in health care. Using an EL module may be an effective means for presenting sensitive information that could create conflict with the individual’s perception by allowing a safe space when learning about ideas that may produce feelings of public shame or guilt in students. Pre- and post-assessment can ensure EL modules were effective in improving students’ CC. The experience of empowerment for a policy decision may offer the students an example of including stakeholders in decisions that directly affect them.

Examining various materials to gain social insight into a policy decision effectively teaches students how to make informed decisions. With the experience of making actual policy decisions in the social context provided, new graduate occupational therapists may enter the field knowing what types of information may help gather perspectives related to social policy.

**Further Research**

Further research should explore the connection between the use of educational practices to improve social awareness surrounding policy decisions for OT students. To expand on the work presented in this article, researchers should consider alternative sampling methods to ensure representation. The time frame for the study should be extended to include adequate time for students to plan and execute actions following the completion of the module before the post-assessment is completed. The assessment should include a qualitative piece that examines students’ awareness, motivation, and plans related to the decision. The interpretation of CCS-S data for critical reflection and motivation subscales may need to be analyzed separately from the critical action subscale as their Likert point values and type of scales are inconsistent.
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