Collaboration:
Making Evidence Based Practice Fun!
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Course Objectives

• Understand the collaborative research process used to develop evidence-based research questions between practicing pediatric therapists and graduate students.

• Understand how the EBP process informs practice and provides a useful tool for students to understand clinical thinking and evidence based research.

• Apply this collaborative evidence-based process to inform occupational therapy practice and foster interdisciplinary collaboration.
Evidence Based Practice

• Evidence Based Practice
  – Use in occupational therapy

• Research utilization Problem/knowledge translation (Bowen & Graham, 2013)
  – Gap – Research is not being utilized
  – Knowledge brokering
    (Ward, House, & Hamer, 2009).

• Collaborative relationships between academia and the clinic.
  (Menon, et al. 2009)
Background

• Interest from community therapists
  – Need for current evidence to support pediatric intervention
  – Local graduates from the College of St. Scholastica program know the annual research requirements and assignment parameters

• CSS faculty want collaboration with local therapists to enhance the student experience
AOTA Evidence-based Practice Project

• **AOTA Website**
  
  [Link](http://www.aota.org/Practice/Researchers/EBP-Resources.aspx)

• **AOTA Evidence Exchange**
  
  [Link](http://www.aota.org/Practice/Researchers/Evidence-Exchange.aspx)
Critically Appraised Paper (CAP)

- Evidence – based review of a paper
  - Intervention within the scope of occupational therapy
  - Published in a peer reviewed journal
  - Level I, II, or III evidence

  (Law, 2002)
Therapist Questions

- Effectiveness of auditory listening programs
- Effectiveness of feeding interventions
- Effectiveness of interventions such as Biofeedback, Sensory Diet, Interactive Metronome
- Effectiveness of non-medication/surgical management of sensorimotor dysfunction in Cerebral Palsy
- Effectiveness of Virtual Reality as an intervention method pediatric populations (CP, ASD, other)
- Family Centered Service Delivery (parent involvement in intervention)
- Effective models of clinical intervention in pediatric practice
  - Duration/dosage of intervention
Assignment

• Individual and Group requirements
• Group (3-5 students)
  – PICO Question
    • Patient
    • Intervention
    • Comparator/no treatment
    • Outcome
      (Cochrane Library Tutorial)
  – Literature search
  – Assign each group member an article
• Individually
  – Complete a CAP on the assigned article
• Group
  – Contact therapist and schedule an observation
  – Complete a modified Critically Appraised Topic (CAT)
  – Present the findings back to the therapists
Student Presentations

• Lunch hour presentations - 45-50 minutes
  – 3 to 4 groups shared their findings (10-15 minutes each)
  – Answered questions from therapists
  – Therapists were given copies of the articles and the CAT summary
  – Multidisciplinary group
  – Therapists were given 1 contact hour for attendance at each lunch time event
Student Feedback

• Value of the project
  – 29 of 31 positive responses when asked about the value of the project.
    • “I thought the project and presentation were good and helped me to learn”
    • “It was a great assignment”
    • “I felt like we had a chance to gain a little bit of expertise on an intervention rather than just an overview”
    • “it was good to see what practicing therapists are thinking about and using with clients in terms of interventions”
    • The biggest value was understanding the importance of basing practice on high quality evidence and continuation of learning throughout our careers”
  – 2 of 31
    • “felt the time was crunched”
    • “difficult to schedule”
    • “whole process was rushed and sprung upon us”

• Topics generated
  • “They were excellent, easy to pick one that was meaningful”
  • “good topics, covered a variety of conditions and interventions”
Student Feedback

• **Opportunity to observe a therapist**
  – Mixed responses
    • “did not get the opportunity due to scheduling conflicts”
    • “always great to see real therapists with real clients”
    • “Could have been helpful, however the child I observed didn’t have the correct diagnosis nor was the correct theory used”
    • “Once it was actually set up, it was very beneficial”
    • “Great! We got to see/understand the parent’s perspective of therapy which we haven’t go to do that often”

• **Sharing findings back with the therapists**
  – Positive
    • “loved this. I was nervous for it, but it was fun.”
    • “Fun and interesting”
    • “Awesome! Great for students and hopefully the therapists”
    • “It would have been helpful to know what they thought. Did they learn anything from us?”
    • “Loved it! It made the project even better”
    • “Great opportunity, made us feel valued as students”
Therapist Feedback

• **Value of the project**
  – “the project was extremely valuable.”
  – “It was beneficial to have new unbiased eyes look at treatment modalities which we aw clinicians already assume either work or do not work”

• **Use of the findings**
  – “the project did alter the way we treat”
  – “Best example is the use of weighted clothing in kids on the spectrum vs kids with ADHD”
  – “the biggest challenge that came out of this was the realization that the vast majority of what we use to treat children is not rooted in solid evidence”.

• **Application of final research question**
  – “The final questions in each case were still relevant to the original topic”
Therapist Feedback

• **Continuing the Student Observation component**
  “Very important for this project”
  “There are so many variables important that come into choosing a modality that are easy to overlook when just reading about them”
  “when students get to see the diagnosis and meet the family they get more insight”

• **Value of having the students present their information back to the therapists**
  “This was a highlight”
  “It gave other disciplines a better insight into what we do and why”
  “Opened the door for some fantastic discussions between therapists and clinicians in regard to what we do and why”
  “the facility as a whole was very impressed with the level of preparedness the students came with.”
Challenges

- Timeline
- Developing the questions
- Finding high quality evidence
- Observing intervention
- Grading assignments
Going Forward

• Long term goal of doing collaborative applied research
• Institutional review boards
• Knowledge brokering
• Adjusting timeline
Template/Guideline

• Develop a relationship/connection with one of the OT education programs

• Develop a researchable question on an intervention you are using or want to use
  – PICO question
  – Student involvement
    • Observation/visit/phone conversation
    • Presentation of information back to you
Questions

• Setting up collaborative relationships
Contact Information

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References


Online Resources

• [www.AOTA.org](http://www.AOTA.org)

• EBP Practice Exchange

• EBP Evidence exchange
  – [http://www.aota.org/Practice/Researchers/EBP-Resources.aspx](http://www.aota.org/Practice/Researchers/EBP-Resources.aspx)

• Cochrane Library Tutorial
  – [http://learntech.physiol.ox.ac.uk/cochrane_tutorial/cochlibd0e187.php](http://learntech.physiol.ox.ac.uk/cochrane_tutorial/cochlibd0e187.php)