

EmpowerPOTS: Enhancing Self-Advocacy and Knowledge for Better Outcomes

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Postural orthostatic tachycardia syndrome (POTS) is a form of autonomic nervous system dysfunction that causes symptoms relating to standing intolerance (Grubb & Grubb, 2023).

Common POTS symptoms include, but are not limited to, fatigue, lightheadedness, palpitations, increased heart rate, exercise intolerance, brain fog, and (pre)syncope/fainting. The autonomic nervous system is responsible for the automatic functions that the body needs to survive, such as heart rate, blood pressure, breathing, and digestion, which explains why the common symptoms of POTS can be so vast and distributed among many different body systems. To receive a diagnosis of POTS, patients must have a sustained heart rate increase of greater than 30 beats per minute (or greater than 40 beats per minute for adolescents) within the first ten minutes of standing, with the presence of symptoms and the absence of other forms of orthostatic intolerance (such as dehydration and orthostatic hypotension). Symptoms also must be present for at least six months to a person to be eligible for a diagnosis. It is estimated that POTS impacts six million Americans, yet the cause is not fully understood (Dysautonomia International, n.d.b). Some common assumptions about the cause of POTS include genetics, acute trauma/illnesses/viruses, and some underlying autoimmune disorders. Frequently used treatment regimens include a combination of pharmacological and non-pharmacological methods (Grubb & Grubb, 2023).

Occupational therapy is “the therapeutic use of everyday life occupations with persons, groups, or populations for the purpose of enhancing or enabling participation” (American Occupational Therapy Association, 2020, p. 1). Occupations are best defined by being everyday activities that people want to do, need to do, or are expected to do, and they are divided into nine categories: Activities of daily living, instrumental activities of daily living, health management,

rest and sleep, education, work, play, leisure, and social participation. One of the common interventions used by occupational therapists is advocacy, which is “efforts directed toward promoting occupational justice and empowering clients to seek and obtain resources to support health, well-being, and occupational participation” (American Occupational Therapy Association, 2020, p. 61). Occupational justice can be understood as allowing all people, regardless of age, ability, gender, social class, or other differences, the opportunity to participate in everyday occupation. Advocacy is done by a practitioner, whereas self-advocacy is done by the patient with the support of their occupational therapist.

Outcomes of Literature Review

A literature review was conducted which addressed the question: Among people with POTS, does access to self-advocacy training improve their self-advocacy skills and knowledge? This question was addressed because diagnostic delays and difficulties accessing appropriate care can lead to a significant emotional burden, on top of the wide array of physical symptoms people with POTS may experience (Grubb & Grubb, 2023). Searches of current literature produced eleven total articles that met inclusion and exclusion criteria, and these articles presented the following themes: Overview of POTS and symptom burden, long-COVID, benefits of advocacy, healthcare providers supporting advocacy, occupational therapy’s role in self-advocacy and POTS treatment, and self-advocacy need and training. Studies included in this review were required to have been published in the last ten years, be written in the English language, be a research or review article from a peer-reviewed journal, and address both POTS and self-advocacy/advocacy in a meaningful way. Studies that focused on diagnoses other than POTS and/or interventions unrelated to self-advocacy training were excluded from this review.

Summary of Available Literature

POTS presents with a large range of symptoms, and the symptom burden is high, which impacts quality of life, occupational participation, and occupational performance (Herrera & Behm, 2022; Knoop et al., 2023). Regardless of this, POTS is still incompletely understood, often discredited, and has limited evidence-based interventions (Grubb & Grubb, 2023; Knoop & Dunwoody, 2023; Knoop et al., 2023). Self-advocacy and development of the “patient role” is often a result of negative interactions with healthcare providers, diagnostic delay, and other factors that forced the patient to increase their involvement in their care (Kaufmann et al., 2023). Occupational therapists can be integral members of the POTS treatment team and are skilled practitioners that are equipped to train their patients in these self-advocacy skills, which can lead to increased quality of care and decreased symptom burden (Herrera & Behm, 2022; Levine et al., 2022)

Overall, the quality of literature on this topic was low. Despite the quality, this evidence was still used for the purposes of this review, as the overall quantity of literature relating to POTS self-advocacy programming was extremely limited. The lack of evidence related to POTS is also why long-COVID was included in this review, as long-COVID literature has expanded the breadth of available research relating to POTS.

Synthesis of Available Literature

Although self-advocacy efforts are taken on by POTS patients frequently, the literature showed that this is often a consequence of negative healthcare interactions rather than a protective factor to prevent these negative outcomes in the first place (Kaufmann et al., 2023). The literature demonstrated that it would likely be beneficial for POTS patients to be trained in self-advocacy skills, as well as be given resources to understand their condition, at the beginning

of their healthcare journey – by an occupational therapist who is skilled in self-advocacy intervention – rather than reaching a breaking point that requires them to develop these skills alone (Frye et al., 2022; Hollingsworth et al., 2022; Levine et al., 2022). In addition to preventing negative interactions with medical personnel, addressing self-advocacy early on may prevent unnecessary symptom burden. The literature also demonstrates that self-advocacy can improve symptoms and long-term outcomes, therefore, patients should be equipped with this skill as a preemptive measure rather than a reactive measure (Lindsay & Varahra, 2022). Educating patients on their diagnosis, as well as training them on how to advocate for their needs, will allow them to have informed expectations for their care and empowers them to take on an active role in their treatment (Frye et al., 2022; Kaufmann et al., 2023).

For occupational therapists to implement self-advocacy training and intervention, they must be present members of the interdisciplinary team. In addition to patients being educated on their symptoms, physicians who diagnose and treat POTS must have a thorough understanding of the occupational participation and performance limitations that this condition can cause (Herrera & Behm, 2022; Knoop et al., 2023). Occupational therapists must actively advocate for their profession's role in the treatment of POTS through the creation of informative resources for both healthcare providers and patients, explaining the advantages that they offer to this patient population.

Outcomes of Needs Assessment

A needs assessment was conducted for the POTS patient population. The first major need discovered by the research was decreased function and quality of life, leading to the need for support and self-care, need for mature and responsible friendships, and the need for functional cognitive interventions (Frye et al., 2022). The next need discovered was related to invalidation

and difficulties (Frye et al., 2022; Knoop & Dunwoody, 2023). There is a need for outsiders to trust their lived experiences and symptoms, for patients to advocate for their children, and for there to be coordination of care. The third need discovered was related to the novelty of POTS (Frye et al., 2022). There is a need for increased resources and understanding, a need for resources for families, and a need for recognition and acceptance. Lastly, there is a lack of a cure for POTS (Knoop & Dunwoody, 2023). As a result of this, there is a need for self-management strategies and a need to adapt to living with POTS.

Stakeholder Interview

An interview was conducted with a content expert in this field, the community engagement coordinator at a major advocacy organization. She stated that there is a need for self-advocacy resources/training for POTS community members, a need for a brief educational handout that can be used by both patients and healthcare providers, and a need for an educational webinar that addresses occupational therapy, targeted at both patients and healthcare providers.

Advocacy and Education

The Accreditation Council for Occupational Therapy Education (ACOTE) defines eight areas of focus for doctoral capstone experiences (DeJuliis & Bednarski, 2020). The doctoral capstone experience is designed to provide occupational therapy students with in-depth knowledge and skill in one or more of these focused areas, to be developed in a setting outside of the traditional scope of practice for occupational therapists.

The capstone focus areas selected for this project were advocacy and education. The advocacy focus area includes “working and collaborating with recognized individuals that are engaged at the federal and state legislative levels regarding issues that affect our practice” (DeJuliis & Bednarski, 2020, p. 33). Some examples of sites and settings relevant to the

advocacy focus area are community organizations, state and national organizations, and offices of legislatures. The education focus area includes “explor[ing] the role of the occupational therapist as educator...[with] communities of learners such as clients, staff, and students in community, clinical and classroom settings” (DeJuliis & Bednarski, 2020, p. 34). The capstone project aimed to integrate these focus areas through practical application and research, seeking to enhance both advocacy efforts and educational initiatives related to POTS.

Dysautonomia International was chosen as the site for this project, as they are a 501(c)(3) non-profit organization that focuses on raising funds for research on various forms of dysautonomia (including POTS), raising awareness of dysautonomia in the medical profession, empowering patients and caregivers, and increasing awareness of dysautonomia among the public (Dysautonomia International, n.d.a). Dysautonomia International aligns seamlessly with both the advocacy and education focus areas, and presented with a need that the capstone student was able to fill.

Processes

Plan and Processes

Through the literature review, needs assessment, and collaboration with the Dysautonomia International community engagement coordinator, goals, along with related objectives and deliverables for the capstone experience, were developed. The goals were as follows: By the end of the capstone experience, I will create a comprehensive self-advocacy resource bank for people with POTS that will serve as an educational hub to provide in-depth knowledge about the condition and will empower individuals to effectively self-advocate for their needs; By the end of the capstone experience, I will have created a pre-recorded educational seminar addressing the occupational performance barriers associated with POTS and equip

individuals with self-management strategies to minimize these barriers; and By the end of the capstone experience, I will actively advocate for the POTS community by participating in four key actions related to awareness, promoting education, and/or reducing stigma through the incorporation of research, leveraging existing resources, and collaborating with relevant stakeholders. The objectives and deliverables for each goal can be found in Appendix A.

Mentorship

Throughout all phases of the capstone experience, including preparation, implementation, review and evaluation, and sustainability, mentorship was received from both a faculty mentor and an agency mentor. Dr. Camille Ko served as the faculty mentor by sharing expertise for the planned focus area of study, ensuring that the experience is consistent with the philosophy and goals of Texas Woman's University Entry-Level Doctor of Occupational Therapy program, and evaluating student performance throughout the experience. She also served as the point of contact for the student and the agency mentor by responding to student-initiated communication in a timely manner. Sierra Sunset Leffers served as the agency mentor by orienting the student to the policy/procedure/rules/regulations of the capstone agency, providing the student with opportunities for the development of skills in the focused areas of study, and sharing information/advice/guidance throughout the experience. She also served as the contact person for the site and met at regular intervals with the student. Lastly, both Dr. Ko and Ms. Leffers served as collaborators by collaborating with the doctoral capstone coordinator and other mentors to review and evaluate the capstone deliverables.

Implementation Strategies

One-Page Educational Handout

To create the one-page educational handout on POTS, existing patient and physician educational resources were researched. Pros, cons, and gaps of these existing resources were identified, including those from the capstone agency and external sources. Next, in collaboration with the site mentor, important topics relevant to both patients and healthcare providers were determined. Then, extensive research was conducted on these topics, and the handout was designed to highlight this information in a visually appealing and readable format. All the research articles cited in the handout are freely accessible online, to ensure that the intended audience can readily obtain the source information. The educational handout ultimately highlighted five subsections: Symptoms, diagnosis, treatment, note for providers, and quick facts. After ensuring that wording was appropriate to the target population, which includes both patients and healthcare providers, the handout was sent to stakeholders and disseminated online.

Self-Advocacy Resource Bank

When creating the self-advocacy resource bank, existing patient self-advocacy resources were researched. The pros, cons, and gaps in these existing resources were determined, including those from the capstone agency and external sources. Following that, brainstorming and research were initiated on topics considered most relevant to patients concerning self-advocacy. According to Schmidt et al. (2019), the foundations of self-advocacy are knowledge of self, knowledge of rights, communication skills, and leadership. The resource bank was designed to highlight each of these areas and provide opportunities for patients to apply knowledge gained for each topic. The following topics were highlighted: what self-advocacy is and how it can help, overview of POTS (one-page handout previously discussed), tips for critically appraising health

information, overview of patient rights, overview of providers people with POTS may encounter, tips for communicating with healthcare professionals, and accommodations people with POTS may benefit from. After ensuring that wording was appropriate to the target population (people with POTS), the handout was sent to stakeholders and disseminated online.

Recorded Seminar

To create the recorded seminar, research was conducted on existing webinars that discussed POTS, particularly those that addressed self-advocacy and/or occupational therapy. The pros, cons, and gaps in these existing resources, including those from the capstone agency and external sources, were identified. Next, brainstorming and extensive research on relevant topics were undertaken, and a visually appealing and readable presentation was created. The seminar covered the following topics: the definition, symptoms, and diagnostic criteria of POTS; the impact of POTS on daily life; the scope and role of occupational therapy in healthcare; the role of occupational therapy in POTS treatment; and why self-advocacy is important for people with POTS. After ensuring that wording and visuals were appropriate to the target population, which includes patients, healthcare providers, and occupational therapy students, a mock version of the seminar was sent to stakeholders to review to ensure that the objectives of the seminar were met. Rating and feedback from stakeholders were used to make final adjustments to the seminar prior to the final recording and dissemination.

The seminar also consisted of a question-and-answer session with Emily Rich, who is an occupational therapist that devotes her research and time into POTS care, to provide first-hand knowledge and insight into what it is like serving this patient population. Questions were developed to emphasize her experience in addressing self-advocacy interventions and to

encourage both patients and occupational therapy practitioners to take actionable steps. She answered the following questions:

1. How did you get into the field of occupational therapy, and what inspired your dedication to supporting individuals with POTS?
2. For patients listening who have never heard of occupational therapy before, how can they get the conversation started with their doctor if they think that it is something that could be beneficial to them?
3. In your role as an occupational therapist, do you spend any time with your patients encouraging them and preparing them on how to best advocate for themselves (e.g. with their doctors, at school, at work)? If so, what does that look like in your sessions?
4. What guidance would you offer to occupational therapy students or practitioners unfamiliar with POTS who wish to explore its management and care?
5. Recognizing your advocacy efforts, could you share some of the resources you personally provide for both patients and healthcare professionals in the realm of POTS management?

The final recorded seminar, including the question-and-answer portion, is approximately one hour in length. After ensuring that the wording and visuals was appropriate to the target population, the seminar was sent to stakeholders and disseminated online.

Advocacy Within Occupational Therapy

In order to advocate for appropriate POTS care and self-advocacy within the occupational therapy field, the one-page educational handout was modified to provide relevant information to occupational therapy practitioners and students. The occupational therapy version of the educational handout highlighted five subsections: Symptoms, diagnostic criteria, occupational

therapy, treatment (with the additional of allied health care professions), and a note regarding the use of the POTS ICD-10 diagnostic code. Two tables were also compiled to provide occupational therapists with a more thorough understanding of how POTS care is within the occupational therapy scope of practice: a breakdown of POTS symptoms as it relates to the Occupational Therapy Practice Framework (OTPF 4th Ed.) and a breakdown of POTS intervention ideas as it relates to the OTPF 4th Ed.

These resources, along with the recorded seminar, were sent occupational therapy programs in Texas via email. These programs were encouraged to consider distributing the EmpowerPOTS resources to their students and to include education about POTS in their curriculum to provide well-rounded knowledgeable future therapists.

Advocacy Event Participation

Throughout the entirety of the capstone experience, I participated in community events, workshops, and seminars that promoted education and/or reduction of stigma surrounding POTS to further my experience related to the advocacy capstone focus area. I researched events/workshops that are virtual and/or in my geographical area. I attended and participated in the following: Dysautonomia International college support group; POTS Providers Course: The comprehensive guide to evaluation and treatment of POTS; and the Texas Woman's University (TWU) chronic illness peer support groups. After attending/completing each of these, I reflected on knowledge and insight I gained from each, and considered how they could help influence my capstone deliverables.

Guiding Theory

The Person-Environment-Occupation-Performance (PEOP) Model, originally developed by Carolyn Baum and Charles Christiansen in the 1980s, was used to guide this capstone

experience (Figure 1, Appendix B). This model illustrates the relationships between person factors, environment factors, occupations, and performance, which all support participation and overall well-being (Herrera & Behm, 2022). The PEOP model serves as a natural fit for this project, as POTS presents with complex occupational performance deficits and can largely be impacted by the environment surrounding the person. The main objectives of this capstone project address environmental factors, specifically the social environment and cultural understanding of POTS, by educating healthcare providers and equipping individuals with POTS to self-advocate. When individuals understand self-advocacy and implement strategies learned through the provided resources, their performance, particularly in health management, is expected to improve. Due to the dynamic interplay between each area within the PEOP model, interventions to enhance environmental factors should theoretically augment other areas as well, resulting in improved occupational performance, increased participation, and overall well-being.

Outcomes

Results

Educational and Self-Advocacy Resources

Evaluation of the capstone deliverables was conducted by soliciting feedback from stakeholders and content experts. Stakeholders for the handout included a POTS content expert, a physician, and a person with POTS. Refer to Table 1 (Appendix C) for evaluation questions and responses for the handout. There was also an opportunity for stakeholders to write free-response comments related to the handout, and one stakeholder said, "...I think it looks great and is a great resource for those just learning about POTS." Stakeholders for the resource bank included a POTS content expert and a person with POTS. Refer to Table 2 (Appendix C) for evaluation questions and responses for the resource bank. There was also an opportunity for

stakeholders to write free-response comments related to the resource bank, and one stakeholder said, “I really like that each of the topics had information to learn and then a worksheet to apply it. I am excited to use these worksheets in the future for myself.” Stakeholders for the seminar included a POTS content expert, two occupational therapy students, and two people with POTS. Refer to Table 3 (Appendix C) for evaluation questions and responses for the seminar. Some free-response comments included, “I went in only knowing the very basics of POTS, so this presentation is very suitable for individuals that are new...I think you’ll make a big impact with your capstone project...” and “Amazing overview of POTS and why OT is helpful.”

Despite efforts to ensure comprehensive feedback, the data obtained was limited due to a small number of participants. This constraint arose from challenges in accessing the wider population for dissemination and gathering extensive feedback. Nonetheless, the ratings and feedback provided valuable insights, which were used to make final adjustments to the resources before dissemination.

Advocacy Within Occupational Therapy

Thirteen occupational therapy programs in Texas were contacted in order to share the occupational therapy specific resources that were created. Programs were encouraged to respond with the status of POTS education in their program and their willingness to implement the recorded seminar into their curriculum. At the time of this report, no responses have been received.

Advocacy Event Participation

The advocacy events and workshops attended provided me with valuable insight into the target population and gave me experience in being an advocate for the POTS community. After each advocacy event, I reflected on knowledge gained through participation. The following

excerpt is from my reflection of the Dysautonomia International college support group: “This event proved to be a great source of knowledge, emphasizing the importance of community and shared wisdom in managing life with dysautonomia during the college years.” I also had the opportunity to complete the POTS provider’s course, hosted by an occupational therapist, and “[it] provided me with extensive knowledge in assessing and addressing POTS within a rehabilitative context...emphasis on self-management techniques and occupational therapy’s role in guiding patients through these strategies offered me distinctive insights into the role of OT within this patient demographic...a valuable asset that I can incorporate into my capstone project deliverables.” Lastly, the following excerpt is from my reflection of the TWU chronic illness peer support group: “It highlighted the value of shared experiences and the potential for building supportive networks among people facing similar health challenges.”

Discussion

Impact and future implications

The feedback on capstone resources (handout, resource bank, and seminar), detailed in Appendix B, indicated positive responses regarding the handout, resource bank, and seminar content. Comments praised the clarity and usefulness of the materials for both newcomers and those familiar with POTS. These resources can be provided to patients to increase knowledge and self-advocacy skills, thereby improving long-term health outcomes. In addition, bringing these resources to the attention of healthcare providers will not only enable them to become knowledgeable about POTS themselves but also encourage them to support their patients' self-advocacy efforts. All capstone resources may also serve as a starting point for occupational therapists to begin implementing self-advocacy interventions when treating patients with POTS, and ideally empower occupational therapists to feel more comfortable treating this patient

population. It is also my hope that occupational therapy programs in Texas will be willing to implement the EmpowerPOTS seminar into their educational curriculum to produce new-grad occupational therapists who are knowledgeable about POTS. Lastly, my experience in participating in advocacy events myself has encouraged me to continue serving as an advocate for this community.

Sustainability

The capstone project's deliverables were created to be self-sustaining, requiring minimal maintenance from the capstone agency and other stakeholders. However, it is essential for the capstone agency and any other stakeholders that choose to implement the resources to possess the capacity to adapt educational content as the research evolves and as organizational goals and objectives change over time. To maintain sustainability and usefulness of the self-advocacy resource bank, all stakeholders will possess the capacity to make relevant updates, as necessary. Any stakeholder feedback gained will also be taken into consideration in the maintenance of this resource bank. For the seminar's sustainability, it will be recorded and available online, with a disclaimer acknowledging that the content may become outdated due to ever-evolving literature. To maintain sustainability of advocacy efforts with Texas occupational therapy programs, the Student will provide contact information for the capstone agency in initial communication. Regarding personal advocacy efforts, I have committed to continuous learning, education, and advocacy for members of the POTS community throughout her career, in a variety of ways.

Recommendations for future development

Future recommendations to further the impact of the capstone deliverables include evaluating the effectiveness of resources and making updates based on this data. Some questions

to address include: “Did the resources improve knowledge and self-advocacy skills?” And “Does increasing self-advocacy skills improve patient outcomes and decrease diagnostic delay?”

Limitations

Limitation in the creation, assessment, and dissemination of the capstone project including being unable to conduct formal surveys through the capstone agency and not having direct access to the patient populational and healthcare providers for dissemination.

Developing In-Depth Knowledge

Spending time with the agency mentor, refining and editing the resources, was invaluable for understanding how to frame education and advocacy materials. Having an outside perspective knowledgeable in advocacy, coupled with insights into existing resources, ensured that the capstone materials addressed an unmet need and were polished to promote positive outcomes for the target population without raising further questions. Additionally, the seminar's question-and-answer session fostered a deeper understanding of advocacy. Emily Rich, who dedicates much of her time to working with POTS patients and advocating for the community, provided insights into how self-advocacy training functions in therapy sessions. This enhanced my understanding of how my resources may be practically used to assist patients in developing self-advocacy skills and encouraged me to ensure that the resources are available in a way that is beneficial to both healthcare providers and patients.

Advancing Practice

Creating education and advocacy resources related to POTS for patients and healthcare providers, as well as participating in key actions related to awareness, promoting education, and reducing stigma, has equipped me with the knowledge and desire to continue serving as an advocate for my patients as I enter the occupational therapy profession. Advocacy is an

intervention outlined as a responsibility of occupational therapy practitioners in the OTPF 4th Ed., and throughout this capstone experience I have honed the skills and acquired the knowledge necessary to excel in this domain, not only advocating for patients myself but also empowering my patients to become effective self-advocates (American Occupational Therapy Association, 2020). Occupational therapy's role in chronic condition management is an emerging area of practice that are relevant to the POTS patient population. According to Lambdin-Pattavina & Pyatak (2022), "Special considerations for clients with chronic conditions may include...self-advocacy in expressing health needs and ensuring they are met and identifying resources for ongoing support" (p. 5). This is directly related to the needs of those with POTS, and this capstone experience has allowed me to become proficient in this skill.

Conclusion

The capstone experience, titled "EmpowerPOTS: Enhancing Self-Advocacy and Knowledge for Better Outcomes," has successfully addressed the critical need for self-advocacy training and educational resources within the POTS community. Through an extensive literature review, needs assessment, and collaboration with stakeholders, comprehensive resources including a one-page educational handout, a self-advocacy resource bank, and a recorded educational seminar were developed. These resources aim to empower individuals with POTS to effectively self-advocate for their needs, improve their understanding of the condition, and ultimately enhance their quality of life. These resources also aim to enhance healthcare providers understanding of the needs of this patient population to better treat them.

The outcomes of the capstone experience have demonstrated positive responses from stakeholders, including individuals with POTS, healthcare providers, and content experts. Feedback on the resources highlighted their clarity, usefulness, and potential to improve

knowledge and self-advocacy skills among the target population. Additionally, advocacy efforts within the occupational therapy field have facilitated the dissemination of these resources to educational programs, aiming to incorporate POTS education into their curricula and empower future occupational therapists to effectively support individuals with POTS.

Overall, the capstone experience has equipped me with advanced skills in advocacy and education within the occupational therapy profession. By addressing the unmet needs of the POTS community, I have demonstrated a commitment to advocating for the well-being and empowerment of individuals with chronic conditions, aligning with the core principles of occupational therapy practice.

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Appendix A

Capstone Goals and Objectives

Performance Goal:

By the end of the capstone experience, I will create a comprehensive self-advocacy resource bank for people with POTS that will serve as an educational hub to provide in-depth knowledge about the condition and will empower individuals to effectively self-advocate for their needs.

- Objective #1: By the end of week 10, I will create a one-page educational handout, relevant to both patients and healthcare providers, that will highlight key information pertaining to POTS and its treatment.
- Objective #2: By the end of week 11, I will compile an online bank of resources that will aid patients in understanding their condition, navigating the healthcare system, communicating effectively with healthcare professionals, and advocating for accommodations in various settings.

Professional Reasoning Goal:

By the end of the capstone experience, I will have created a pre-recorded educational seminar addressing the occupational performance barriers associated with POTS and equip individuals with self-management strategies to minimize these barriers.

- Objective #1: By the end of week 10, I will have coordinated with a key stakeholder to participate in a Q&A discussion during the pre-recorded seminar.
- Objective #2: By the end of week 11, I will record a mock seminar for the Agency Mentor and two other key stakeholders to determine areas that need adjustment and practice prior to recording the final seminar.

- Objective #3: By the end of week 13, I will record an educational seminar that will improve participant knowledge of occupational performance barriers associated with POTS, as well as introduce self-management strategies that participants can implement in their life (for patients) or their patient education (for healthcare providers).

Experience Goal:

By the end of the capstone experience, I will actively advocate for the POTS community by participating in four key actions related to awareness, promoting education, and/or reducing stigma through the incorporation of research, leveraging existing resources, and collaborating with relevant stakeholders.

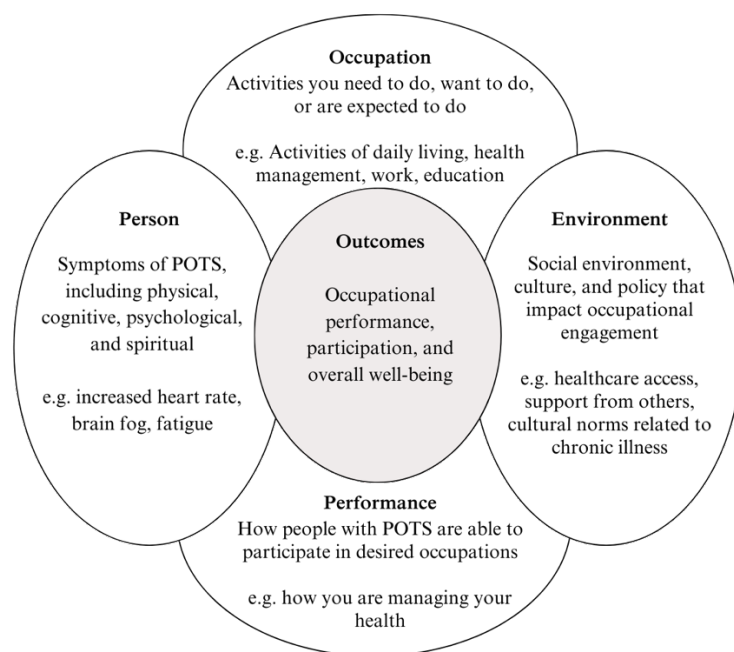
- Objective #1: By week 14, I will encourage at least five occupational therapy programs in Texas to integrate POTS awareness and education into their curriculum, by sharing a one-page overview of the condition that includes its occupational impacts and key findings from the Capstone Project.
- Objective #2: Throughout the entire capstone experience, I will participate in at least three community events, workshops, and/or seminars that promote education about POTS and reduce stigma associated with the condition.

Appendix B

Guiding Theory

Figure 1

Applying the PEOP Model to the EmpowerPOTS Project



Note. This is an illustration of the PEOP model, using examples related to the capstone project.

Appendix C

Outcomes of Educational and Self-Advocacy Resources

Table 1

Handout Feedback

Question/Statement	Average Score (N=3)
How clear and understandable did you find the content of the educational handout on POTS and its treatment?	5
The handout effectively caters to both patients and healthcare providers.	5
The handout covers all the key concepts of POTS and its treatment that you believe are important for the target audience.	5
The layout and visual appeal of the handout promoted understanding and ease of learning.	4.7
The handout could be used to promote self-advocacy for people with POTS.	5

Note: All questions were scored on a 1-5 Likert scale, with a maximum score of 5.

Table 2*Resource Bank Feedback*

Question/Statement	Average Score (N=2)
How clear and understandable did you find the content of the resource bank on POTS and self-advocacy?	4.5
The resource bank covered all the key concepts of POTS and self-advocacy that you believe are important for the target audience.	4
How effective were the visuals in conveying information in the resource bank?	4.5
The resource bank provided actionable steps or guidance for patients as it relates to self-advocacy.	4.5
How engaging did you find the content of the resource bank? Did it maintain your interest throughout?	4.5

Note: All questions were scored on a 1-5 Likert scale, with a maximum score of 5.

Table 3*Seminar Feedback*

Question/Statement	Average Score (N=5)
Gain insight into the definition, symptoms, and diagnostic criteria of POTS.	4.5
Explore the impact of POTS on daily life, including challenges in physical, cognitive, and emotional well-being.	4.4
Define the scope and role of occupational therapy in healthcare.	4.6
Understand how occupational therapy can address and improve the functional limitations and challenges associated with POTS.	4.2
Understand why self-advocacy is important for people with POTS.	
The seminar effectively caters to patients, healthcare providers, and occupational therapy students.	4.8
How engaging did you find the content of the resource bank? Did it maintain your interest throughout?	4.8

Note: All questions were scored on a 1-5 Likert scale, with a maximum score of 5.