Hello! My name is McKenna McGrath, I am a graduate student at the University of Southern Maine finishing my Entry Level Doctorate degree in Occupational Therapy. I will be graduating at the end of August 2025, and I am currently working alongside Kandyce and the Maine Hospice Council for my final capstone experience. I chose to focus my experience in the areas of advocacy and education, specifically as they relate to increasing utilization of occupational therapy services in hospice and palliative care in the State of Maine.

For as long as I can remember, I have always had a passion for helping others, particularly those in the older adult population. Perhaps this passion stemmed from the fortunate experience I have had to grow up with all of my grandparents, and most of my great grandparents as well. As I got older, I knew that whatever career path I chose would be focused on helping other's live the best life that they possibly could. When I was exposed to the world of occupational therapy, and became familiar with what this profession does for people, I knew that this was the career for me.

The key experience in my life that confirmed this was the career I wanted to pursue, happened after an unfortunate incident in my family. Just a day after her 80th birthday, my great grandmother fell in her bathroom, and we would later find out that she broke 10 of her ribs. As you can imagine, this resulted in her spending a lot of time in the hospital recovering from such a severe injury. Through her recovery and rehabilitation experience, I was able to be there with her often, and I was also able to experience a lot of her sessions with occupational therapy. Seeing these sessions and how they helped my Gram regain her independence, was the experience that made me realize this is what I wanted to do as a career. And yes, my Gram does take great pride

in knowing that she is the biggest reason that I chose this, and does not hesitate to tell anyone she talks to.

I have also always believed that people deserve to live their life as best they can until they die. For better or for worse, I have had a lot of personal experience with death in my life, starting from a very young age when I lost my first great grandparent. In these moments of loss, I often hoped that my loved ones experienced a “good death” and found comfort when people would tell me that they died in their sleep, or died peacefully surrounded by loved ones. Unfortunately, I have also had loved ones who did not experience a “good death”, or their experience leading up to their death was one filled with pain and discomfort. I now know that these family members were not given the opportunity to receive palliative care earlier in their disease progression, in order to provide them and our family with the support that could have allowed these loved ones to have a better end of life experience.

So, you may ask, why am I focusing my capstone project on increasing occupational therapy services in palliative and hospice care? Occupational therapy could play an incredibly beneficial role in this area of practice, not only for patients, but for their family and caregivers, as well as interdisciplinary team members. Unfortunately, occupational therapy is also a misunderstood profession, with lots of misconceptions that lead to a lack of consideration and utilization in end of life care. No, occupational therapy is not for helping you get a job, one of the most common misconceptions and reasons why our services are not utilized in end of life care, because dying people are generally not looking for employment! In this area of practice, occupational therapists can do a variety of interventions, including ADL

assistance, education, coping skills, environmental adaptations, advocacy, leisure engagement, and symptom management, just to name a few areas we can address.

My goal during my time with the Maine Hospice Council, is to connect with like-minded people about expanding access to quality palliative and hospice care. I would like to educate people on the role that occupational therapy can play in this area of practice, in an attempt to increase support for integrating OT into this area of practice more. This is not to say that OT is not being utilized at all. In fact, there are organizations that provide OT services to their palliative and hospice care patients. However, often times, these services are subcontracted, or are brought in too late.

During my capstone experience, I will conduct a study to answer the research question: *"Do employees or affiliates of hospice agencies in Maine demonstrate an increased understanding of the role of OT in hospice and/or palliative care following a one hour training session?"* Data will be collected through the use of pre and post surveys, and results will be reported in a final presentation to the USM OT Department, as well as Kandyce Powell and anyone else from the Maine Hospice Council who is interested. I will also be spending time over the next several weeks learning about social policy and where the barriers are to providing more services to patients on palliative and hospice care to improve their quality of life.

As I mentioned before, occupational therapy is often misunderstood, and therefore underutilized in this area of practice. Occupational therapy is also seen as a healing profession, which also leads to the underutilization in end of life care, because we are not going to heal someone who is terminally ill. However, I recommend that we look at this profession from a quality of life lens, rather than strictly a rehabilitative and

healing lens. Yes, occupational therapy has a role in rehabilitation and restoration, but we also have a role in maintaining and improving quality of life. Unfortunately, providing services to improve or maintain quality of life are often not seen as medically necessary, therefore leading to these services not being covered by insurance. In 2020, an article was published in the American Journal of Occupational Therapy, titled "Addressing the Gap: OT in Hospice Care" **. This article discussed a study done with patients receiving home health hospice, and concluded that only 10.6% received OT services. However, among the participants, 87.1% required assistance in at least one activity of daily living. In reading these statistics, it is evident that there are significant opportunities for us to improve how we provide services to patients receiving hospice care, and it starts with education and advocacy.

Consider this from a personal view, let's say you have a loved one on hospice care, who is struggling to feed or bathe themselves, for example, and would like to be able to do this as independently as possible. Occupational therapy could come in and assess how to address these concerns, and provide interventions that would help your loved one and your family maintain quality of life by promoting independence and activity engagement. However, due to the misunderstandings of the profession both among the healthcare and policymaker worlds, OT is often not considered at all or is only provided with one or two visits to provide education, recommendations, and train patients and/or caregivers, but then is unable to provide follow ups or continued services that would be covered by insurance.

This is why I feel so passionate about advocating for the increased utilization of occupational therapy services in palliative and hospice care. I believe that all people

deserve to receive services that would improve their quality of life, from diagnosis to death. Even if I am not able to create the change and see increased utilization during this capstone experience, my hope is that by speaking with people, I can provide a greater understanding of the occupational therapy profession, and stress the importance of advocating for increased utilization of this profession in hospice and palliative care.

I am so thankful to Kandyce Powell, and the Maine Hospice Council, for partnering with me for this experience, and appreciate everyone who takes time out of their busy schedules to listen to me talk about this wonderful profession and the role it can play in palliative and hospice care. If you are interested in learning more, please feel free to contact me at: mckenna.mcgrath@maine.edu or (207) 256-9410. Thank you!

**Mueller, E., Arthur, P., Ivy, M., Pryor, L., Armstead, A., & Li, C.-Y. (2021). Addressing the gap: Occupational therapy in hospice care. *Occupational Therapy In Health Care*, *35*(2), 125–137. https://doi.org/10.1080/07380577.2021.1879410