

Cognitive dilemmas: Can web-based toolkits help occupational therapists apply best practice?

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INTRODUCTION

The Winnipeg Regional Health Authority (WRHA) Occupational Therapy Leadership Group (OTLG) established a number of workgroups on key areas of occupational therapy clinical practice to enhance and promote:

- knowledge and skills of occupational therapists
- effective and optimal service delivery
- evidence informed practice
- consistency of occupational therapy practice
- utilization of occupational therapy services
- interprofessional practice

The cognition workgroup comprised of administrators and expert occupational therapists started the development of the web based cognition tool kit in February, 2010.

APPROACH

The cognition work group developed two documents for the toolkit:

1. Understanding Occupational Therapy Competencies in Cognition

Purpose: to promote better use of occupational therapist's expertise in cognitive assessments and interventions, and ultimately improve client outcomes by describing the knowledge, skill and expertise of occupational therapists in the area of cognition
Target audience: Occupational therapists and interprofessional colleagues

2. A Frequently Asked Questions (FAQ) forum for Occupational Therapists

Purpose: to promote and support evidence informed practice by providing a platform for posting questions, answers, and discussion.
Target audience: Occupational Therapists

Both documents include an evaluation to gather data on who is using the tools, the reason for use, and suggestions for additional content and updates.

Understanding Occupational Therapy Competencies in Cognition

Activities of the work group

- Developed a guide for members of OTLG to collect information through group discussion with occupational therapists in their site/program about the occupational therapists' knowledge base, skills and practices related to cognitive assessments and interventions
- Organized and synthesized information submitted by the OTLG and developed preliminary content
- Searched for models/framework for organizing information
- Selected the International Classification of Functioning, Disability and Health (ICF) (World Health Organization [WHO], 2001) and Profile of Occupational Therapy Practice in Canada (CAOT, 2007) as the organizational structure
- Reviewed literature and further refined content
- Organized content according to the categories of the ICF and the Profile of Occupational Therapy Practice in Canada
- Received permission from CAOT and WHO to use respective frameworks
- Determined knowledge translation and dissemination approaches

Frequently Asked Question (FAQ) Forum

Activities of the workgroup

- Solicited questions from occupational therapists via OTLG
- Developed questions and answers based on opinion and experience of the work group and supporting literature
- Developed answers based on an initial exploration of topic, rather than a comprehensive literature review
- Accompanied each answer with question on utility of the answer (Likert scale) and reasons for use, (e.g. educating self/students/others, program development, continuing competency, etc.).
- Invited users to generate more questions and expand answers supported by the literature

Knowledge Translation and Dissemination Strategies

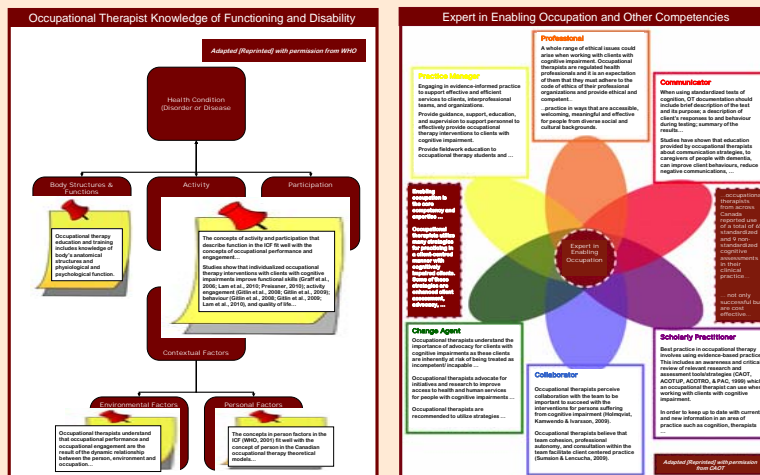
- WRHA Intranet site
- Promotion by the OTLG to all key stakeholders
- WRHA Evidenced Informed Practice Tool Intranet site
- Presentations at local rounds and CAOT conference
- Professional organization websites
- Publication submissions

STATUS REPORT

Web-based Toolkit documents introduced at WRHA Regional Occupational Therapy Rounds (February 2011); approximately 70 therapists attended in person and via telehealth

Understanding Occupational Therapy Competencies in Cognition

(excerpts from documents shown in text boxes)



31 questions generated to date and posted on WRHA Intranet site. Answers are released a few at a time to promote use of the Intranet site. Demographics of FAQ users and opinions about the FAQ are solicited via the FAQ forum and an online survey.

❗ What factors do I need to consider before assessing cognition?
 ❗ When do I use a standardized versus a non-standardized assessment?
 ❗ How do I determine which test to use?
 ❗ Can I unbundle tests (i.e. use only certain items) or modify a test? If so, which ones?
 ❗ What are the various components of an OT cognitive assessment; (what might it include...)?
 ❗ What is a top down assessment and bottom up assessment?
 ❗ How do I decide what evaluation approach to use (top down, bottom up, or both)?
 ❗ If doing a bottom up assessment, how do I decide which assessment tool(s) to use? If doing a top down assessment, how do I decide which assessment tool(s) to use?
 ❗ How do I integrate the results of a top down and bottom up assessment?
 ❗ What should I include in my documentation or communication to others about client's cognitive function?
 ❗ What are some of the challenges of OT assessment of cognition?
 ❗ When is it appropriate to use a MMSE?
 ❗ Excerpt from answer: The Mini-Mental State Examination (MMSE) (Folstein, Folstein, & McHugh, 1975) is a well known, well established, and well researched mental status screen which, if used appropriately, can contribute to the body of information about a client's cognitive status. Because of its strong research base, and because it is so well known, it is still considered by many as the "Gold Standard" of cognitive screens for both research and clinical use. As with most tests, it has its strengths and weaknesses (Tombaugh et al., 1992). Requests for an MMSE may or may not be appropriate, depending on the circumstances. As with any screen, it should not be used in isolation and other assessment findings should also be documented. A MMSE score is sometimes needed before a client will be considered for....

❗ When is it not appropriate to do a cognitive screen such as a MMSE? What do I do if I do not agree with the request for a specific test e.g. the MMSE?
 ❗ What do I do if I am concerned that the results of a test such as the MMSE do I respond to a team member request for a specific test score?
 ❗ How do I critically analyze a test?
 ❗ When should I consult with SLPs, Psychologists, Psychiatrists, Neurologists, others?
 ❗ What are the differences between delirium, depression, and dementia in terms of cognition and other changes?
 ❗ What is the relationship between depression and impaired cognition in the elderly?
 ❗ What are the effects of surgery on cognition?
 ❗ How long does it take to recover from delirium?
 ❗ What are some other causes of delirium?
 ❗ When should competence be assessed?
 ❗ Should we ask our clients to consent before doing cognitive testing? Should we inform our clients of the possible implications of the cognitive testing? Should this be documented?
 ❗ When do concerns regarding cognition have implications for driving?
 ❗ How should cognition be assessed in those with vision or hearing loss?
 ❗ How should cognition be assessed in those whose language proficiency in the dominant language of the culture is not good?
 ❗ How should cognition be assessed in those who have expressive or receptive language deficits?
 ❗ What are the most pertinent questions to ask family?
 ❗ What are the domains of cognitive function?
 ❗ As an OT, are there restrictions as to the cognitive assessments I can purchase/can be purchased for my use?

NEXT STEPS

Conduct a 2 phase study to determine:

- content validity of the document *Understanding Occupational Therapy Competencies in Cognition* with occupational therapists, (grant submitted)
- clinical utility of:
 - a) the document *Understanding Occupational Therapy Competencies in Cognition* with occupational therapists and interprofessional colleagues and
 - b) the FAQ's with occupational therapists

CONCLUSION

The creation of a web-based toolkit is expected to be a valuable resource for:

- occupational therapists to promote evidence informed practice, and;
- interprofessional colleagues to increase their understanding of Occupational Therapy competencies in cognition and utilization of occupational therapists expertise in cognitive assessments and interventions.

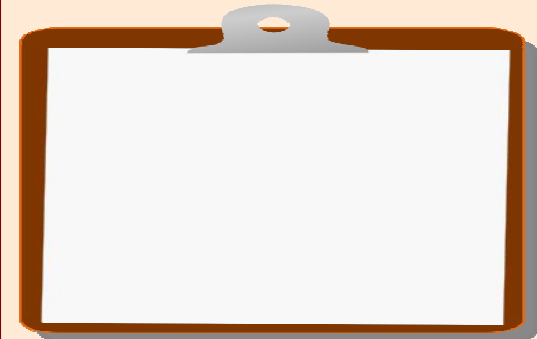
The workgroup found the ICF and Profile of Occupational Therapy Practice in Canada are complementary frameworks to help organize the current literature. The development of the toolkit took longer than anticipated; hence, results from evaluation studies are not yet available. We look forward to sharing the results of the content validity and clinical utility studies at future conferences. The development of this web-based toolkit may serve as a model for toolkits in other areas of occupational therapy practice.

REFERENCES

- Canadian Association of Occupational Therapists. (2007). *Profile of occupational therapy practice in Canada*. Ottawa, ON: CAOT.
- World Health Organization. (2001). *International classification of functioning, disability and health*. Geneva, Switzerland: WHO.

Note: References in the diagram are listed in *Understanding Occupational Therapy Competencies* document

COMMENTS/FEEDBACK



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