Inspiring Meaningful Community Outcomes: A Philanthropic Interdisciplinary Approach in the Promotion of Neuro-Wellness

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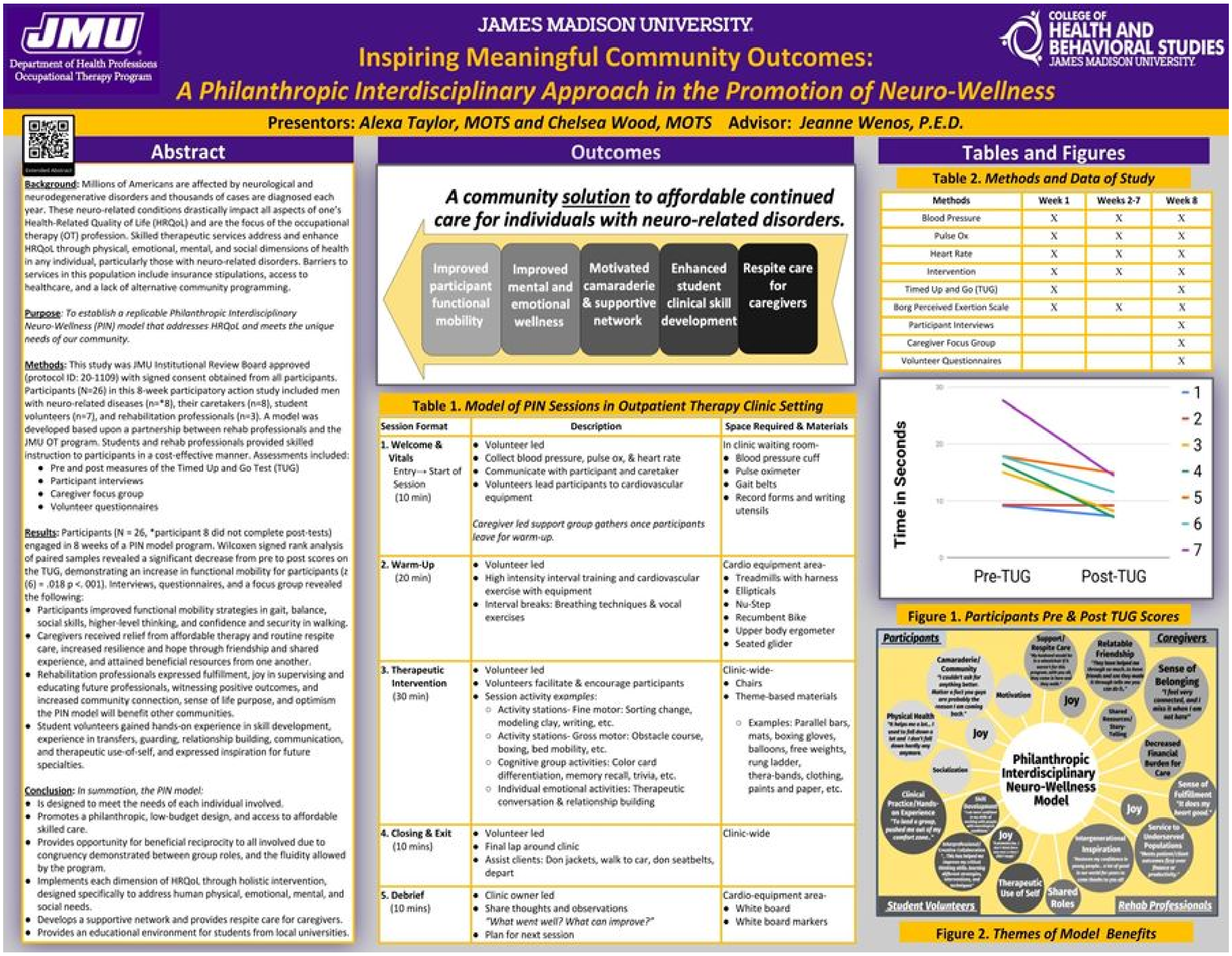
Purpose: Millions of Americans are affected by neurological and neurodegenerative disorders and thousands of cases are diagnosed each year. These neuro-related conditions drastically impact all aspects of one's Health-Related Quality of Life (HRQoL) and is a focus of the Occupational Therapy (OT) profession. Skilled therapeutic services enhance HRQoL through physical, emotional, mental, and social dimensions of health in any individual, particularly those with neuro-related disorders. Barriers to services in this population include insurance stipulations, access to healthcare, and lack of alternative community programming.

Methods: To meet these needs and based upon a partnership between rehab professionals and the James Madison University OT program, the Philanthropic Interdisciplinary Neuro-wellness (PIN) model was developed. Participants in this 8-week participatory action study of PIN included men with neuro-related diseases, their caretakers, student volunteers, and rehabilitation professionals. Through therapeutic intervention, student volunteers and rehab professionals provided skilled instruction, care, and support to participants in a cost-effective manner.

Results: Quantitative data revealed an increase in functional mobility due to involvement in the PIN model for men with neuro-related disorders. Qualitative themes from interviews and the focus group include a community solution for affordable care, motivated camaraderie, a supportive network of friends, and student clinical skill development.

Conclusion: In summation, the surrounding community benefits from this model by accessing skilled care for individuals with neuro-related disorders at a low cost, along with providing respite care and a supportive network for caregivers, as well as providing an educational environment for students from local universities.



Department of Health Professions
Occupational Therapy Program

JAMES MADISON UNIVERSITY

Inspiring Meaningful Community Outcomes:
A Philanthropic Interdisciplinary Approach in the Promotion of Neuro-Wellness

Presentors: *Alexa Taylor, MOTS and Chelsea Wood, MOTS* **Advisor:** *Jeanne Wenos, P.E.D.*

COLLEGE OF
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Abstract

Background: Millions of Americans are affected by neurological and neurodegenerative disorders and thousands of cases are diagnosed each year. These neuro-related conditions drastically impact all aspects of one's Health-Related Quality of Life (HRQoL) and are the focus of the occupational therapy (OT) profession. Skilled therapeutic services address and enhance HRQoL through physical, emotional, mental, and social dimensions of health in any individual, particularly those with neuro-related disorders. Barriers to services in this population include insurance stipulations, access to healthcare, and a lack of alternative community programming.

Purpose: *To establish a replicable Philanthropic Interdisciplinary Neuro-Wellness (PIN) model that addresses HRQoL and meets the unique needs of our community.*

Methods: This study was JMU Institutional Review Board approved (protocol ID: 20-1109) with signed consent obtained from all participants. Participants (N=26) in this 8-week participatory action study included men with neuro-related diseases (n=*8), their caretakers (n=8), student volunteers (n=7), and rehabilitation professionals (n=3). A model was developed based upon a partnership between rehab professionals and the JMU OT program. Students and rehab professionals provided skilled instruction to participants in a cost-effective manner. Assessments included:

- Pre and post measures of the Timed Up and Go Test (TUG)
- Participant interviews
- Caregiver focus group
- Volunteer questionnaires

Results: Participants (N = 26, *participant 8 did not complete post-tests) engaged in 8 weeks of a PIN model program. Wilcoxen signed rank analysis of paired samples revealed a significant decrease from pre to post scores on the TUG, demonstrating an increase in functional mobility for participants (z (6) = .018 $p <$ .001). Interviews, questionnaires, and a focus group revealed the following:

- Participants improved functional mobility strategies in gait, balance, social skills, higher-level thinking, and confidence and security in walking.
- Caregivers received relief from affordable therapy and routine respite care, increased resilience and hope through friendship and shared experience, and attained beneficial resources from one another.
- Rehabilitation professionals expressed fulfillment, joy in supervising and educating future professionals, witnessing positive outcomes, and increased community connection, sense of life purpose, and optimism the PIN model will benefit other communities.
- Student volunteers gained hands-on experience in skill development, experience in transfers, guarding, relationship building, communication, and therapeutic use-of-self, and expressed inspiration for future specialties.

Conclusion: *In summation, the PIN model:*

- Is designed to meet the needs of each individual involved.
- Promotes a philanthropic, low-budget design, and access to affordable skilled care.
- Provides opportunity for beneficial reciprocity to all involved due to congruency demonstrated between group roles, and the fluidity allowed by the program.
- Implements each dimension of HRQoL through holistic intervention, designed specifically to address human physical, emotional, mental, and social needs.
- Develops a supportive network and provides respite care for caregivers.
- Provides an educational environment for students from local universities.

Outcomes

A community solution to affordable continued care for individuals with neuro-related disorders.

- Improved participant functional mobility
- Improved mental and emotional wellness
- Motivated camaraderie & supportive network
- Enhanced student clinical skill development
- Respite care for caregivers

Table 1. ***Model of PIN Sessions in Outpatient Therapy Clinic Setting***

Session Format	Description	Space Required & Materials
1. Welcome & Vitals Entry→ Start of Session (10 min)	• Volunteer led • Collect blood pressure, pulse ox, & heart rate • Communicate with participant and caretaker • Volunteers lead participants to cardiovascular equipment *Caregiver led support group gathers once participants leave for warm-up.*	In clinic waiting room- • Blood pressure cuff • Pulse oximeter • Gait belts • Record forms and writing utensils
2. Warm-Up (20 min)	• Volunteer led • High intensity interval training and cardiovascular exercise with equipment • Interval breaks: Breathing techniques & vocal exercises	Cardio equipment area- • Treadmills with harness • Ellipticals • Nu-Step • Recumbent Bike • Upper body ergometer • Seated glider
3. Therapeutic Intervention (30 min)	• Volunteer led • Volunteers facilitate & encourage participants • Session activity examples: ○ Activity stations- Fine motor: Sorting change, modeling clay, writing, etc. ○ Activity stations- Gross motor: Obstacle course, boxing, bed mobility, etc. ○ Cognitive group activities: Color card differentiation, memory recall, trivia, etc. ○ Individual emotional activities: Therapeutic conversation & relationship building	Clinic-wide- • Chairs • Theme-based materials ○ Examples: Parallel bars, mats, boxing gloves, balloons, free weights, rung ladder, thera-bands, clothing, paints and paper, etc.
4. Closing & Exit (10 mins)	• Volunteer led • Final lap around clinic • Assist clients: Don jackets, walk to car, don seatbelts, depart	Clinic-wide
5. Debrief (10 mins)	• Clinic owner led • Share thoughts and observations *"What went well? What can improve?"* • Plan for next session	Cardio-equipment area- • White board • White board markers

Tables and Figures

Table 2. ***Methods and Data of Study***

Methods	Week 1	Weeks 2-7	Week 8
Blood Pressure	X	X	X
Pulse Ox	X	X	X
Heart Rate	X	X	X
Intervention	X	X	X
Timed Up and Go (TUG)	X		X
Borg Perceived Exertion Scale	X	X	X
Participant Interviews			X
Caregiver Focus Group			X
Volunteer Questionnaires			X

Figure 1. ***Participants Pre & Post TUG Scores***

Figure 2. ***Themes of Model Benefits***

Effect of Medicaid Expansion on Demographic and Disease Profile of Chronic Disease Patients at a Rural Safety Net Clinic in Virginia

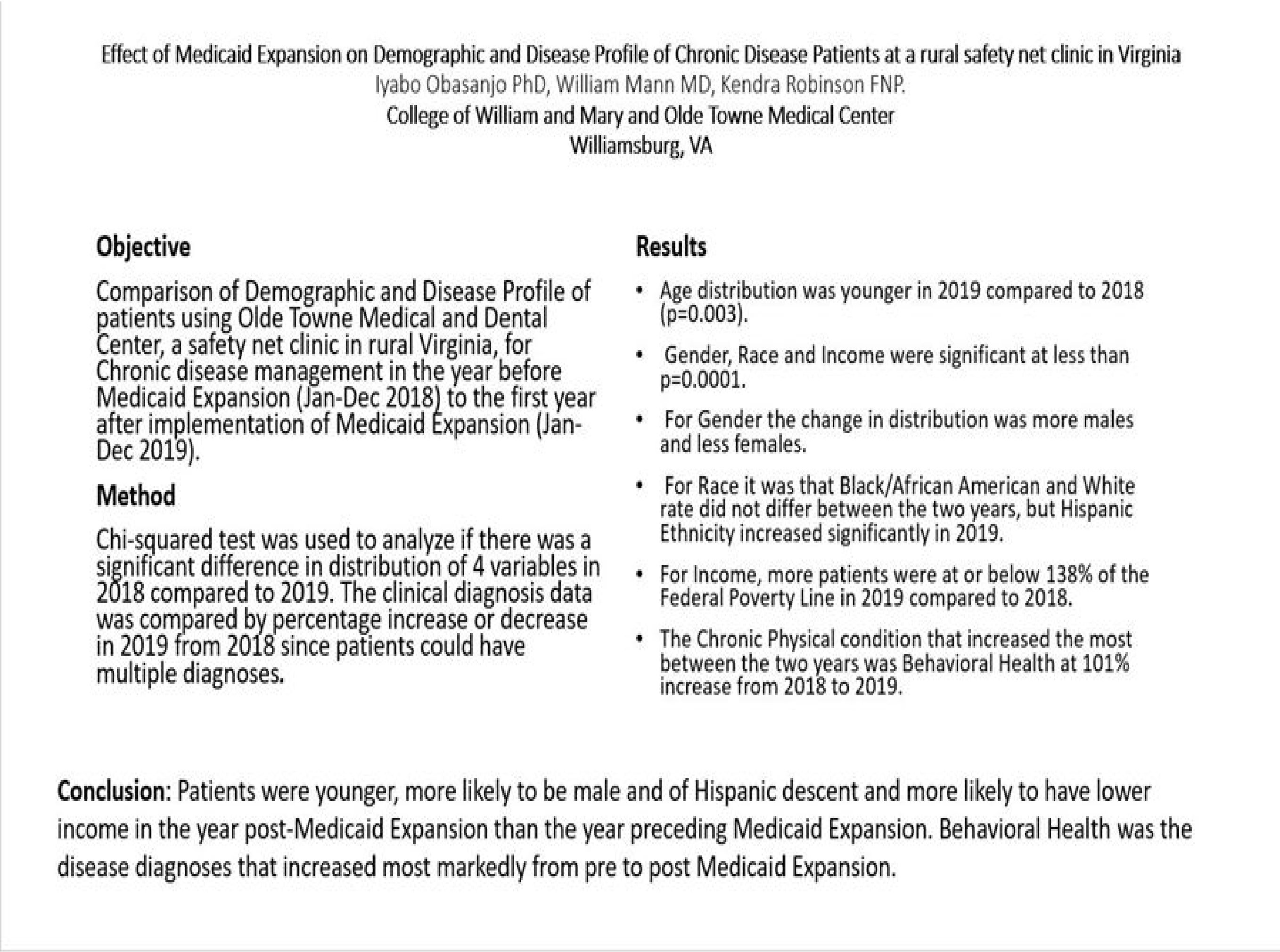
Obasanjo I, Mann W, Robinson K., College of William & Mary, Olde Towne Medical Center

Purpose: The purpose of this study was to compare the demographic and disease profile of patients using a safety net clinic for chronic disease management in the year before Medicaid Expansion (Jan-Dec 2018) to the first year after implementation of Medicaid Expansion (Jan-Dec 2019).

Methods: A chi-squared test was used to analyze if there was a significant difference in distribution of four variables in 2018 compared to 2019. The clinical diagnosis data was compared by percentage increase or decrease in 2019 from 2018 since patients could have multiple diagnoses.

Results: Age distribution was younger in 2019 compared to 2018 (p=0.003) and the other three patient variables, gender, race and income, were significant (p=<0.0001). For gender, the change in distribution was more males and less females in 2019 compared to 2018. For race, it was that rates of Black/African American and White did not differ between the two years although Hispanic Ethnicity increased in 2019. For income, more patients were at or below 138% of the Federal Poverty Line in 2019 compared to 2018.The chronic physical condition that increased the most between the two years was Behavioral Health at a 101% increase from 2018 to 2019.

Conclusion: Patients were younger, more likely to be male and of Hispanic descent and more likely to have lower income in the year post-Medicaid Expansion than the year preceding Medicaid Expansion. Behavioral Health was the disease diagnoses that increased most markedly from pre to post Medicaid Expansion.



Effect of Medicaid Expansion on Demographic and Disease Profile of Chronic Disease Patients at a rural safety net clinic in Virginia

Iyabo Obasanjo PhD, William Mann MD, Kendra Robinson FNP.
College of William and Mary and Olde Towne Medical Center
Williamsburg, VA

Objective

Comparison of Demographic and Disease Profile of patients using Olde Towne Medical and Dental Center, a safety net clinic in rural Virginia, for Chronic disease management in the year before Medicaid Expansion (Jan-Dec 2018) to the first year after implementation of Medicaid Expansion (Jan-Dec 2019).

Method

Chi-squared test was used to analyze if there was a significant difference in distribution of 4 variables in 2018 compared to 2019. The clinical diagnosis data was compared by percentage increase or decrease in 2019 from 2018 since patients could have multiple diagnoses.

Results

- Age distribution was younger in 2019 compared to 2018 (p=0.003).
- Gender, Race and Income were significant at less than p=0.0001.
- For Gender the change in distribution was more males and less females.
- For Race it was that Black/African American and White rate did not differ between the two years, but Hispanic Ethnicity increased significantly in 2019.
- For Income, more patients were at or below 138% of the Federal Poverty Line in 2019 compared to 2018.
- The Chronic Physical condition that increased the most between the two years was Behavioral Health at 101% increase from 2018 to 2019.

Conclusion: Patients were younger, more likely to be male and of Hispanic descent and more likely to have lower income in the year post-Medicaid Expansion than the year preceding Medicaid Expansion. Behavioral Health was the disease diagnoses that increased most markedly from pre to post Medicaid Expansion.

A Quality Improvement Plan for Integrating Behavioral Health into the Management of Chronic Pain

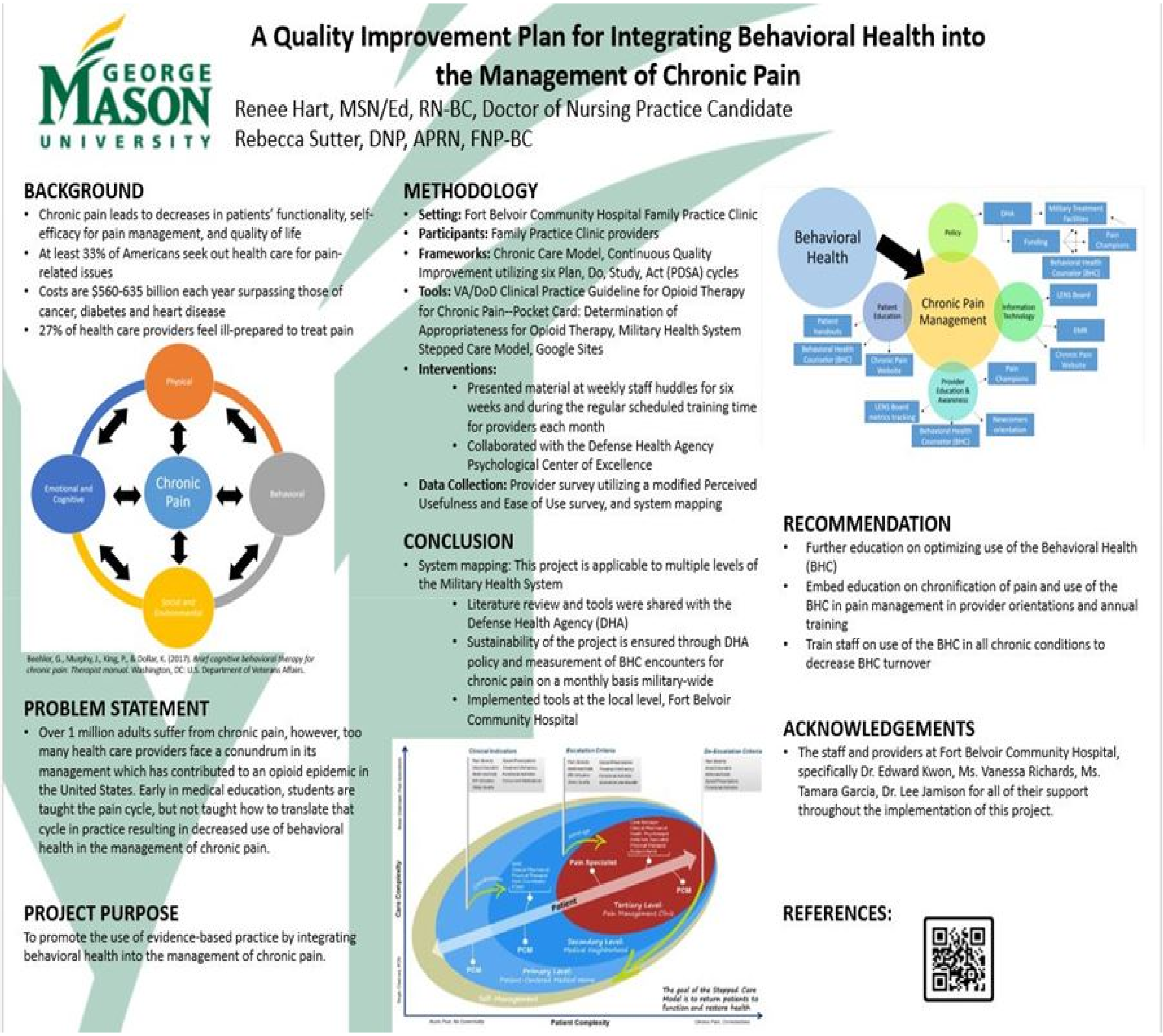
Hart, R. T., DNP Candidate, MSN/Ed, RN-BC, Sutter, R. DNP, APRN, BC-FNP

Purpose: The purpose of this project was to promote use of evidence-based practice by integrating behavioral health into the management of chronic pain.

Methods: At Fort Belvoir Community Hospital's Family Medicine Clinic, the Chronic Care Model and Continuous Quality Improvement framework were utilized in integrating use of Behavioral Health in the management of chronic pain. A Modified VA/DoD Clinical Practice Guideline for Chronic Pain Management algorithm and website were used to present education to providers. Data was collected utilizing a modified Perceived Usefulness and Ease of Use (PUEU) survey and system mapping.

Results: Elements of this project may be integrated into multiple levels of the Military Health System. This was demonstrated through system mapping. Results from the Modified PUEU reflected a 300.10% increase in the intent to integrate the behavioral health counselor into the management of chronic pain after project intervention.

Conclusion: Clinics should consider and include behavioral health modification in the management of chronic pain. Providers should be educated on the chronification of pain, motivational interviewing, and appropriate use of the behavioral health counselor to provide evidence-based holistic patient care.



GEORGE MASON UNIVERSITY

A Quality Improvement Plan for Integrating Behavioral Health into the Management of Chronic Pain

Renee Hart, MSN/Ed, RN-BC, Doctor of Nursing Practice Candidate
Rebecca Sutter, DNP, APRN, FNP-BC

BACKGROUND

- Chronic pain leads to decreases in patients' functionality, self-efficacy for pain management, and quality of life
- At least 33% of Americans seek out health care for pain-related issues
- Costs are $560-635 billion each year surpassing those of cancer, diabetes and heart disease
- 27% of health care providers feel ill-prepared to treat pain

Beehler, G., Murphy, J., King, P., & Dollar, K. (2017). *Brief cognitive behavioral therapy for chronic pain. Therapist manual.* Washington, DC: U.S. Department of Veterans Affairs.

PROBLEM STATEMENT

- Over 1 million adults suffer from chronic pain, however, too many health care providers face a conundrum in its management which has contributed to an opioid epidemic in the United States. Early in medical education, students are taught the pain cycle, but not taught how to translate that cycle in practice resulting in decreased use of behavioral health in the management of chronic pain.

PROJECT PURPOSE

To promote the use of evidence-based practice by integrating behavioral health into the management of chronic pain.

METHODOLOGY

- **Setting:** Fort Belvoir Community Hospital Family Practice Clinic
- **Participants:** Family Practice Clinic providers
- **Frameworks:** Chronic Care Model, Continuous Quality Improvement utilizing six Plan, Do, Study, Act (PDSA) cycles
- **Tools:** VA/DoD Clinical Practice Guideline for Opioid Therapy for Chronic Pain--Pocket Card: Determination of Appropriateness for Opioid Therapy, Military Health System Stepped Care Model, Google Sites
- **Interventions:**
  - Presented material at weekly staff huddles for six weeks and during the regular scheduled training time for providers each month
  - Collaborated with the Defense Health Agency Psychological Center of Excellence
- **Data Collection:** Provider survey utilizing a modified Perceived Usefulness and Ease of Use survey, and system mapping

CONCLUSION

- System mapping: This project is applicable to multiple levels of the Military Health System
  - Literature review and tools were shared with the Defense Health Agency (DHA)
  - Sustainability of the project is ensured through DHA policy and measurement of BHC encounters for chronic pain on a monthly basis military-wide
  - Implemented tools at the local level, Fort Belvoir Community Hospital

The goal of the Stepped Care Model is to return patients to function and restore health.

RECOMMENDATION

- Further education on optimizing use of the Behavioral Health (BHC)
- Embed education on chronification of pain and use of the BHC in pain management in provider orientations and annual training
- Train staff on use of the BHC in all chronic conditions to decrease BHC turnover

ACKNOWLEDGEMENTS

- The staff and providers at Fort Belvoir Community Hospital, specifically Dr. Edward Kwon, Ms. Vanessa Richards, Ms. Tamara Garcia, Dr. Lee Jamison for all of their support throughout the implementation of this project.

REFERENCES:

Preparing Undergraduate Nurses to Practice to the Full Extent of their Education and Training: An Evidence-Based Curriculum Enhancement Plan

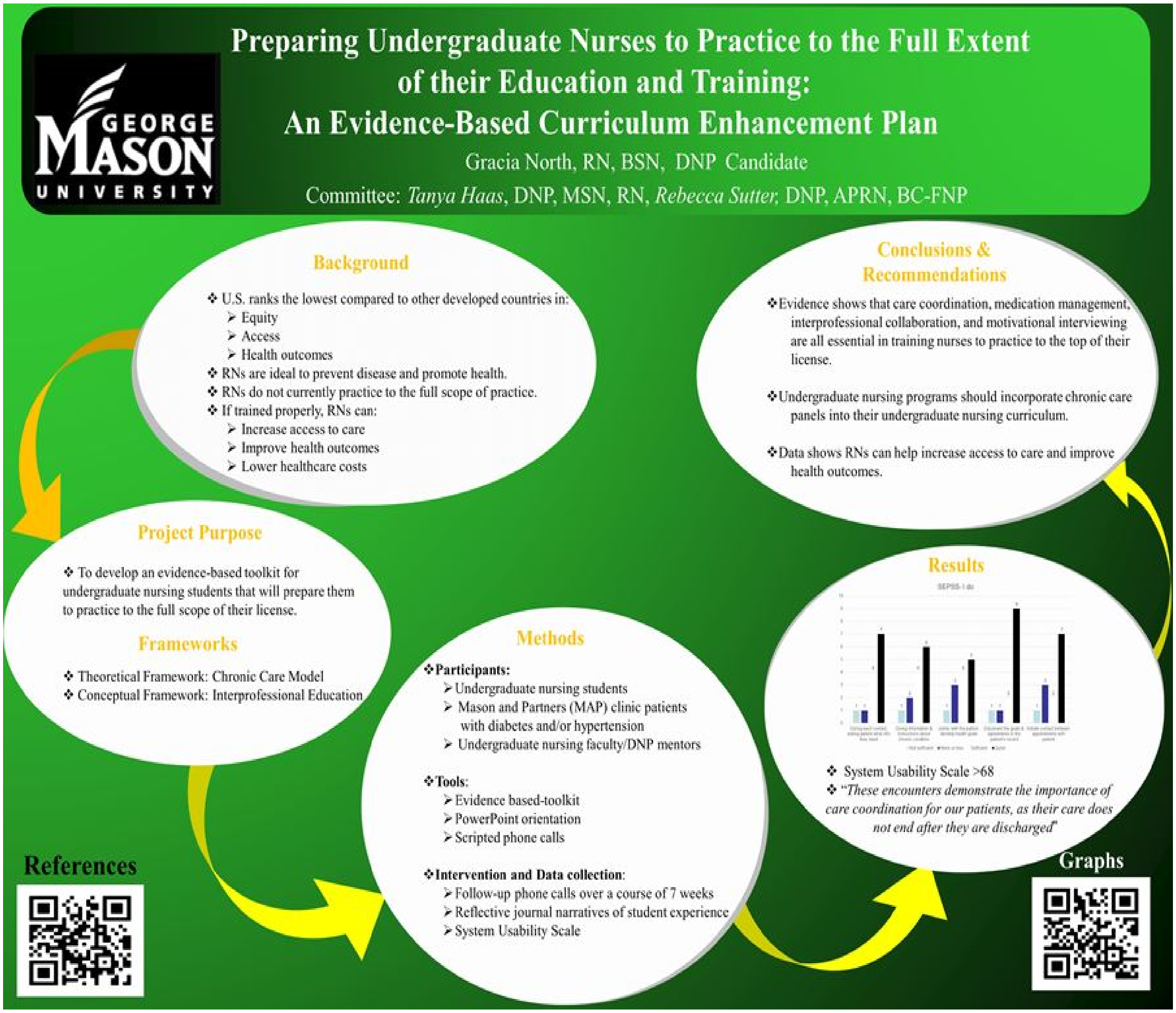
North, G.N, Haas, T., Sutters, R., George Mason University

Purpose: The purpose of this project was to implement an evidence-based education model/toolkit that would provide undergraduate nursing students knowledge and skills on care coordination, medication management, motivational interviewing, and interprofessional collaboration.

Methods: The education and training included in-class discussions, mock interviews, telephonic interviews, collaboration with social workers, and navigation through an electronic health record (EHR). The students learned how to navigate the EHR and properly document using the Situation-Background-Assessment-Recommendation format. Community health nursing students at the Mason and Partners Clinic implemented this toolkit on a weekly basis as they functioned as primary care nurses. In this role, nursing students provided follow up phone calls to patients with diabetes and/or hypertension over the course of 7 weeks.

Results: The System Usability Scale (SUS) was used as the quantitative evaluation tool to evaluate the usability of the toolkit. The score of the toolkit was 75/100 and therefore considered easy to use. The students' journal entries were reviewed, and a simple thematic analysis was conducted using Dedoose software, which is a web-based platform to analyze qualitative data. The four recurring themes included improved documentation, holistic approach in management of chronic diseases, improved care coordination skills, and the impact of telehealth in primary care settings.

Conclusion: Evidence shows that care coordination, medication management, interprofessional collaboration, and motivational interviewing are all essential in training nurses to practice to the top of their nursing license. Undergraduate nursing programs should incorporate primary care opportunities into their undergraduate nursing curriculum.



Preparing Undergraduate Nurses to Practice to the Full Extent of their Education and Training: An Evidence-Based Curriculum Enhancement Plan

Gracia North, RN, BSN, DNP Candidate

Committee: *Tanya Haas*, DNP, MSN, RN, *Rebecca Sutter,* DNP, APRN, BC-FNP

Background

- U.S. ranks the lowest compared to other developed countries in:
  - Equity
  - Access
  - Health outcomes
- RNs are ideal to prevent disease and promote health.
- RNs do not currently practice to the full scope of practice.
- If trained properly, RNs can:
  - Increase access to care
  - Improve health outcomes
  - Lower healthcare costs

Project Purpose

- To develop an evidence-based toolkit for undergraduate nursing students that will prepare them to practice to the full scope of their license.

Frameworks

- Theoretical Framework: Chronic Care Model
- Conceptual Framework: Interprofessional Education

Methods

- **Participants:**
  - Undergraduate nursing students
  - Mason and Partners (MAP) clinic patients with diabetes and/or hypertension
  - Undergraduate nursing faculty/DNP mentors
- **Tools:**
  - Evidence based-toolkit
  - PowerPoint orientation
  - Scripted phone calls
- **Intervention and Data collection**:
  - Follow-up phone calls over a course of 7 weeks
  - Reflective journal narratives of student experience
  - System Usability Scale

Results

- System Usability Scale >68
- *"These encounters demonstrate the importance of care coordination for our patients, as their care does not end after they are discharged"*

Conclusions & Recommendations

- Evidence shows that care coordination, medication management, interprofessional collaboration, and motivational interviewing are all essential in training nurses to practice to the top of their license.
- Undergraduate nursing programs should incorporate chronic care panels into their undergraduate nursing curriculum.
- Data shows RNs can help increase access to care and improve health outcomes.

References

Graphs

FCS Undergraduates Perceptions on Training to be Mentors of Adults with I/DD

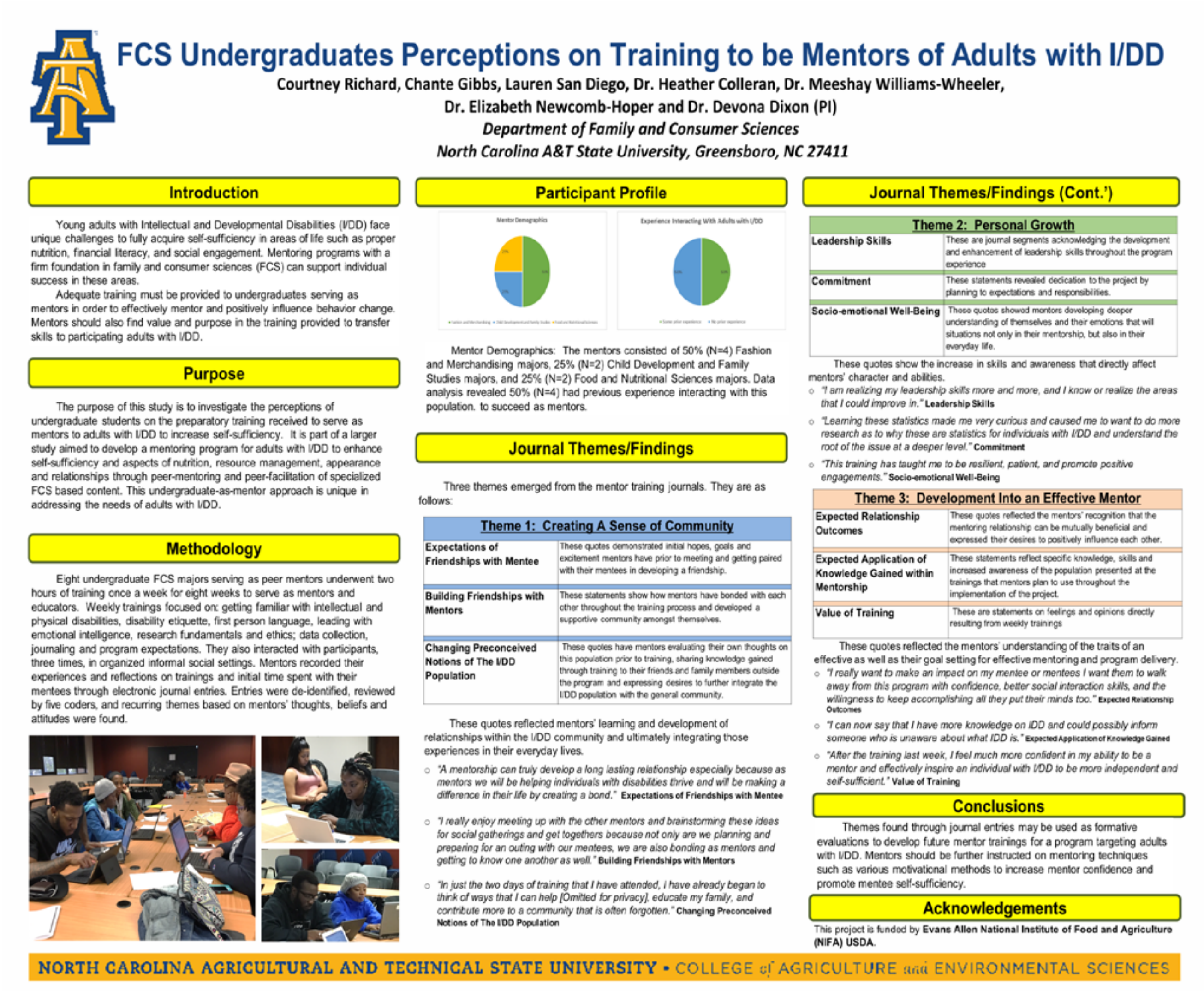
Richard, C.; Gibbs C., San Diego, L. RDN, Colleran, H. PhD, RDN, CSSD, LDN, CSCS, Williams-Wheeler, M., PhD; Newcomb-Hopfer, E., PhD, Dixon, D., PhD, Department of Family & Consumer Science, North Carolina A&T State University

Background: Adults with Intellectual and Developmental Disabilities (I/DD) face unique challenges in achieving self-sufficiency. Mentoring programs founded in family and consumer sciences (FCS) strive to improve abilities. Training must be provided to mentors to effectively mentor, and to understand the population and the research process. The purpose of this study was to investigate the perceptions of undergraduate students on preparatory training received to serve as mentors to adults with I/DD to increase self-sufficiency.

Methods: Eight undergraduate FCS majors underwent two hours of weekly training for eight weeks. Mentors recorded their experiences and reflections on training and initial time spent with their mentees through electronic journal entries that were de-identified and reviewed by three coders. A comparative analysis was completed to determine recurring themes based on mentors' thoughts, beliefs and attitudes.

Results: The mentors consisted of 50% (N=4) Fashion and Merchandising majors, 25% (N=2) Child Development and Family Studies majors, and 25% (N=2) Food and Nutritional Sciences majors. Data analysis revealed that 50% (N=4) had previous experience interacting with this population. Coding revealed two prevailing themes of 1.) Optimism about the program and relationships with the mentees as well as 2.) Self-doubt in their abilities to succeed as mentors.

Conclusion: Themes found through journal entries may be used as formative evaluations to develop future mentor training for a program targeting adults with I/DD. Mentors should be further instructed on mentoring techniques such as various motivational methods to increase mentor confidence and promote mentee self-sufficiency.



FCS Undergraduates Perceptions on Training to be Mentors of Adults with I/DD

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Dr. Elizabeth Newcomb-Hoper and Dr. Devona Dixon (PI)
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Introduction

Young adults with Intellectual and Developmental Disabilities (I/DD) face unique challenges to fully acquire self-sufficiency in areas of life such as proper nutrition, financial literacy, and social engagement. Mentoring programs with a firm foundation in family and consumer sciences (FCS) can support individual success in these areas.

Adequate training must be provided to undergraduates serving as mentors in order to effectively mentor and positively influence behavior change. Mentors should also find value and purpose in the training provided to transfer skills to participating adults with I/DD.

Purpose

The purpose of this study is to investigate the perceptions of undergraduate students on the preparatory training received to serve as mentors to adults with I/DD to increase self-sufficiency. It is part of a larger study aimed to develop a mentoring program for adults with I/DD to enhance self-sufficiency and aspects of nutrition, resource management, appearance and relationships through peer-mentoring and peer-facilitation of specialized FCS based content. This undergraduate-as-mentor approach is unique in addressing the needs of adults with I/DD.

Methodology

Eight undergraduate FCS majors serving as peer mentors underwent two hours of training once a week for eight weeks to serve as mentors and educators. Weekly trainings focused on: getting familiar with intellectual and physical disabilities, disability etiquette, first person language, leading with emotional intelligence, research fundamentals and ethics; data collection, journaling and program expectations. They also interacted with participants, three times, in organized informal social settings. Mentors recorded their experiences and reflections on trainings and initial time spent with their mentees through electronic journal entries. Entries were de-identified, reviewed by five coders, and recurring themes based on mentors' thoughts, beliefs and attitudes were found.

Participant Profile

Mentor Demographics: The mentors consisted of 50% (N=4) Fashion and Merchandising majors, 25% (N=2) Child Development and Family Studies majors, and 25% (N=2) Food and Nutritional Sciences majors. Data analysis revealed 50% (N=4) had previous experience interacting with this population. to succeed as mentors.

Journal Themes/Findings

Three themes emerged from the mentor training journals. They are as follows:

Theme 1: Creating A Sense of Community

Expectations of Friendships with Mentee	These quotes demonstrated initial hopes, goals and excitement mentors have prior to meeting and getting paired with their mentees in developing a friendship.
Building Friendships with Mentors	These statements show how mentors have bonded with each other throughout the training process and developed a supportive community amongst themselves.
Changing Preconceived Notions of The I/DD Population	These quotes have mentors evaluating their own thoughts on this population prior to training, sharing knowledge gained through training to their friends and family members outside the program and expressing desires to further integrate the I/DD population with the general community.

These quotes reflected mentors' learning and development of relationships within the I/DD community and ultimately integrating those experiences in their everyday lives.

- *"A mentorship can truly develop a long lasting relationship especially because as mentors we will be helping individuals with disabilities thrive and will be making a difference in their life by creating a bond."* **Expectations of Friendships with Mentee**
- *"I really enjoy meeting up with the other mentors and brainstorming these ideas for social gatherings and get togethers because not only are we planning and preparing for an outing with our mentees, we are also bonding as mentors and getting to know one another as well."* **Building Friendships with Mentors**
- *"In just the two days of training that I have attended, I have already began to think of ways that I can help [Omitted for privacy], educate my family, and contribute more to a community that is often forgotten."* **Changing Preconceived Notions of The I/DD Population**

Journal Themes/Findings (Cont.')

Theme 2: Personal Growth

Leadership Skills	These are journal segments acknowledging the development and enhancement of leadership skills throughout the program experience
Commitment	These statements revealed dedication to the project by planning to expectations and responsibilities.
Socio-emotional Well-Being	These quotes showed mentors developing deeper understanding of themselves and their emotions that will situations not only in their mentorship, but also in their everyday life.

These quotes show the increase in skills and awareness that directly affect mentors' character and abilities.

- *"I am realizing my leadership skills more and more, and I know or realize the areas that I could improve in."* **Leadership Skills**
- *"Learning these statistics made me very curious and caused me to want to do more research as to why these are statistics for individuals with I/DD and understand the root of the issue at a deeper level."* **Commitment**
- *"This training has taught me to be resilient, patient, and promote positive engagements."* **Socio-emotional Well-Being**

Theme 3: Development Into an Effective Mentor

Expected Relationship Outcomes	These quotes reflected the mentors' recognition that the mentoring relationship can be mutually beneficial and expressed their desires to positively influence each other.
Expected Application of Knowledge Gained within Mentorship	These statements reflect specific knowledge, skills and increased awareness of the population presented at the trainings that mentors plan to use throughout the implementation of the project.
Value of Training	These are statements on feelings and opinions directly resulting from weekly trainings

These quotes reflected the mentors' understanding of the traits of an effective as well as their goal setting for effective mentoring and program delivery.

- *"I really want to make an impact on my mentee or mentees I want them to walk away from this program with confidence, better social interaction skills, and the willingness to keep accomplishing all they put their minds too."* **Expected Relationship Outcomes**
- *"I can now say that I have more knowledge on IDD and could possibly inform someone who is unaware about what IDD is."* **Expected Application of Knowledge Gained**
- *"After the training last week, I feel much more confident in my ability to be a mentor and effectively inspire an individual with I/DD to be more independent and self-sufficient."* **Value of Training**

Conclusions

Themes found through journal entries may be used as formative evaluations to develop future mentor trainings for a program targeting adults with I/DD. Mentors should be further instructed on mentoring techniques such as various motivational methods to increase mentor confidence and promote mentee self-sufficiency.

Acknowledgements

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