



# Development of a Community-based Fieldwork Program for Level I and II OT Students

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# Agenda



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Background



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Details



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Bottom Line  
for OT





# Clinic Background



# Clinic Background

*Empower the underserved, inspire future healthcare leaders, and transform Aurora's health*

Student-run Free Clinic

Funded by Anschutz  
Medical Campus

Aurora, CO

Primary Care

Community Based



Interdisciplinary  
Service Model

*"As much as possible for the patient, as little as possible to the patient."*

*- Dr. Bernard Lown*



# DAWN Patient Population



## Community Poverty Levels

200 % Federal Poverty

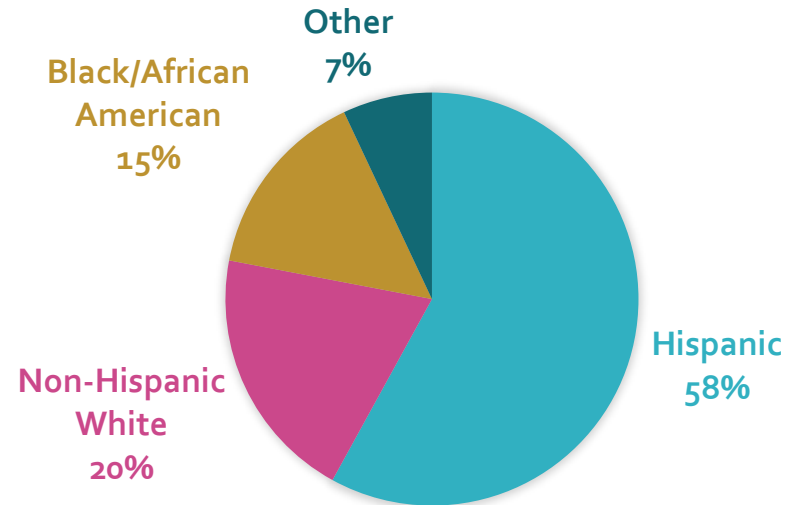
56% Living Under

100% Federal Poverty

25% Living Under



## Community Ethnicity



## Housing Costs

Exceed 30% of income for 1/3<sup>rd</sup> of population



## Education Level

39% have no high school diploma



## Medical Situation

Uninsured and typically medically complex



## Language

75% are non-English speaking  
40% linguistically isolated



## Reading Level

66% of students read below a 4th grade level

# DAWN: A Foundation to Build On

*DAWN provides an excellent foundational infrastructure to support an OT program*

Interprofessional collaborative model  
supporting positive interdependence

Strong leadership and organizational model

Mission, Vision, Goals  
and Philosophy of  
service delivery

Community partnerships  
and resources

Academic Health  
Partnerships

Support for individual  
and group accountability  
and processing



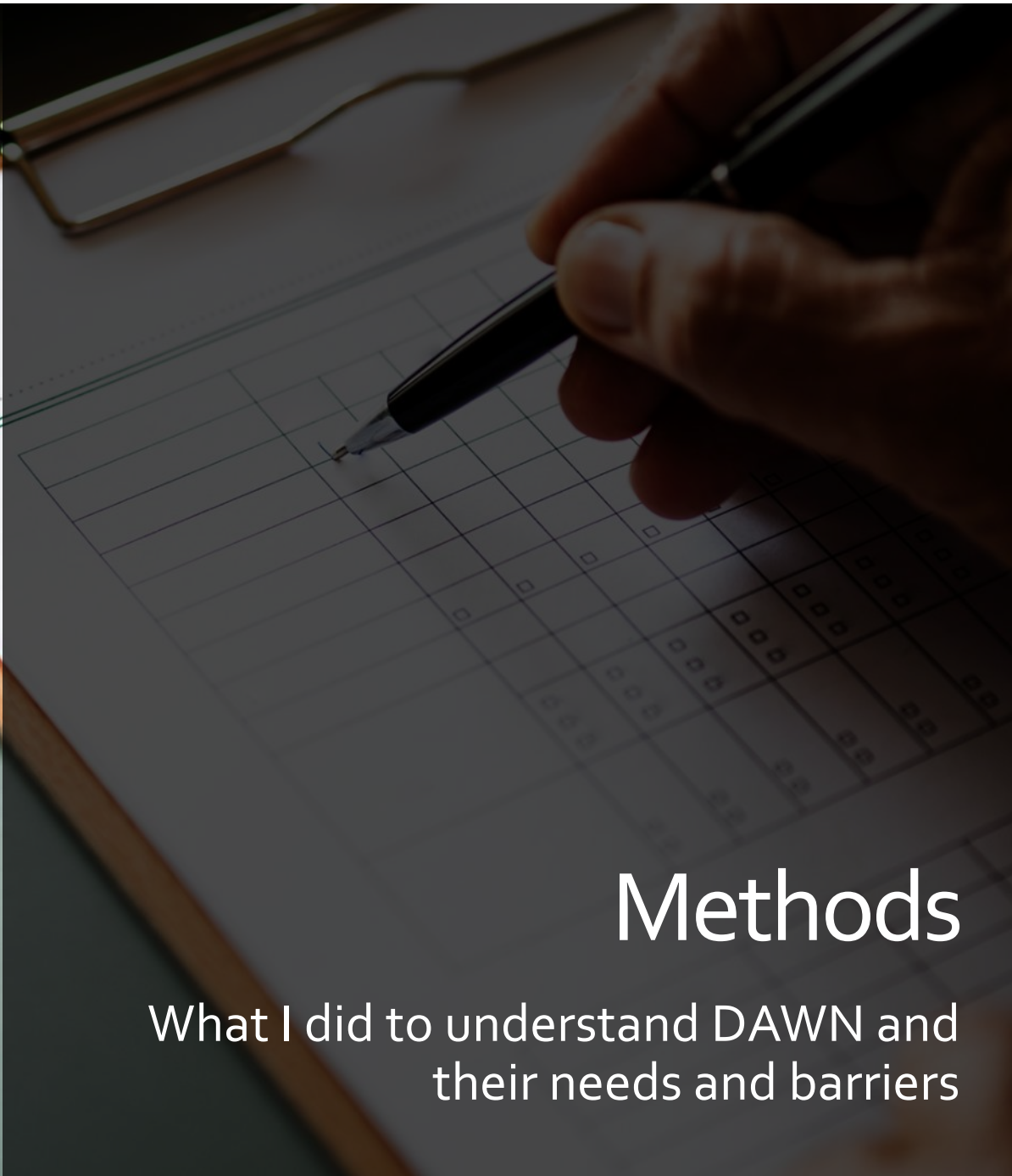
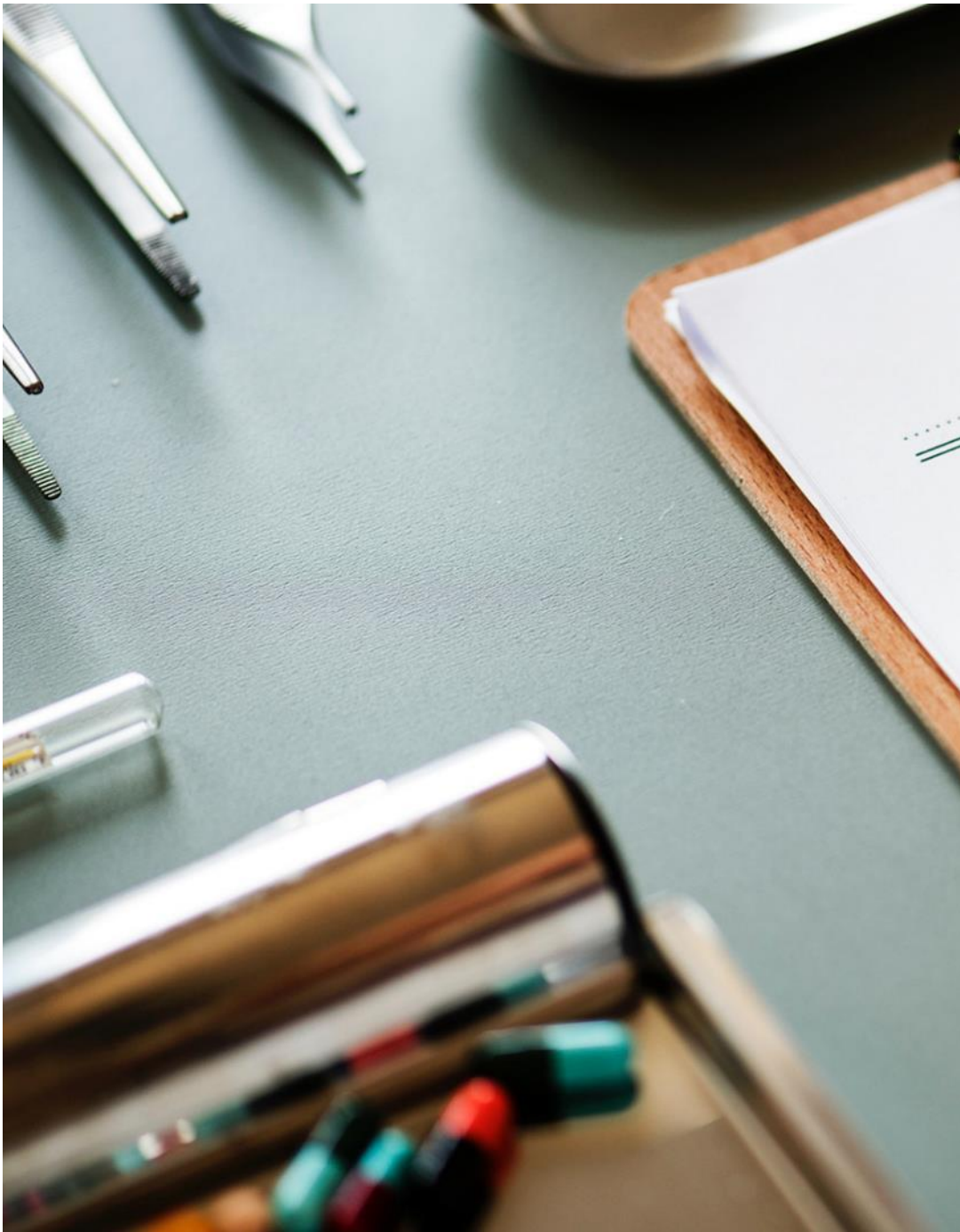




# Focused Question

DAWN is providing a valuable service to the Aurora community already.

Will an OT program be an additive to the clinic that will be of benefit to patients, staff and students?



# Methods

What I did to understand DAWN and their needs and barriers





33

## Patient Interviews

7

## Workgroups Interviewed

students and preceptors

5

## Community-based OT's

2 that take students into their program

3

## Academic Fieldwork

Coordinators



# Interviews

Students, Preceptors and  
Patients.





Observed service delivery within the clinic



Interviewed dawn leadership



Interviewed 1 professional in program development and sustainability



Reviewed 42 evidence-based journal articles



Explored best practice recommendations on AOTA Website



## Additional Research

Observation, experts, peer-reviewed journals, leadership.



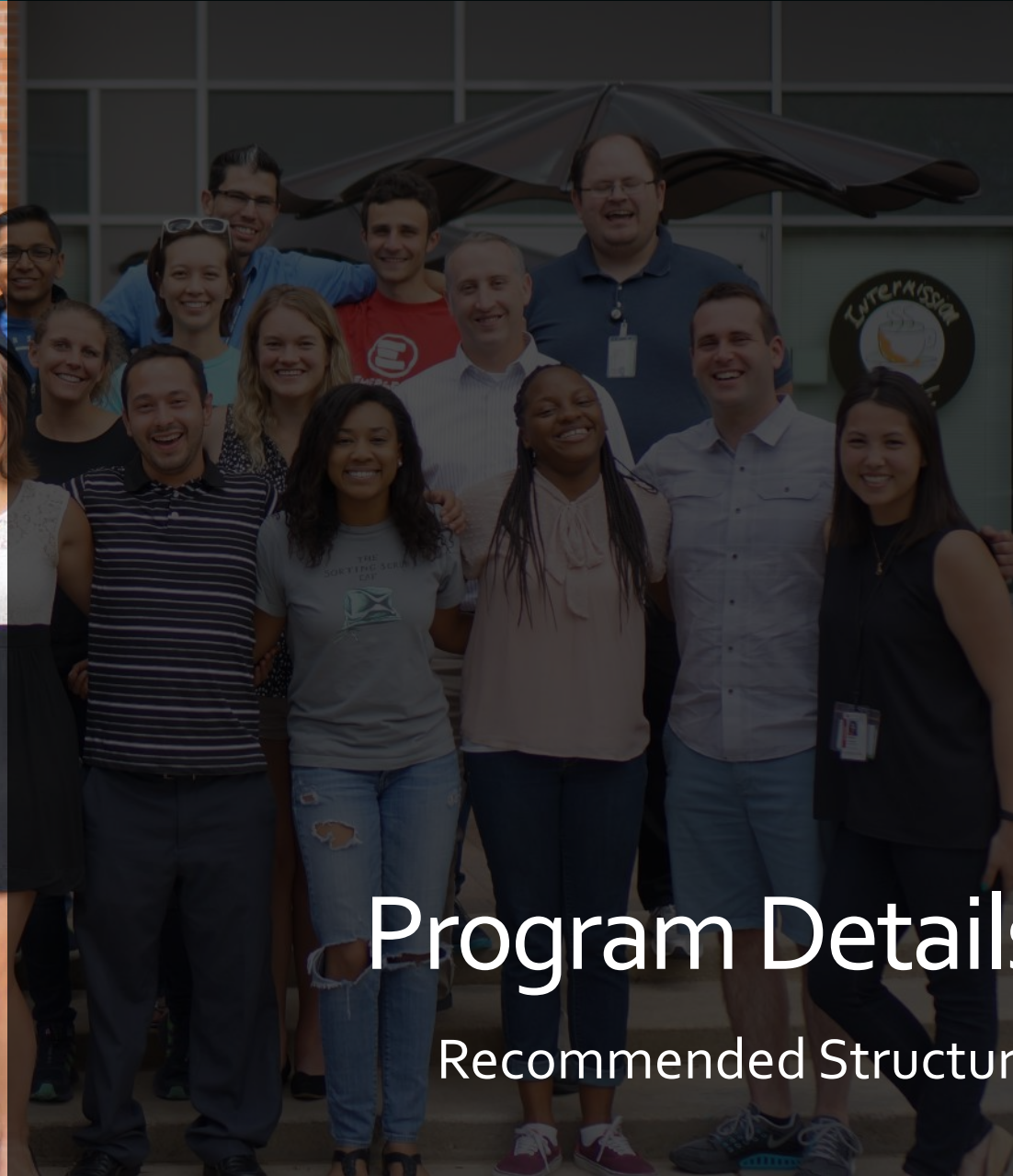
# What we learned

*What are the key takeaways from the research?*

- DAWN offers a strong foundation for an OT fieldwork program
- Need for the program with many benefits for patients, students, staff and academic institutions alike
- 1 OTD, 1 OT, and 2 OTA programs with Denver based students
- A fieldwork program will reduce paperwork and liability issues
- A grant is not necessary to pilot and sustain the program long-term
- Volunteer preceptors interested and committed to meet Fieldwork Educator and Workgroup Leader responsibilities
- Very little up-front resources needed to establish this program







# Program Details

## Recommended Structure



# Use of a Collaborative Model



The Collaborative Student Model is designed as an answer to “the impact of managed care on health-care delivery systems, a dramatic increase in the number of students needing fieldwork placement, and the advantages of group learning.”

(Hanson & Deluliis, 2015, p.1)



# Implementation of a Collaborative Model

## Preparation

- Collaborate with AFWC to schedule students and obtain resources for specialized application for collaborative cohort.
- Educate site/department staff on collaborative philosophy.
- Revise and organize student materials to ensure group learning (including site-specific objectives, weekly schedule, student learning assignments, and mechanisms for individual/group feedback).
- Engage students in process of self-evaluation and ownership for learning.

## Implementation

- Introduce students to peer learning activities beginning at orientation.
- Implement student learning schedules and activities.
- Monitor each student's ability to initiate and complete learning requirements, work with a variety of clients, and participate effectively in teamwork communication.
- Conduct both group and individual feedback sessions at regular intervals.
- Collaborate with AFWC for troubleshooting and resource refinement.

## Outcomes

- Evaluate attainment of site, individual and group learning objectives.
- Obtain feedback from FW educator, students, and other site/departmental staff on the effectiveness of communication process and learning activities.
- Provide feedback to AFWC and site/department staff on lessons learned.



(Hanson & Deluliis, 2015, p.12)



# Suggested Orientation Materials

“A well-planned orientation should include a structured and organized introduction to the facility and various practice areas, equipment/technologies, site policies and procedures, and an overview of the measurable learning expectations that will be used to assess each student’s individual performance.”

(Hanson & DeJuliis, 2015, p. 226)

- Suggested orientation materials include:
  - Welcome to DAWN clinic
  - Intro to DAWN’s mission, values, goals, objectives, and philosophy/process of service delivery
  - Patient population statistics
  - Explore DAWN’s website
  - Article on role of OT in primary care
  - Article on collaborative student model
  - Resources to determine learning, communication and leadership styles
  - Resources used to overcome language barriers
  - Organizational policies and procedures
  - Student objectives and schedule
  - Absentee procedure
  - EPIC training (for level II only)



# Level I Fieldwork Objectives

AOTA Level I Fieldwork Competency Evaluation for OT and OTA Students	DAWN Student Objectives
<b>Fundamentals of Practice:</b>	
/	By the end of this Level I fieldwork experience at DAWN, students will demonstrate competency in the following areas:
Adheres consistently to AOTA's Occupational Therapy Code of Ethics. Follows ethical standards for FW setting. Abides by Health Insurance Portability and Accountability Act (HIPAA) and Family Education Rights and Privacy Act (FERPA). Respects privacy of clients.	<ul style="list-style-type: none"> <li>Adheres to the AOTA Code of Ethics.</li> <li>Adheres to state licensure requirements.</li> <li>Follows organizational policies and procedures of the facility.</li> <li>Follows procedural safeguards in regard to confidentiality.</li> <li>Displays cultural sensitivity with DAWN client population</li> </ul>
Adheres consistently to safety regulations and uses sound judgment to ensure safety. Follows FW setting's policies and procedures for client safety. Demonstrates awareness of hazardous situations, and reports safety issues to supervisor.	<ul style="list-style-type: none"> <li>Follows universal precautions for infection control.</li> <li>Follows program procedures for client and staff safety (i.e. observing changes in client status, reporting potential safety hazards/unusual occurrences)</li> <li>Follows program procedures for reporting injuries.</li> <li>Contributes to cleanliness of work area and maintains a safe environment.</li> <li>Understands fire extinguisher use and fire procedures within the building.</li> <li>Follows client precautions and contraindications.</li> <li>Follows procedures for safe home visits.</li> <li>Seeks assistance when activity or client behavior is beyond the students' level of experience, knowledge, or control.</li> </ul>
<b>Foundations of Occupational Therapy:</b>	
Articulates values and beliefs of occupational therapy. Verbalizes definition of occupational therapy as relevant to FW setting or audience.	<ul style="list-style-type: none"> <li>Articulates the values and beliefs of the occupational therapy profession as it relates in the DAWN clinical setting to clients, families, staff etc.</li> <li>Articulates best OT practice in DAWN Clinic environment.</li> <li>Articulates the role of the OT and OTA in the DAWN setting to supervisor, client, families, staff and community relations etc.</li> <li>Articulates the student collaborative model of OT used at DAWN to clients, families, staff, etc.</li> </ul>
Utilizes relevant evidence to make informed practice decisions. Connects class concepts to FW through inquiry or discussion. Articulates value of using evidence-based practice. Identifies and provides evidence that is relevant to setting or clients.	<ul style="list-style-type: none"> <li>Supports suggested interventions with evidence-based literature.</li> <li>Identifies relevant Frames of Reference and Models of Practice (OT only) for specific client interventions.</li> <li>Understands role of OT in the primary care setting.</li> </ul>
<b>Professional Behavior:</b>	
Time management skills. Consider student's ability to be prompt, arriving and completing assignments on time.	<ul style="list-style-type: none"> <li>Arrives promptly for scheduled time on-site</li> <li>Completes assignments by communicated deadlines</li> </ul>
Organization. Consider student's ability to set priorities, be dependable, be organized, and follow through with responsibilities.	<ul style="list-style-type: none"> <li>Completes work as assigned or verbally committed to</li> <li>Able to prioritize tasks for efficiency</li> </ul>
Engagement in FW experience. Consider student's apparent level of interest, level of active participation	<ul style="list-style-type: none"> <li>Reflects upon observed client sessions through journaling or verbal communication to demonstrate critical thinking</li> </ul>

while on site, and investment in individuals and treatment outcomes.	
Self-directed learning. Consider student's ability to take responsibility for own learning and to demonstrate motivation.	<ul style="list-style-type: none"> <li>Identifies relevant evidence-based resources in support of upcoming client sessions.</li> <li>Seeks out support from student peers and FWEEd as necessary.</li> <li>Shares relevant learning from didactic course work</li> </ul>
Reasoning and problem solving. Consider student's ability to use self-reflection; willingness to ask questions; ability to analyze, synthesize, and interpret information; and understand OT process.	<ul style="list-style-type: none"> <li>Articulates OT process as relevant to DAWN.</li> <li>Demonstrates ability to seek appropriate answers from staff and student volunteers</li> <li>Demonstrated ability to identify appropriate <u>cost effective</u> resources for client interventions (Can it be made or found or does it need to be bought?)</li> <li>Articulates why client may be appropriate for OT services based on quick screen</li> </ul>
Written communication. Consider student's ability to use proper grammar and spelling, legibility of work, successful completion of written assignments, and documentation skills.	<ul style="list-style-type: none"> <li>Completes EPIC documentation and reflective journaling using proper grammar and spelling</li> </ul>
Initiative. Consider student's initiative, ability to seek and acquire information from a variety of sources, and demonstrate flexibility as needed.	<ul style="list-style-type: none"> <li>Participates confidently during patient and staff interactions</li> <li>Demonstrates self-directed and collaborative learning</li> <li>Adapts to changes in clinic flow</li> </ul>
Observation skills. Consider student's ability to observe relevant behaviors related to occupational performance and client factors and to verbalize perceptions and observations.	<ul style="list-style-type: none"> <li>Articulates observed behavior and performance indicators of function/dysfunction</li> </ul>
Participation in supervisory process. Consider student's ability to give, receive, and respond to feedback; seek guidance when necessary, and follow proper channels of communication.	<ul style="list-style-type: none"> <li>Attempts to solve problems independently or collaboratively with peers before addressing issue with FWEEd.</li> <li>Receives feedback in a constructive and professional way.</li> </ul>
Verbal communication and interpersonal skills with patients/clients, staff, and caregivers. Consider student's ability to interact appropriately with individuals, such as eye contact, empathy, limit-setting, respectfulness, use of authority, and so forth; degree and quality of verbal interactions; use of body language and non-verbal communication; and exhibition of confidence.	<ul style="list-style-type: none"> <li>Appropriately responds to verbal/social cues of patient, caregivers and staff</li> <li>Effectively and confidently guides interactions with patient, caregivers and staff to gather necessary patient information</li> <li>Uses translational services with non-English speaking patients</li> <li>Displays therapeutic use of self</li> </ul>
Professional and personal boundaries. Consider student's ability to recognize and handle personal and professional frustrations; balance personal and professional obligations; handle responsibilities; work with others cooperatively, considerately, and effectively; and be responsive to social cues.	<ul style="list-style-type: none"> <li>Proactively discusses and problem solves personal obligations with FWEEd that may interfere with professional obligations.</li> <li>Effectively communicates absence using suggested protocol</li> <li>Participates in conflict resolution with necessary persons in constructive ways.</li> </ul>
Use of professional terminology. Consider student's ability to respect confidentiality; appropriately apply professional terminology (e.g., Occupational Therapy Practice Framework terms and OT acronyms/abbreviations) in written and oral communication.	<ul style="list-style-type: none"> <li>Compliant with all HIPAA regulations</li> <li>Displays sensitivity to patient privacy during verbal communications in busy clinic setting</li> <li>Completes EPIC documentation and reflective journaling using appropriate professional terminology</li> </ul>
<b>Screening and Evaluation:</b>	
Contributes to screening/evaluation process. Communicates observations. Identifies resources for evaluation process. Could include chart review.	<ul style="list-style-type: none"> <li>Identifies functional questions appropriate for group screening of client.</li> <li>Participates in group screening process</li> <li>Identifies necessary elements to be included in patient evaluation process based on chart review and quick screen</li> <li>Practices evaluation components with student peers and 1-2 patients</li> </ul>
Completes an interview and drafts an occupational profile.	<ul style="list-style-type: none"> <li>Identifies patients' occupational history, values, interests, daily life roles and patterns of engagement during interview process</li> <li>Identifies clients concerns and barriers as relative to engagement in activities and occupations</li> </ul>

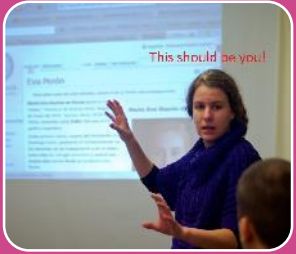
Recognizes (verbal, written, or demonstration) need to modify or terminate intervention plan on basis of client response.  
Drafts documentation for intervention using typical procedures used in FW practice setting.

evaluation process.	<ul style="list-style-type: none"> <li>Identifies aspects of context/environment that enhance/inhibit occupational engagement</li> <li>Identifies clients' priorities and desired outcomes</li> <li>Synthesizes patient information gathered through observation of function, evaluation and occupational profile</li> <li>Drafts 2-3 SMART goals for patient POC</li> </ul>
with practice setting.	<ul style="list-style-type: none"> <li>Drafts evaluation documentation in EPIC along-side Level 2 student peer or FWEEd</li> </ul>
as. Could include ing resources and	<ul style="list-style-type: none"> <li>Identifies 1-2 evidence-based journal articles and relevant information learned in didactic course work to support suggested intervention</li> <li>Prepares space and gathers necessary materials for patient sessions based on communicated intervention from student peer or FWEEd</li> </ul>
t with client evaluation	<ul style="list-style-type: none"> <li>Articulates appropriate interventions consistent with identified patient goals</li> </ul>
ventions consistent with vides clinical reasoning	<ul style="list-style-type: none"> <li>Verbalizes clinical reasoning for 1-2 suggested client-centered interventions</li> </ul>
ased practice by agate intervention	<ul style="list-style-type: none"> <li>Engages in debriefing after observed patient session with student peers FWEEd to discuss why certain interventions were/were not used.</li> </ul>
e occupation-based and of facility	<ul style="list-style-type: none"> <li>Explores 2-3 online HEP resources and articulates benefits/drawbacks of each</li> <li>Drafts client-centered HEP and provides clinical reasoning in support</li> <li>Considers HEP factors that will increase patient compliance by reducing barriers</li> </ul>
emonstration) need to client response.	<ul style="list-style-type: none"> <li>Articulates clinical reasoning for modifications of activities observed during patient session</li> </ul>
	<ul style="list-style-type: none"> <li>Participates in patient POC review to determine modification/termination</li> </ul>
	<ul style="list-style-type: none"> <li>Drafts intervention documentation in EPIC along- side Level 2 student peer or FWEEd</li> </ul>

Note: Level 1 objectives can be found on pages 22-34 in the proposal



# Suggested Learning Activities & Student Projects for Level I Students



Identify appropriate Frames of Reference for specific client interventions. Choose one to create a resource page for and conduct a 5-minute presentation to your workgroup.



Observe another profession at DAWN, such as PT or Mental Health, and provide 3-5 functional activity recommendations to enhance follow-through with provider recommendations in client-centered ways.



Organize AD shed and storage unit and complete resource template for 3-5 devices. Present to workgroup and place in resource binder.



# Analysis of suggested learning activities

How will we enhance student learning?

## Learning Contracts

Date	Goal/Objective	Student Strategies for Learning	Resources Requested of FWEd	Signature of FW Student	Signature of FWEd	Timeline for Completion
January 15, 2015	Student will provide constructive feedback to peer following observation of peer-directed therapy session.	Review textbooks for OT intervention for left CVA and format for "one minute preceptor" feedback process.	Provide response to feedback at weekly review meeting, noting agreement and making any needed corrections.			By February 5, 2015

## Observation Log

Date:	Session Observed:	Primary Student Therapist:	Observer Student Therapist:
<p>What were the primary goal(s) or problem addressed in the treatment session?</p> <p>What underlying client factors (physical, cognitive, psychosocial) contributed to the problem? How?</p> <p>Give an example of preparatory method(s), purposeful activities, and/or occupation-based interventions used in the session.</p> <p>What elements of the session were client-centered?</p> <p>How did the lead therapist attend to safety?</p> <p>What therapeutic strategies were utilized by the lead therapist/professional?</p>			

## Reflective journaling

- What are the most valuable things learned today?
- What went well? What did not go well?
- What would you change in similar situations in the future?
- What valuable feedback and education was received today?
- What do you need to learn more about? How can you accomplish this learning?
- What are your goals for tomorrow, next week, next month?
- What skills and strengths do I have as an OT student that may be useful in this setting?
- What questions do I have for my FWEd's?

## One Minute Preceptor Teaching

<p><i>Scenario application:</i> Tom, an OT fieldwork student, just finished an evaluation of a client who sustained a right cerebrovascular accident (RCVA), and demonstrates left hemiplegia. Two other OT students, Carlos and Katie, watched Tom complete the evaluation and asked him the following questions</p>		
One-Minute Preceptor Teaching Step	General Questions	Applied to a Practice Situation Using Group Supervision
<p>Step 1</p> <p>Get a commitment from the student related to what he or she thinks about the case.</p> <p>Ask the student to devise their own course or action, or plan.</p>	<p>"What do you think are the client's problems?"</p> <p>"What do you want to do to intervene?"</p>	<p>"What are the main problems associated with a RCVA that we should address in the client's intervention?" — Carlos</p>
<p>Step 2</p> <p>Question the student for evidence that supports the student's commitment.</p> <p>Evaluate the student's reasoning or background knowledge, and their ability to defend their clinical opinion.</p>	<p>"What led you to that conclusion?"</p> <p>"What is your rationale?"</p> <p>"Did you consider anything else?"</p>	<p>"What led you to that conclusion or rationale?" — Tom</p> <p>"Did you consider any other interventions for the plan of care?" — Katie</p>
<p>Step 3</p> <p>Teach a general principle or "take-home points" that are</p>		<p>"The client is having significant edema in their left distal arm. What</p>



# Sample student schedule: Level I

## Monday-

- Initial meet and greet with FWEd and/or current OT student(s)
  - Orientation review and clarification
  - Clinic tour/resource binders
  - Discuss learning style
  - Select student projects
  - Create learning contract(s)
  - Epic introduction/provide sample documentation for community-based
  - Practice with translational services
- Lunch with FWEd and/or current OT students
- Plan student project(s) and submit plan to FWEd for review
- Supervision meeting with FWEd and sign off on student project(s)
- Observe Monday night providers (ophthalmology, rheumatology, dermatology)/learning activity
- Reflective journal entry for first day and hourly log

## Tuesday-

- Student project
- Primary Care Services
  - Arrive at DAWN clinic at 4:00 pm
  - Review patient charts and discuss plan with team
  - Attend clinic rounds
  - Observe patient screening and evaluation process
  - Debrief with team members throughout process
  - Schedule patient for further OT services if necessary
  - Work with OT and/or FWEd to complete documentation
  - Review patient charts for upcoming sessions on Wednesday evening
  - Complete reflective journal entry on primary care experience and hourly log

## Wednesday-

- Student project
- Review didactic materials and online journals in preparation of evenings' scheduled sessions
- Supervision with FWEd via Zoom/Skype or in person at clinic
- OT Service Delivery at DAWN
  - Arrive at DAWN clinic at 4 pm
  - Review treatment plans with team prior to OT service delivery
  - Observe OT service delivery/learning activity
  - Debrief with team members throughout process
  - Schedule patient's next session if necessary or discharge
  - Complete reflective journal entry on patient sessions and hourly log

## Thursday-

- Observe another profession at their clinic OR observe at Mosaic. Complete reflective journal entry about experience.
- Student project

## Friday-

- Complete student project and present (1 wk. students) OR continue student project (2 wk. students)
- Supervision with FWEd via Zoom or Skype
- Observe PT service delivery at DAWN from 12:30-4/learning activity
- Complete final journal entry on experience at DAWN (1 wk. students) OR complete journal entry on PT observation experience (2 wk. students)



# OT Supervisory Responsibilities of OTA

1. Plan and run orientation for OTA to welcome them and ensure comprehension of materials
2. Collaborate with OTA to complete weekly learning contracts, sign and send to FWEd for review and sign off.
3. Support OTA as necessary on completion of weekly learning objectives
4. Collaborate with OTA to review outcomes of weekly learning contract and encourage proactive planning for time sensitive items for the next week.
5. Intervention plan and provide occupational therapy services in partnership with OTA and under the appropriate supervisory level of the FWEd
6. Review OTA documentation and provide feedback. Ensure FWEd has signed off on OTA documentation
7. Delegate responsibilities to OTA based on assessed competency
8. Complete large student projects in collaboration with OTA
9. Serve the OTA as a mentor and guide
10. Establish close communication with FWEd in regard to:
  - OTA progress reports
  - Supervisory role challenges
  - Concerns you may have about OTA meeting weekly learning objectives
  - Strengths of OTA skill set and specific practice area interests
11. Advocate for role of OTA in community-based primary care setting

# Sample Student Schedule: Level II

## Caseload

- Follow a patient during primary care night on Tuesday
- Co-treat with FWEd and/or OT's caseload(s) as indicated
- Assist FWEd and/or OT with patient evaluations

## Assignments and Responsibilities

- Complete and sign weekly learning contract
- Supervision:
  - 4-5 hrs. in-person on Wednesday night
  - 1-1.5 via Zoom or Skype Monday, Thursday and Friday
- Continue observations of interventions and evaluations of OT clients in clinic.
- Follow a patient during primary care experience on Tuesday night and complete journal entry
- Continue reflective journaling when required
- Begin student project(s) and CAT
- Set up training sessions with FWEd and/or other professionals based on their expertise
- Engage in FWEd and OT caseload chart review, intervention planning, progress notes, etc.

- Familiarize self with clinic resource binders (i.e. standardized assessments, interventions, current research, AD, etc.)
- Attend clinic meetings
- Continue to observe other professionals
- Practice various screens, assessments and evaluation elements with OT/OTA student peers for specific conditions commonly seen at DAWN
- Complete one intervention template and place in resource binder
- Complete one AD template and place in resource binder
- Select 1 patient to collaboratively follow with student peers starting next week. Begin intervention planning (you may use this for your intervention template)





# SWOT Analysis of Suggested Service Lines

## *Home evaluation and modification*

- Plan of action and suggested resources:
  - Write policies and procedures
  - Agree upon roles of the FWEd and accompanying student(s)
  - Consult the Colorado Occupational Therapy Practice Act to ensure that the agreed upon service delivery method is within compliance
- Determine what assessment(s) are appropriate, what services will be provided, what modifications can be offered and what patient training is necessary
  - Rebuilding Together's Safe at Home Checklist (Appendix H)
- Consider which outcomes are most beneficial and how they will be measured



The image shows a 'Safe AT HOME Checklist' from Rebuilding Together. The header includes the Rebuilding Together logo, the title 'Safe AT HOME Checklist', and contact information: 'Rebuilding Together, 1899 L Street NW, Suite 1000, Washington, DC 20036, 800-472-4229, www.rebuildingtogether.org'. It also mentions a partnership with the Administration on Aging and the American Occupational Therapy Association. A text box states: 'Rebuilding Together has long recognized that greater attention must be given our elderly population, so they may age-in-place and safely in their homes. We have also built lasting national partnerships with Area Agencies on Aging, AARP, American Occupational Therapy Association, National Association of Home Builders, National Council on Aging, and others. Use this list to identify home safety, fall hazards and accessibility issues for the homeowner and family members. Home safety, fall prevention and accessibility modification interventions on the reverse side of this page can help prioritize your work. Underline or use a highlighter to note problems and add comments.' The checklist is divided into four sections: 1. EXTERIOR ENTRANCES AND EXITS, 2. INTERIOR DOORS, STAIRS, HALLS, 3. TELEPHONE AND DOOR, and 4. WINDOWS. Each section contains a list of items to check, such as 'Note condition of walk and drive surface', 'Check door threshold height', 'Note height of door threshold', 'Note hall width', 'Phone jack location', 'Able to reach closet rods', etc.

# SWOT Analysis of Suggested Service Lines

## *Cognitive Screening and evaluation*

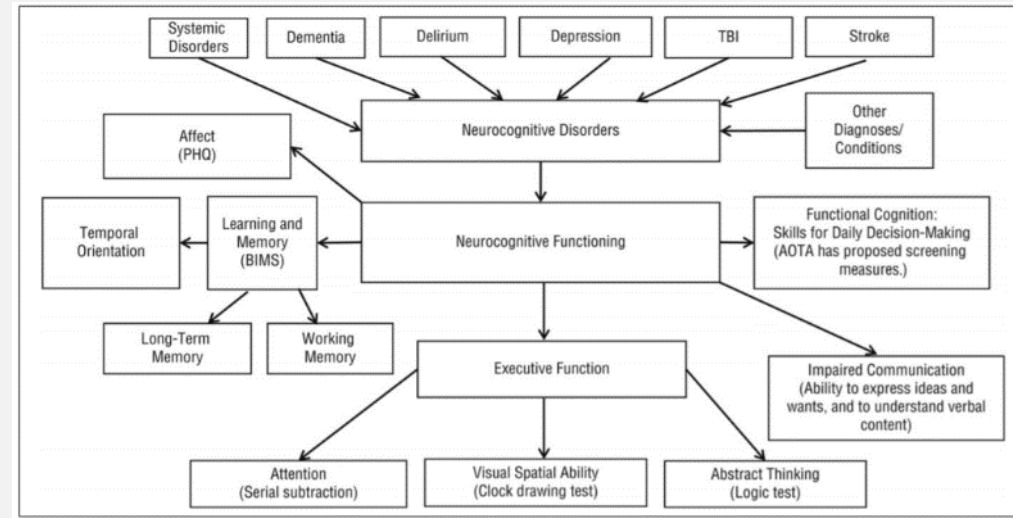
- Strengths:
  - Determine how cognitive deficits affect functional independence, safety and follow through with patient POC
- Threats to patient compliance: (Yang et. al., 2015)
  - The false belief by patient and provider that nothing can be done for people with cognitive impairment
  - Low public awareness of signs and symptoms of cognitive impairment
  - Stigma attached to cognitive impairment
- Opportunities:
  - Addressing functional deficits of cognitive impairment
  - Increase patient health literacy, help seeking behaviors and compliance with POC
  - Increased appointment follow-through
  - Practitioner education

# SWOT Analysis of Suggested Service Lines

## *Cognitive Screening and evaluation*

- Plan of action and suggested resources:
  - Determine contributing factor(s) for cognitive impairment
  - Screening and assessment tools and functional observation
  - Gather a battery of intervention materials
    - <https://www.aota.org/Advocacy-Policy/Federal-Reg-Affairs/Medicare/Guidance/role-OT-assessing-functional-cognition.aspx>
    - Assessment costs can be determined by accessing <https://www.ot.wustl.edu/about/resources/assessments-388>

Schema representing cognitive processes and associated assessments for use in post-acute care settings



# SWOT Analysis of Suggested Service Lines

## *Upper Extremity Rehabilitation*

- Strengths:
  - “Patients should engage in training that is meaningful, engaging, repetitive, progressively adapted, task specific and goal-oriented in an effort to enhance motor control and restore sensorimotor function.” (Hebert et. al., 2016, p. 469)
  - Current protocol at DAWN
- Challenges:
  - Current limitation in available preceptors with extensive knowledge and experience in UE protocols and techniques
  - Current lack of materials and equipment
- Opportunities:
  - Perfect practice makes perfect
  - Patient and caregiver education
  - Student skill development
- Plan of action and suggested resources:
  - Upper extremity resource binder with assessments and protocols
  - Preceptor with specific UE rehab knowledge
  - Supplies and equipment for intervention
  - <https://www.aota.org/About-Occupational-Therapy/Professionals/RDP/The%20Role%20of%20Occupational%20Therapy%20for%20Rehabilitation%20of%20the%20Upper%20Extremity.aspx>





# Plan, Do, Study, Act (PDSA)

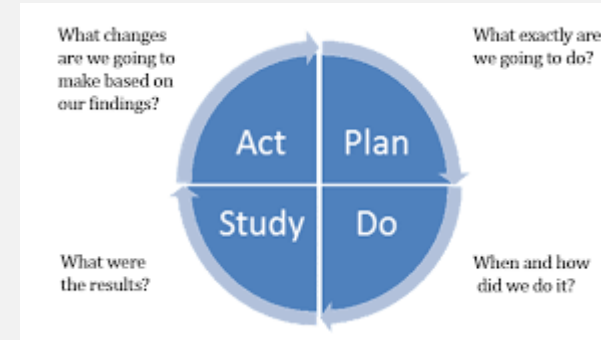
## Phased Implementation Plan

- PLAN:

- Observe service delivery at DAWN
- Complete a needs assessment
- Interview community-based OT practitioners
- Develop a fieldwork manual and implementation plan
- Present proposal to DAWN leadership and obtain approval for a pilot program

- TO DO:

- Place all orientation materials, templates and resources in the DAWN OT Google Drive for student and FWEd access
- Complete affiliation contracts and AOTA Data Form explaining that the program is a pilot within a community-based setting
- Train AFWC's on how to screen their students for goodness of fit at DAWN



- Determine when the pilot program will be initiated and secure one OT and one OTA student to participate.
- Determine what outcomes will be measured to evaluate the program as well as methods and process of evaluation.
- Determine who the FWEd's will be and solidify at least a 6-month commitment from each of them. Determine roles and responsibilities of each FWEd.

# Plan, Do, Study, Act (PDSA)

## Phased Implementation Plan

- DO:
  - Establish and carry out pilot OT/OTA fieldwork placements with Pima and Creighton (Regis Pathway) students with consideration to other academic institutions having Denver based students.
  - Complete an agreed upon cycle of fieldwork
  - Meet regularly with workgroup leaders to discuss current position of the program
  - Carry out regular feedback sessions with OT workgroup participants and clinic staff and students in the interest of completing a SWOT analysis of the current established program
  - Fulfill all workgroup leader responsibilities
- STUDY:
  - Analyze data collected during the pilot program
  - Determine current and future needs of the OT fieldwork program
  - Decide on appropriate next steps for the program (maybe a grant, maybe not)
- ACT:
  - Implement process improvement necessary to enhance the program and sustain it long



Culture



Foundation



Learning



Sites



OT Education



# Bottom Line for OT



DAWN's mission, values, goals, objectives, and philosophy of service delivery are foundationally present and prioritized



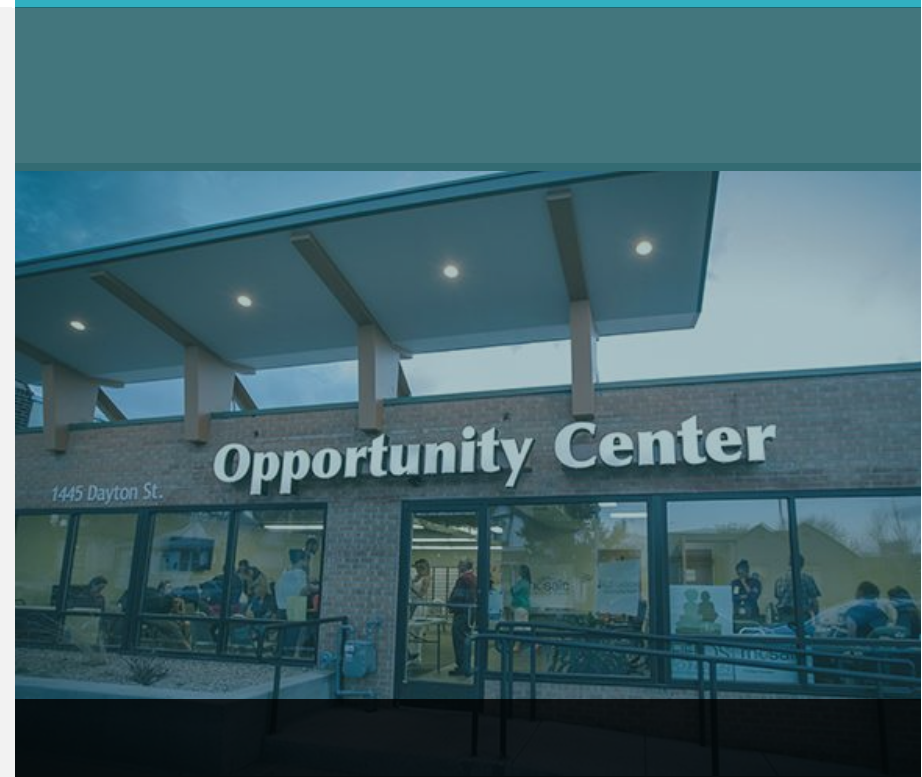
Patients, staff, and students at DAWN as well as academic institutions are all served in beneficial ways



Collaborative Student Model is a perfect fit



Costs are low, benefits are high



## Why an OT Fieldwork Program at DAWN Makes Sense









# Thank You

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