UNIVERSITY

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Development of a Systematic, Evidence-Based Guiding Fieldwork Tool to Increase Student Competency in an Acute Care and ICU setting Dezarai Diana Ramirez Ryan – Creighton University

BACKGROUND

Cheyenne Regional Medical Center (CRMC) is a 222 bed Level 2 Trauma hospital located Cheyenne, WY. The hospital offers orthopedic, neurology, telemetry, oncology, medical, surgical and intensive care services. The therapy department is able to host a total of 4 students, currently using a brief student manual for knowledge and weekly objectives related to acute care. Based on a needs assessment and staff report a more a comprehensive and standardized student manual is warranted. According to Knecht-Sabes (2013), students often feel overwhelmed and unprepared for acute care setting due to the fast pace and high complexity of patient management. This often causes anxiety negativity influencing clinical judgement and decision making (Thomas et al., 2017). Additionally literatures suggests there is national shortage of placements and available fieldwork educators, as well as shortage of therapists willing to work in intensive care environments (Evenson, M. E., Roberts, M., Kaldenberg, J., Barnes, M. A., & Ozelie, R, 2015; Gibbs, D. M., Dietrich, M., & Dagnan, E, 2017). Willingness to accept students are affected by student readiness, own lack of confidence, productivity, and other factors. The systematic, evidence based guided fieldwork tool can improve both student and practitioner competence and confidence. Current literature supports the use of simulation, experiential, and problem-based learning to increase student outcomes in acute care settings (Gibbs, D. M., Dietrich, M., & Dagnan, E, 2017).

PROGRAM DETAILS

The development of the systematic, evidence-based guided fieldwork manual was created to bridge the gap between didactic work and fieldwork education to increase student competency in acute care and ICU settings; as well as support fieldwork educators (FWEDs). The student manual utilizes evidence-based learning strategies to fit all learning styles and provide comprehensive understanding and competence in acute care. The weekly objectives adhere to American Occupational Therapy Association (AOTA) standards and literature-based competencies in acute care and intensive care (ICU) setting.

The manual applies 4 key learning styles to improve speed and quality of student comprehension.

- Simulation/kinesthetic → Transfer techniques
- Problem-based→ Case studies
- Experiential → Weekly objectives
- Reading → Journal articles

The manual includes the following content and domains:

- Weekly objectives
- Information guides
- Literature matrix
- Learning activities
- Service specific information
- Evidence-based articles supporting topics
- ICU comparison sheet

FOCUSED QUESTION

What resources can be provided to a rural regional level 2 trauma hospital to increase student and entry-level practitioner competence and confidence in acute care?

METHODS

Needs Assessment

Literature

Review

- ICU protocol and competencies
- Student protocols
- Current hospital resources
- Personal self-assessment
- Analyzing AOTA standards
- Disseminating and outlining important information regarding acute care
- Academic Search Premier and PubMed
 - Line management- adverse events, acute care, ICU, medical errors)
 - ICU -early mobilization, ICU, outcomes, occupational therapy
 - Acute care- acute care, occupational therapy
- Interviewing surrounding ICU experts
 - Cheyenne Regional Medical Center
 - Poudre Valley Hospital
 - Regional West Medical Center
- Summarizing acute care competencies
- Weekly objectives
- Inpatient acute care reference guide
- Line management resource
- ICU literature matrix
- Learning activities
- ICU comparison sheet
- Student ICU objectives
- Service specific information
- Evidence-based articles supporting topics

Procedure creating opening in large intestine

Healthy portion of colon connected t

route for feces to leave the body Reasons may include colon cancer

pt cannot breath on their own

pushes breathable air into and out

Bilevel positive air pressu

Treat sleep apnea, lung disease and

Jejunostomy tube which bypasses

Pts must be able to care for J tube at home; I or assisted

area, replace dressing, flushing

swallowing difficulties or require

Used for individuals with

into the jejunum

the stomach and delivers food right

Information guides

RESULTS

The direct outcomes of the manual includes resources, guiding educational tools, and information related to acute care and ICU:

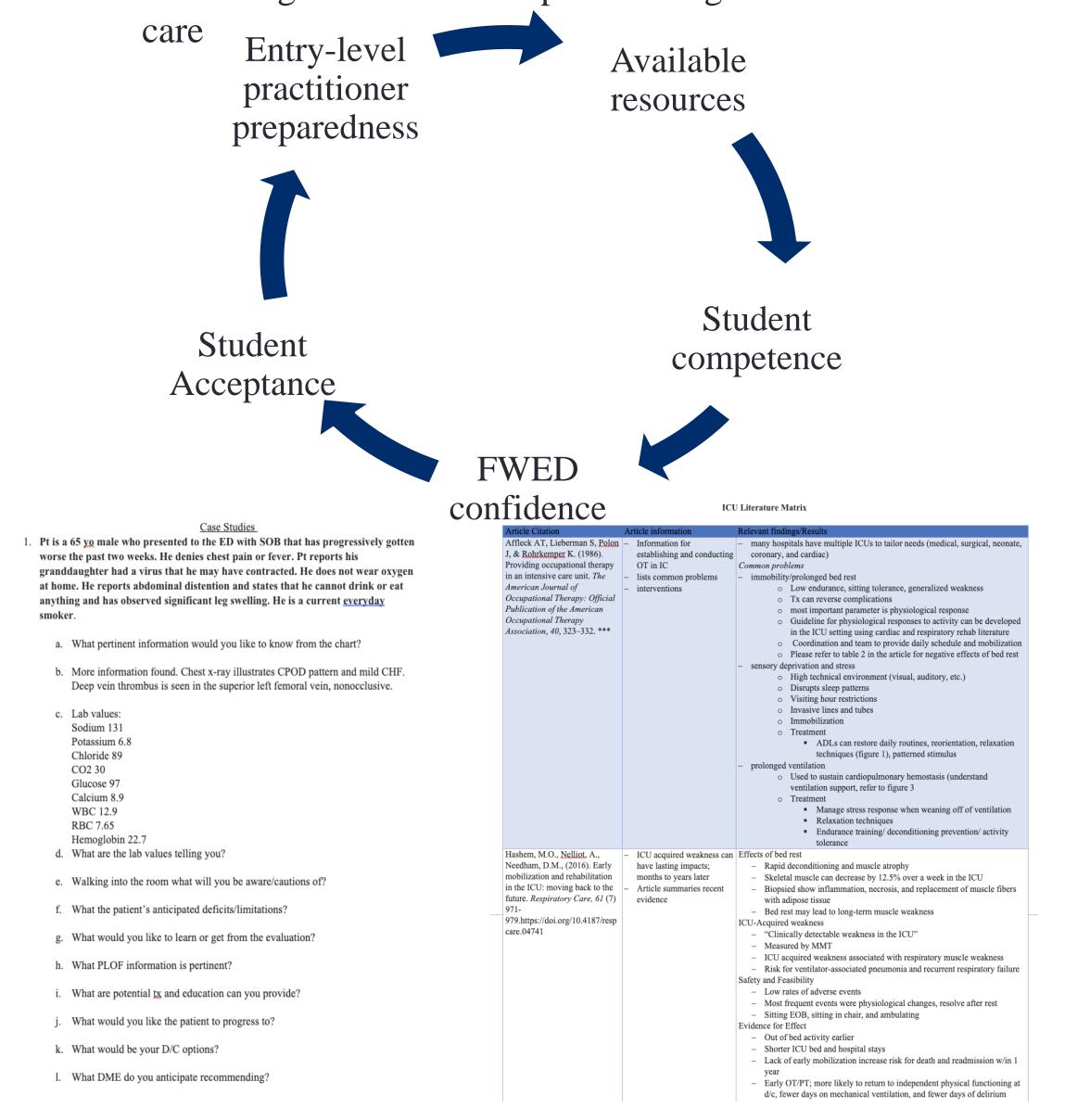
- 624-page educational tool
- 12 Weekly objectives and ICU objectives
- 20+ Evidence-based articles
- Information Guides(common diagnoses, line management, wound care, lymphedema, modalities, medications, dietary restrictions, and orthopedic braces)
- 8 Case Study learning activities
- CRMC specific protocols and details
- Information regarding acute care (evaluations, treatment, intervention)
- Community Resources
- Service Specific Information (cardiopulmonary, ICU, orthopedic, oncology, and neurology)
- ICU comparison sheet
- Literature Matrixes

The *short-term* results of the program are as follows:

- 12-week standardized evidence-based fieldwork manual adhering to AOTA standards and acute care competencies
- Increased FWED confidence in accepting level 2 fieldwork student in acute care and ICU setting
- More available resources for future students
- Learning activities to meet different learning styles
- Increase practitioner awareness and self-evaluation of current practice and areas for improvement
- Creation of Student and ICU protocols

The *long-term goal* for this project is to:

- Increase student competency and confidence
- Minimizing student anxiety regarding acute care
- Increasing student clinical reasoning "in the moment"
- Decreasing adverse events and errors/increase patient safety
- Increasing amount of therapists willing to work in intensive



BOTTOM LINE FOR OT

The health care environment is changing impacting productivity standards, increasing need for occupational therapists in acute care/ intensive care units, and fieldwork student's needing to "hit the ground running". Based on personal experience and evidencebased research, acute care can be overwhelming leading students to feel unprepared for high complexity patients. However, the purpose for fieldwork rotations are to allow students to learn from hands on experience. The manual was created to increase student competency and confidence within the acute care setting by providing learning activities, weekly objectives, and a variety of other resources for every type of learner. Due to health care changes, there has been a decrease number of Occupational Therapists accepting level 2 students, especially in acute care with complex patients. OTRs are anxious about risking their own licenses in the case of adverse events, due to the high-risk nature of acute care (Communication, Michelle Anderson). Secondly, the manual is hoped to increase the amount of OTRs accepting students and confidence in teaching level 2 students. Current research shows benefits to simulations, problem-based, and experience activities; the learning activities are intended to mimic simulations when simulation materials such as mannequins, standardized patients, and mock medical equipment are unavailable and or not within department budget. Lastly, evidence has shown a shortage of therapists willing to work in intensive care units. The manual aims to build the foundation for intensive care competencies in order to guide the student to advanced clinical practice, furthermore, increasing the amount of OT practitioners in ICU settings and advancing the profession as a whole. The bottom line for occupational therapy is that student's must be given the support, resources, and hands on opportunities to learn in a safe environment to shape the future of the field.

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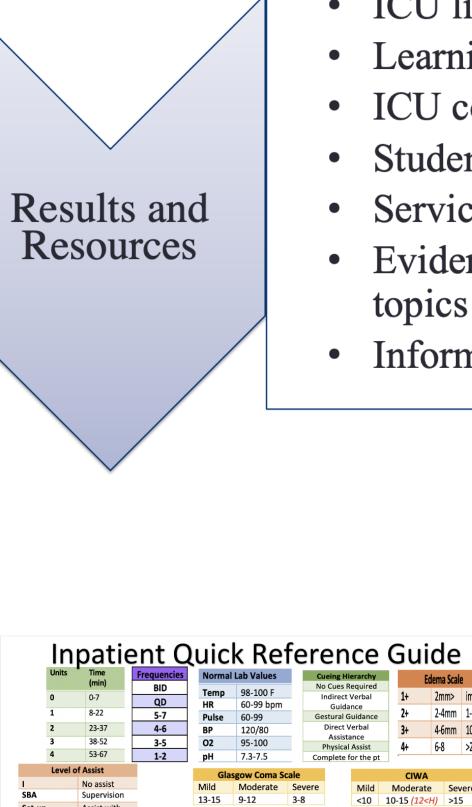
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 \hat{ullet}) heart attack, bleeding, CH, SOB, weaknes

Sensory but no motor function below the neurological level

Full ROM against gravity, no resistance

X bending at 90, crossing LE, internal rotation

X No lifting, pulling, pulling, reach behind

X bending, lifting, twisting (BL