

How Institutional Readiness Impacts Everyday Practice: An Experience in Agility

Student: Angie Williamson, OTS
Site Mentor: Brianne Salvati, MOT, OTR/L
Faculty Advisor: Steve Park, PhD, OTR/L

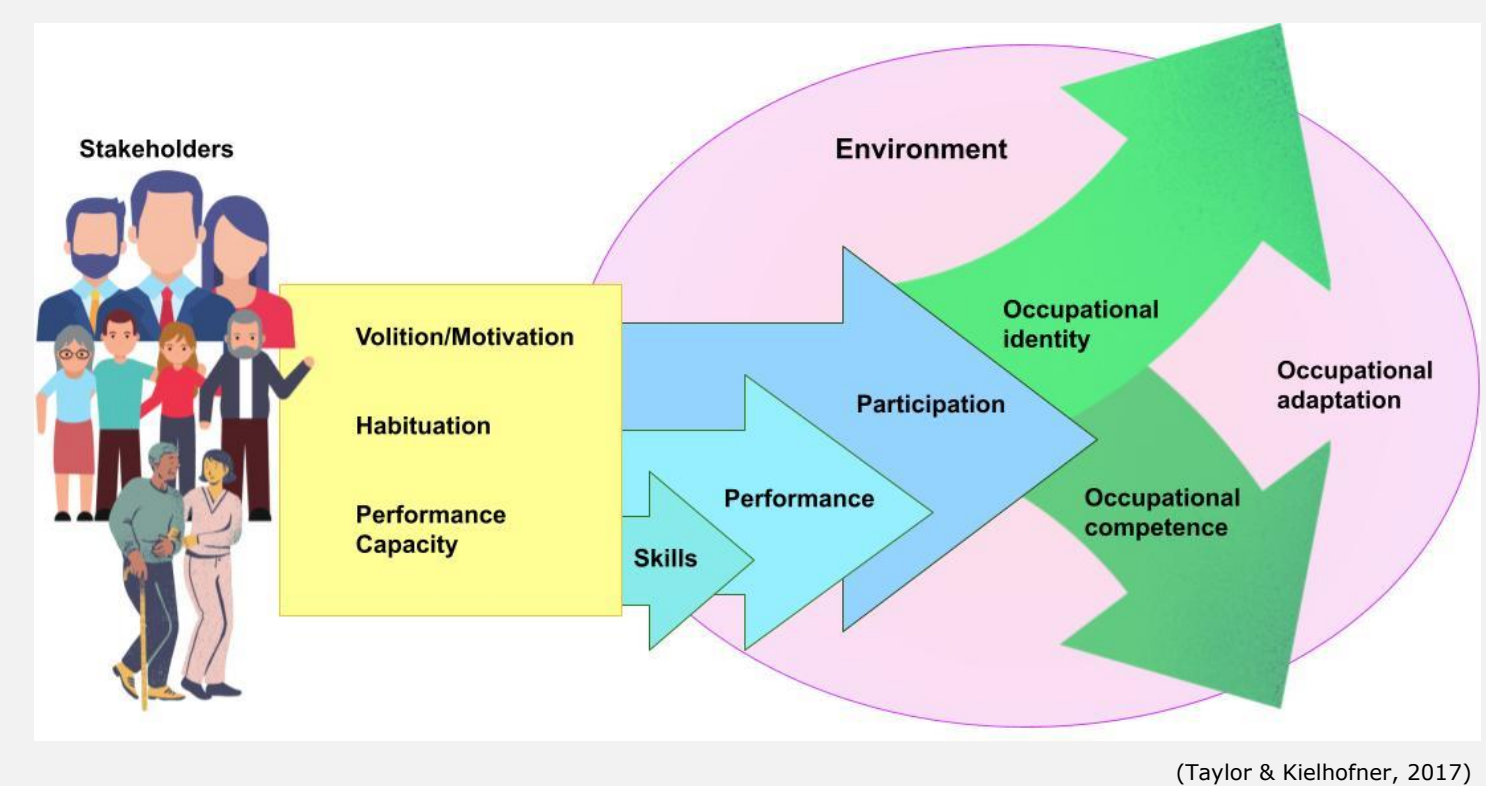
Background

- Physical and psychosocial factors create challenges in occupational performance but are not considered equally under the medical model.
- The medical model uses a bottom-up approach, largely focusing on physical and cognitive abilities to engage in occupations
- OT practitioners understand the importance of both physical and psychosocial factors but lack the support from employers to integrate psychosocial factors into care.
- This division can negatively impact client care and outcomes.

Purpose & Objectives

- Initial question:** What is the role of OT when focusing on psychosocial factors to improve overall quality of life for clients in traditional practice settings operating under the medical model?
- Additional question:** When faced with organizational barriers to psychosocial program development and implementation, what is the role of OT practitioners to facilitate?

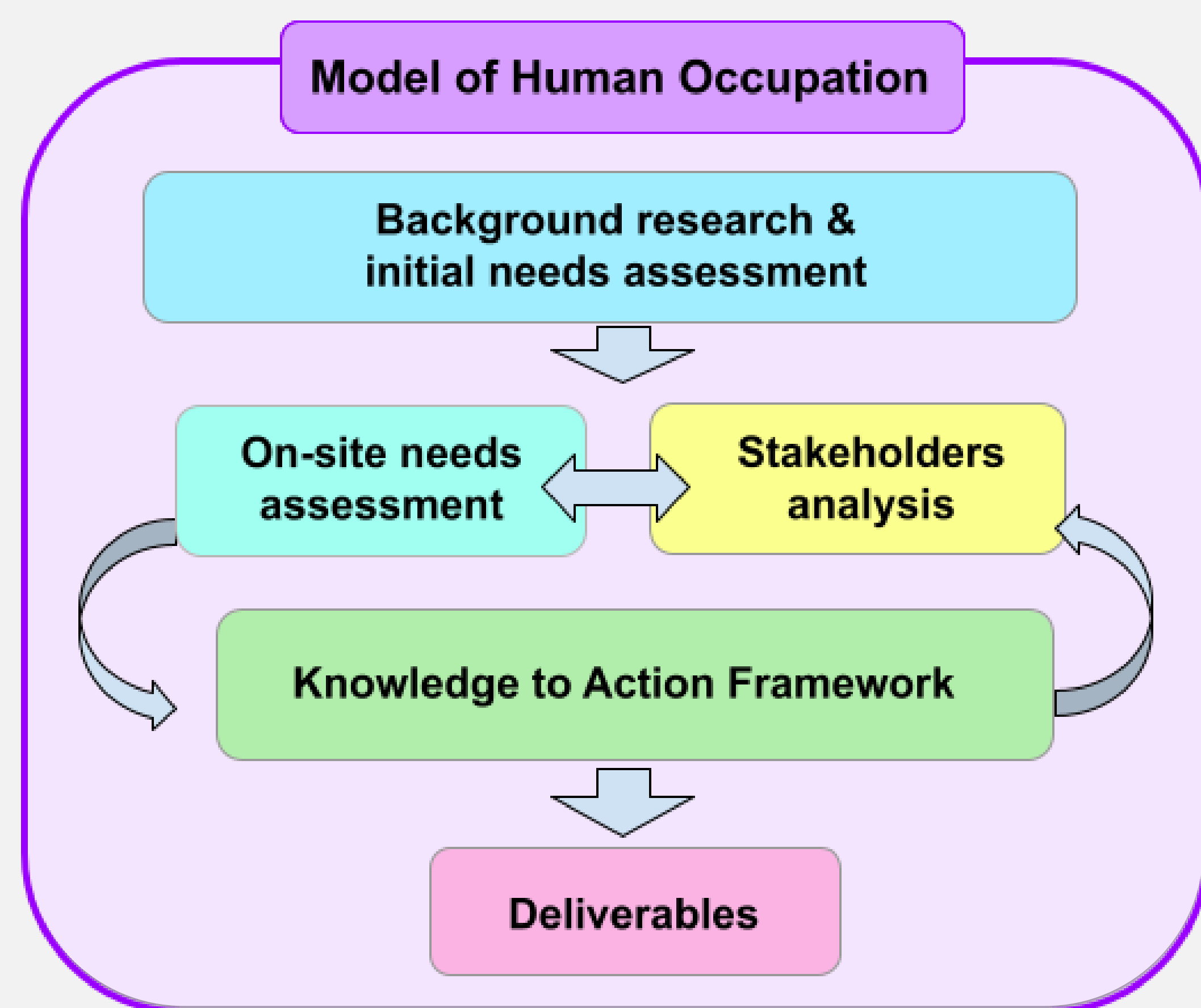
Guiding OT Model: Model of Human Occupation



Key concepts

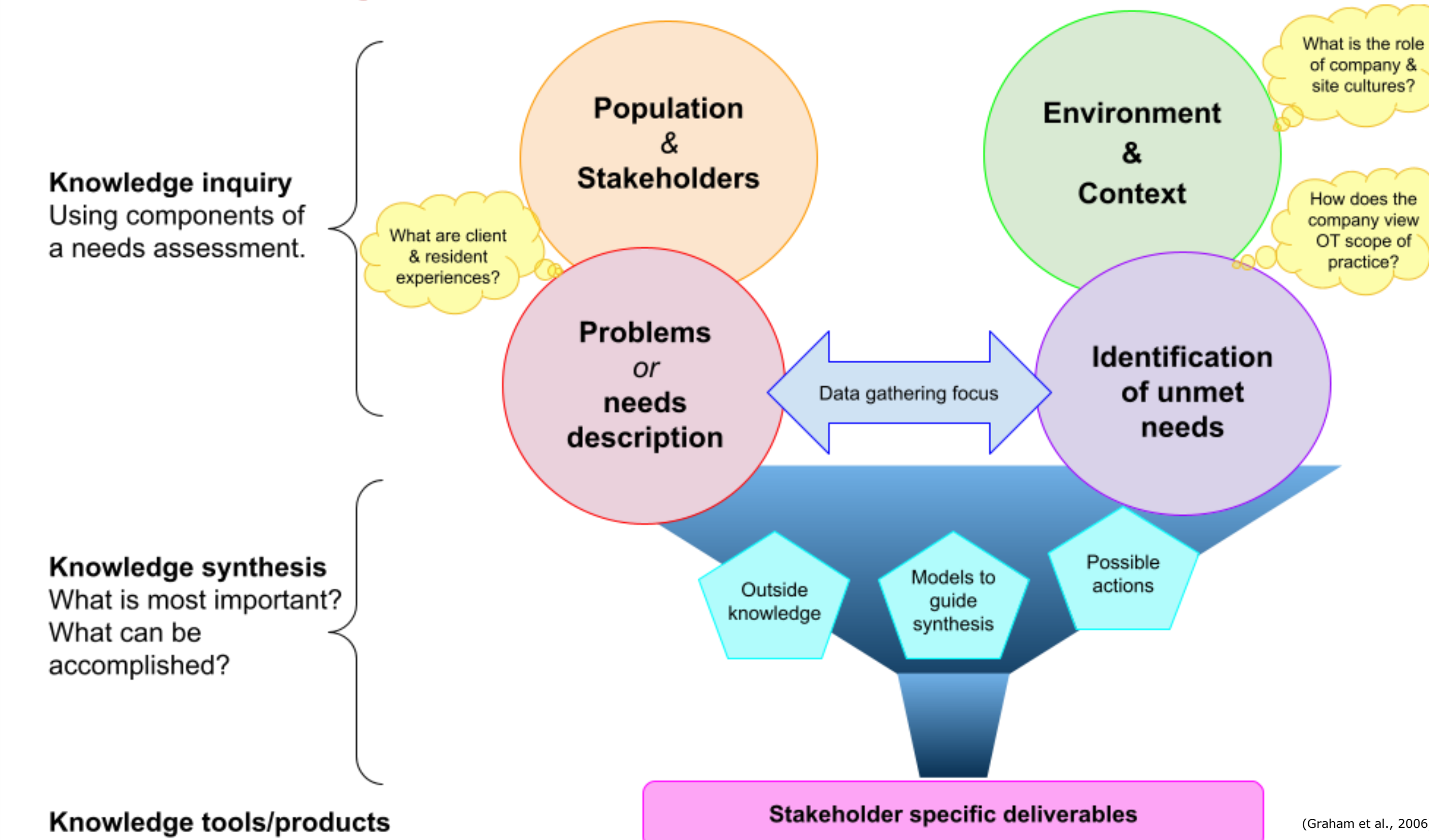
- Volition/Motivation
- Habituation
- Performance capacity
- Skills
- Performance
- Occupational competence

Process



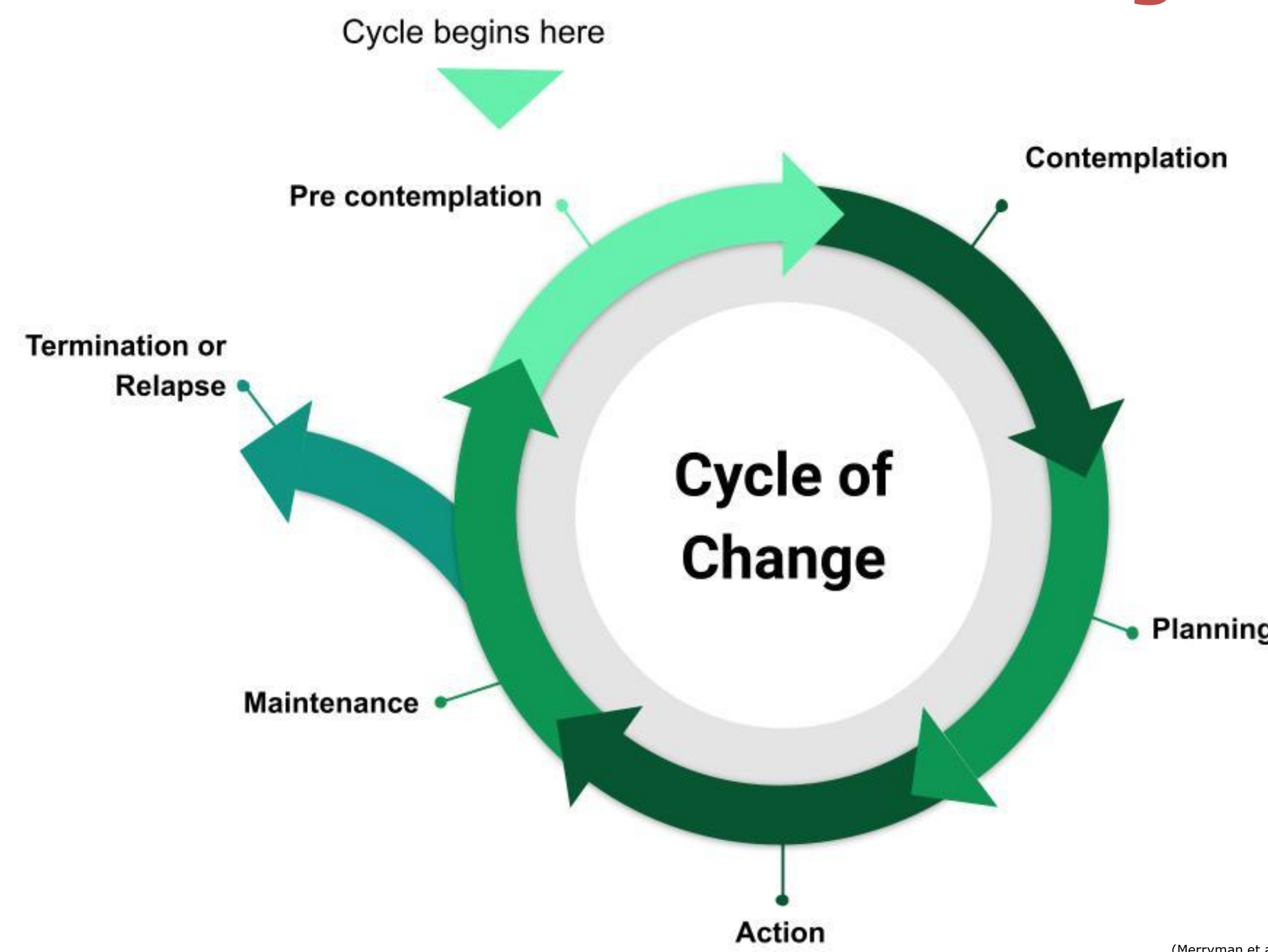
METHODS

Knowledge to Action Framework



- The KTA framework requires stakeholder involvement throughout the process. As such recommendations were made throughout the capstone experience with in-depth information provided as appropriate.
- The knowledge creation phase of the KTA framework was used for this capstone.
- Illustrated above, it provides structure for the process of tailoring knowledge and identifying recipients, the nature of deliverables, and dissemination methods.

Transtheoretical Model of Change



- The Transtheoretical Model of Change (TMC) contributed to synthesis during knowledge creation using the KTA.
- Stakeholders were individually assessed via the TMC using data from individual SWOT analysis and needs assessments.
- After determining each stakeholder's place in the cycle of change, it became apparent that intended deliverables would not be appropriate.
- This insight informed the need to shift direction and have a more consultative approach to the capstone experience and project.

DELIVERABLES

Consultative Products

Contract therapy company presentation

- SWOT analysis
- Therapist experience
- Impact/effort matrix
- Resources & opportunities



Contract therapy site report & presentation

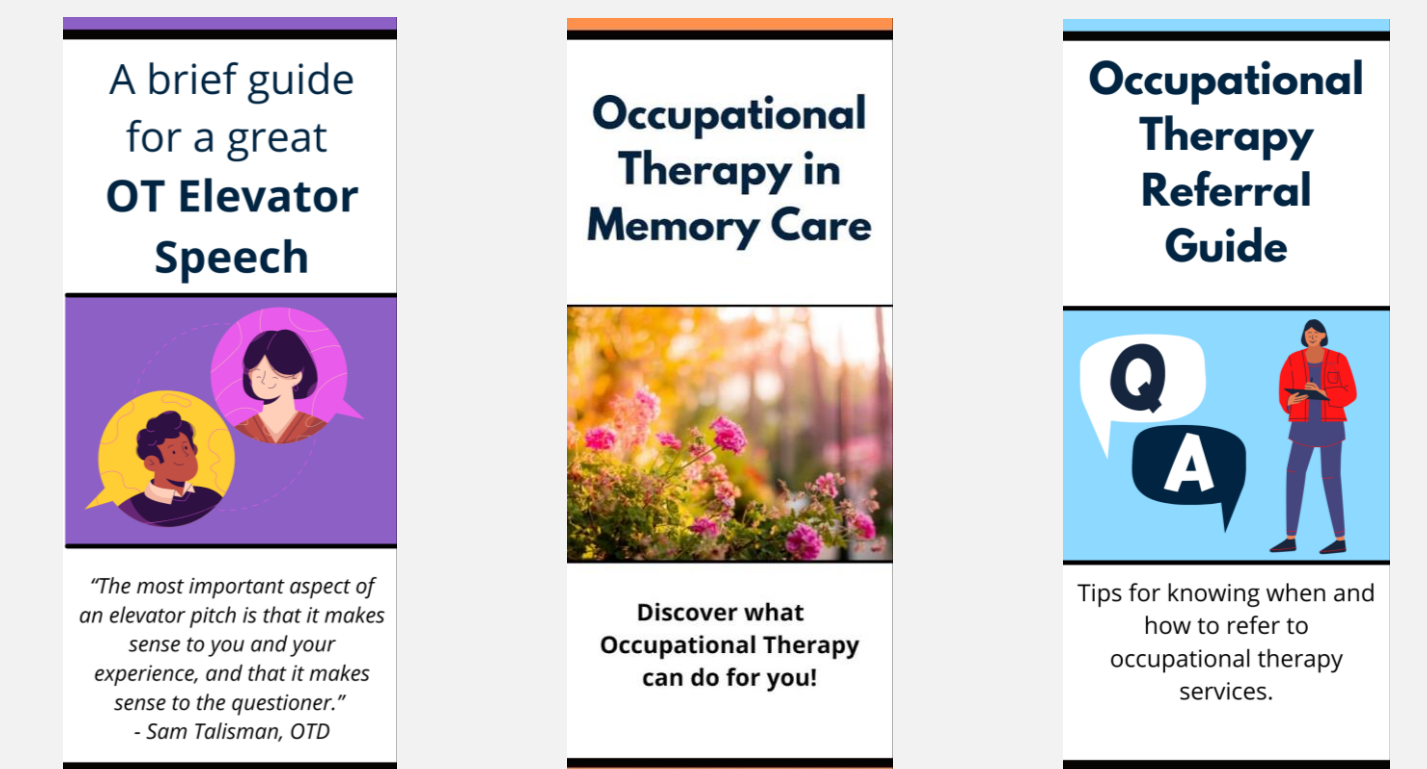
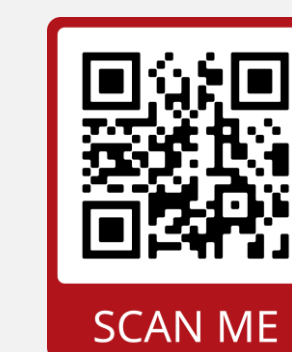
- SWOT analysis
- Resident experience
- Recommendations
- Impact/effort matrix
- Resource & opportunities

Phase	Begin Immediately	Phase 1: 1-6 months	Phase 2: 6 months - 1 year	Phase 3: 1-2 years & beyond
Focus on communication	Staff communicating with each other, Staff and residents, Administration, Leadership team (Table 1)	Partnering with Schools: Begin building relationships with local schools, including: Colleges, Universities, Primary schools (Table 2)	Expand Role of OT: Leverage contract therapy services, Hire a staff OT, Establish working relationships with OTD programs (Table 3)	Design & implement OT developed resources and programs: For examples of specific suggestions based on SWOT analysis (Table 4)

OT Toolbox for Practitioners

OT Toolbox website

- Using OT models
- Assessments
- Advocacy tools
- Resources for OTs



Implications

- Mismatches in situational awareness and readiness for change occur in everyday practice.
- This capstone provides one example available to occupational therapists to reframe challenges into opportunities in response to perceived barriers in readiness to implement novel programming.

Discussion

- Viewing stakeholders as OT clients reframes situations and encourages objectivity.
- Using established frameworks simplifies and streamlines the process and enables clear communication.
- Accurately gauging readiness for action enabled useful deliverables.
- Evidence based practice deliverables tailored to stakeholders' roles, relationships, and readiness for change allowed for actionable recommendations and resources.

Acknowledgements

Thank you, Brianne Salvati, MOT, OTR/L for your mentorship during the capstone experience.
 Thank you, Steve Park, PhD, OTR/L for serving as my faculty capstone advisor.

References

Graham, I. D., Logan, J., Harrison, M. B., Straus, S. E., Tetroe, J., Caswell, W., & Robinson, N. (2006). Lost in knowledge translation: time for a map?. *The Journal of Continuing Education in the Health Professions*, 26(1), 13-24. <https://doi.org/10.1002/chp.47>
 Merryman, M. B., Heatwole Shank, K., & Reitz, M. (2020). Theoretical frameworks for community-based practice. In M. E. Scaffa, & Reitz, S. M. (Eds.) *Occupational therapy in community and population health practice* (3rd ed., pp. 38-58). F.A. Davis.
 Taylor, R. R., & Kielhofner, G. (2017). *Kielhofner's model of human occupation: Theory and application*. Wolters Kluwer