Examining Role Emerging Practice Educational Approach to Level I Mental Health Fieldwork

Michelle Massey, MS, OTR/L, Associate Professor, Academic Fieldwork Coordinator
Jill Cuff, BS/MOT, OTR/L, Adjunct Faculty
Nebraska Methodist College; Omaha, NE

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Omaha, NE
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Objectives

• Participants will apply the collaborative education model in a role emerging practice area to develop new Level I Mental Health Fieldwork partnerships.
• Participants will determine roles and expectations of the clinical site, the clinical educator, fieldwork educator, and the student for collaborative fieldwork education.
• Participants will identify strategies to achieve fluid integration of evidence-based practice, clinical reasoning, and professional behaviors from classroom to fieldwork.
The Need

ACOTE®

Current Standard
C.1.7: “Ensure that at least one Fieldwork experience (either level I or level II) has its focus on psychological and social factors that influence engagement in occupations” (ACOTE®, 2011).

2020 Standard
C.1.7: “At least one fieldwork experience (either Level I or Level II) must address practice in behavioral health or psychological and social factors influencing engagement in occupation” (ACOTE®, 2018).
Public Health Approach to MH in OT

(Miles et al., 2010; National Research Council and Institute of Medicine, 2009)

Mental Health Work Setting Trends

OTs as Qualified Mental Health Practitioners

OT Specifically Listed

- Illinois
- Maine
- Massachusetts
- Missouri
- Montana
- Oregon
- Virginia (signed 2/21/2017, language pending)

OT Not Specifically Listed, However Qualification Applies

- North Carolina
- Pennsylvania
- Puerto Rico
- Vermont

Additional Barriers - Practitioner Perspective

- Lack of time to devote to student supervision
- Logistics
- Staff shortage
- Burn out
- Lack of student knowledge
- Lack of therapist expertise
- Limited Resources
- Intensive introductory training (behavior, regulations)
- Lack of sustainability
An Innovative Solution

Factors Predictive of MH FW Participation

- Mindset (perceives no challenge)
- Meeting with students
  - Guest lecturing
  - Interview
- Set up structured fieldwork program
Role Emerging Practice Area

- There is no occupational therapist onsite
- Advantages
  - Promote occupational therapy
  - Build new pathways for occupational therapists to diversify practice
  - Contribute to development of occupation-based programs
- Disadvantages
  - Lack of research on outcomes for patients and students

The Lived Experience
Level IB Fieldwork

“Create a Level I Fieldwork Experience in Mental Health”

2017
2017 Course Design of FW

Explore the psychosocial factors influencing engagement in occupations among the Native American population

Focus: Provide Occupationally based Psychoeducational Groups and education to adults in recovery following drug and alcohol dependency.

Site: Outpatient, Tribal based, Drug and Alcohol treatment center in South Omaha.
- Does not offer OT services

• In-class topics included disparity in access to services for the Native American population
• Psychosocial factors influencing engagement in occupation among the native American population
• Discussion of OT’s role within this setting.

Group Implementation Plan

4 Groups (six members per group)

Each group assigned a topic
- Grief, Loss, and Forgiveness
- Healthy Relationships
- Depression
- Caregiver support for elders

Plan was to provided the same educational group to two separate groups of clients on 2 different days.

Plan had to include all of the following elements:
- Frame of reference and/or model of practice to structure the group
- 3 goals for the session
- Sequence of the group (introduction/icebreaker, Major content areas, activities that will be completed, supplies, timeframe)
- 5 Community resources - Client handout
- Identify any major concerns and two strategies for approaching each concern
- Session wrap-up.
Presentation

Students submitted the Group plan for feedback and grading. Input was given and adjustments made by the students. Presentations were given by each group to a panel of professionals from the site and faculty.

Group Facilitation

Midway through the process it was determined that the OP center would not have enough clients to provide group facilitation twice.

Nebraska Urban Indian Health Coalition was added.
- 30-60 day inpatient drug and alcohol addiction program.
- No OT
- Goals remained unchanged.
Group Facilitation

Students were graded on the delivery/facilitation of the group. Students wrote SOAP Note following each group. Rubric included implementation of feedback from subsequent interactions and presentations.

2017 Faculty Reflection

- Student anxieties
  - Mid-semester change
  - Cultural competence
  - Lack of experience interacting with people with mental health conditions
- Student requests
  - More information about site & services
  - Practice leading groups
- Student comments
Practice Education Approaches

- Project-based placements
- Simulated experiences
- Role emerging practice education
- Student-led clinics

Characteristics of Simulated Experiences

- High level of authenticity for OT practice
- High level of complexity
- Delivery with immediacy to interaction with a real client and to practice placement
- Design and assessment that meet the objective of occupational therapy practice education
- Not being used as a standalone alternative to practice education time (fieldwork)
2018 Changes Made

- Fieldwork
  - Increased connection to EBP in MH
  - NUIHC only
  - Assignment: 4 Groups - 2 groups of 3 and each design a treatment group with the main topic
  - Each Group goes twice to the same site.

- Course
  - Increased consideration for FW deadlines
  - Added laboratory
2018 Faculty Reflection

- Student anxieties
  - Significantly reduced
  - Cultural competence
- Student requests
  - Increase instructor feedback / collaboration
- Student comments

Fluid Integration

Evidence-based Practice

Clinical Reasoning

Professional Behaviors
Progressive Educational Model

- Evaluation
- Synthesis
- Analysis
- Application
- Comprehension
- Knowledge

Reflection

Guided Practice

Simulated Experiences

Information

<table>
<thead>
<tr>
<th>Skill: Group Leadership</th>
<th>Knowledge</th>
<th>Comprehension</th>
<th>Application</th>
<th>Analysis</th>
<th>Synthesis</th>
<th>Evaluation</th>
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<tbody>
<tr>
<td>Teaching Strategies</td>
<td>Participate in OT led group (as a patient)</td>
<td>Lead OT group in lab with peers (or patients) with focus on leadership skills</td>
<td>Lead OT group at fieldwork site</td>
<td>Guided observation and analysis of peer leadership</td>
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<td></td>
<td>Video module</td>
<td>Lead OT group in lab with peers (or patients) with focus on clinical reasoning</td>
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<td>Quick reference Cards</td>
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<td>Checking Performance</td>
<td>Poll questions</td>
<td>Practical exam with skill specific, progressive rubrics</td>
<td>Fieldwork evaluation</td>
<td>Written observations during fieldwork Discussion group with guided questions</td>
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<td></td>
<td>Written group intervention plan</td>
<td>Written group outline for Fieldwork</td>
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<td>Response to adverse/challenging experiences</td>
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Evidence Based Practice

Clinical Reasoning

Professional Behaviors
2019

2019 Changes Made

- A few of the graduating clients took a Field Trip to the college to meet the students and present information about the site and their Journey
- Added more mental health class connections to the Fieldwork Experience
- Added evaluations (fully within the EBP course)
- SOAP Notes completed and added to patient records
- Co-teaching Level I B Fieldwork
2019 Reflections

The Roles & Expectations

Jill 1st, then together
Faculty Educator (Course & Lab)

- Collaborate with all stakeholders
- Communicate the value and options available from OT to all stakeholders
- Consider fieldwork deadlines when developing course syllabus
- Teach and evaluate evidence based practice, clinical reasoning, and professional behaviors relevant to fieldwork experience

Fieldwork Educator

- Collaborate with all stakeholders to determine assessment & intervention needs
- Communicate the value and options available from OT to all stakeholders
- Develop cultural and institutional awareness
- Facilitate interactions between agency and students
- Collaborate with student on assessment, intervention plans, and documentation.
- Facilitate student reflection
Student

- Connect didactic coursework to fieldwork setting
- Practice therapeutic use of self and clinical reasoning skills
- Develop an understanding of the needs of fieldwork clients
- Collaborate with peers and faculty to develop assessment & intervention plans
- Practice assessment and intervention plans to prepare for delivery
- Demonstrate flexibility
- Provide feedback throughout to faculty and peers
- Participate in thoughtful reflections to enhance learning

Clinical Site

- Collaborate with faculty and students
- Identify and communicate needs
- Set expectations for scheduling,
- Provide education to faculty and/or students about agency mission, vision, values, rules, precautions, expectations, and culture issues
- Acknowledge benefit of services to clients, agency, and students
- Provide feedback during and after related to needs, expectation, and outcomes
Q1 Following completion of only the Lab experiences in OTH 515, how prepared do you think you would be for a Level II Fieldwork experience in Mental Health?

ANSWER CHOICES | RESPONSES
---|---
A great deal | 8.33% 1
A lot | 25.00% 3
A moderate amount | 33.33% 4
A little | 33.33% 4
None at all | 0.00% 0
TOTAL | 12
Q1 Following completion of only the Lab experiences in OTH 515, how prepared do you think you would be for a Level II Fieldwork experience in Mental Health?

Answered: 18  Skipped: 0

![Pie chart showing responses]

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<tr>
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Q2 Following completion of the group prep work for OTH 529, how prepared do you think you would be for a Level II Fieldwork experience in Mental Health?

Answered: 12  Skipped: 0

![Pie chart showing responses]

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Q2 Following completion of the group experience at NUIHC in OTH 529, how prepared do you think you would be for a Level II Fieldwork experience in Mental Health?

Answered: 18  Skipped: 0

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Getting Started on Your Journey
Mission & Vision

As a health professions institution, we provide educational experiences for the development of individuals in order that they may positively influence the health and well-being of the community.

Caring - Excellence - Holism - Learning - Respect

Public Health Approach to MH in OT

Tier 3: Intensive
Tier 2: Targeted
Tier 1: Universal

(Miles et al., 2010; National Research Council and Institute of Medicine, 2009)
Tier 3—Intensive Interventions

Settings
• Inpatient
• Community
• Schools
• Residential
• Home-based
• Organizational Work

Focus
• Direct Intervention
• Individual or Group
• Consultation
• Foster Recovery

Tier 2—Targeted Services

Settings
• Hospital
• Clinic
• School
• Residential
• Community
• Rehabilitation Settings

Focus
• Small Groups
• Consultation
• Accommodations
• Education
• Promote Mental Health
• Diminish Early Symptoms
## Tier 1—Universal Services

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<th><strong>Settings</strong></th>
<th><strong>Focus</strong></th>
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<td>• Group</td>
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<tr>
<td>• School</td>
<td>• Organization-wide</td>
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<tr>
<td>• Residential</td>
<td>• Promote Positive Mental Health</td>
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<tr>
<td>• Work</td>
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<tr>
<td>• Community</td>
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### Questions / Discussion
The Challenge

References


