

# **Evaluation of a Web-Based Cognition Toolkit**

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#### Abstract

Introduction: Occupational therapists (OTs) have unique knowledge and skills in the assessment of cognition and its effect on occupational performance. Nonetheless, informal discussions with therapists suggest that OTs lack strategies to apply their expertise in the area of cognition. Furthermore, many interprofessional colleagues do not recognize OTs for their role and competency in cognitive assessments. To address these concerns, our region developed an intranet-hosted cognition toolkit. The toolkit consists of frequently asked questions (FAQs) targeted for OTs and will soon include a competency document (CD) entitled an Overview of Occupational Therapy Competencies in Cognition, targeted for interprofessional colleagues.

Objectives: To evaluate the utility of the FAQs and the content validity and usefulness of the CD.

Methods: The FAQs' utility is being determined via a qualitative survey hosted on the intranet site. A separate study is examining the content validity and usefulness of the CD using an e-survey and focus groups.

Results: Preliminary findings (n=11) suggest the FAOs are informing OTs practice. Early CD survey results (n=45) are encouraging. Respondents find it inclusive of OT competencies and useful for educating interprofessional colleagues and students, however simplification of language is required. Focus groups will further refine the CD. Conclusion: Tools that educate interprofessional colleagues and enable OTs to assert

Conclusion: Tools and utilize best practice in cognition can benefit iclients, therapists, and the profession. The cognition tookit appears to be a useful strategy to support OTs to provide best practice and increase other team members' recognition of OT's role in the area of cognition.

#### WRHA Occupational Therapy Cognition Toolkit Website



### **Frequently Asked Questions**

Purpose: The FAQ portion of the Winnipeg Regional Heath Authority (WRHA) OT Cognition web-based toolkit is to provide a place for occupational therapists to seek information about cognition that will support evidenced informed practice.

Development: Questions were identified by the WRHA OT Cognition Toolkit work group and occupational therapists at the requests of their managers, the WRHA Occupational Therapy Leadership Group (OTLG). The answers were written by work group members, based on expert opinion and an initial exploration of the literature on the topic.

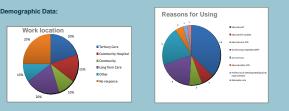


#### Frequently Asked Questions (continued)

Dissemination: The website went live on the WRHA intrate site in October 2011. Five FAQs were posted along with a list of questions. The website was promoted by the OTLG to all occupational therapists within the WRHA via email and at staff meetings. To broaden access to the FAQs, the OT Cognition Tookit website was linked to the WRHA internet site in February 2013. Awareness was again increased through a survey conducted by student OTS at the University of Manitoba, School of Medical Rehabilitation, as part of their Independent Study project. More recently, a link to the FAQs has been included in the Canadian Best Practices Recommendations for Stroke Care: Chapter 7: Mood and Countion. Email blasts are sent when new questions added.

FAQ Evaluation: Utility of the questions is collected via an online survey on the website. Each visitor to the FAQ list is invited to complete a short survey. Information gathered includes demographic data (e.g. users workplace, area of work, years of experience and reason for use) and utility data (e.g. usefulness of the answers), along with open ended questions inviting additional questions and general comments.

Results: •9 questions were posted by May/13 •4 are in the process of being completed •20 FAQ survey respondents between April 2/12 and April 30/13 FAQ website views: 172 between February/13 and April 30/13



Utility Data:	X Very Uneful	🏋 Useful	Kot Useful
1. When is it appropriate to use a MMSE?	XX	******	4
<ol> <li>When is it not appropriate to do a cognitive screen such as MMSE? What do I do if I do not agree with the request for a specific test, e.g. the MMSE?</li> </ol>	XX	******	
<ol> <li>How do I determine what type of cognitive assessment I need to use?</li> </ol>	**	*****	**
4. When should capacity be assessed?	XX	**	
<ol><li>Is it appropriate to use the MoCA for all persons with stroke regardless of the mechanism of stroke?</li></ol>		*	**
<ol><li>Is the MoCA appropriate for use throughout the continuum of stroke care?</li></ol>	X	**	
<ol><li>What are the differences between delirium, decreasion and dementia?</li></ol>	XX	tttt	*
8. Can I unbundle tests (i.e. use only certain items) or modify a test?	X		
9. What are the most pertinent questions to ask family?		東東	

General Survey Comments: This how this resource has more concrete information that can be observated there more as a the

Positive responses to the FAQs demonstrate OT interest in this component of the WRHAOT Cognition Tookkt. The primary reasons for viewing the FAQs identified by OTs were for professional education, education of others, to maintain competence in their practice areas, and curiosity with respect to what this learning tool has to offer. Ongoing utility of and interest in this resource will be highly dependent on the development and regular posting of new questions and answers. This is challenging since the majority of contributors do not have time to complete responses to the present questions. Consequently, more OTs from within and outside the WRHA are needed to sustain this initiative. A crucial "next step" in the evolution of this Tookli tirvloves seeking out additional OTs willing to prepare responses to questions. A national call for volunteers is a priority to ensure ongoing viability and relevance of this practice tool.

#### **Competency Document**

Purpose: The document An Overview of Occupational Therapy Competencies in Cognition is intended to promote the understanding of OTs 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. It was developed by the WRHAOT Cognition Web-based Toolkit Workgroup, one of a number of workgroups convened by the WRHAOT corp.

Target Audience: OTs (self-reflection), OT students (education), interprofessional colleagues, administrators, policy makers (increase understanding on OT competencies)

The Document: The document's conceptual framework is predicated upon the International Classification of Function, Disability and Health [IDET] (World Health Organization, 2001) and the Profile of Occupational Therapy in Canada (CAOT, 2007). IOF was used as one of the conceptual models for the document as it fils well with OT theoretical models such as the Canadian Model of Occupational Performance and Engagement [CMOP-E] (Polatajko, Townsend, & Craik, 2007), provides a standard language and framework for the description of health and health-related states (WHO, 2002), and is well understood by all health care professions. The Profile of Occupational Performade (CAOT, 2007) was selected as it reflects current evidence in the areas of competency and OT practice and integrates new information and models within a continuum of skills and knowledge needed by the OT workforce to meet health needs (CAOT, 2007).

Research Study: A few members of the workgroup formed a research collaborative with interprofessional colleagues to validate and refine the document.

## Study Objectives:

Survey occupational therapits to:
 Verify whether the information in the document is accurate, complete, and relevant;
 Solicit feedback regarding improvements needed to the document.

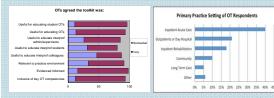
- Conduct 2 Focus Groups (OTs and interprofessional colleagues) to:
- to further validate the revised document, identify additional refinements, and discuss dissemination.

#### Methods:

 The survey consisted of 29 open and close-ended question and targeted OTs working in the WRHA and affiliated sites. It was created in SurveyMonkey and emailed to therapists between July-September 2012.

Focus Group participants were invited through the competency document survey and by emails sent to a WRHA OT distribution list.

#### Survey Findings: 62 OTs completed the survey; 77% of respondents had 6 or more years of experience as an OT in various care settings.

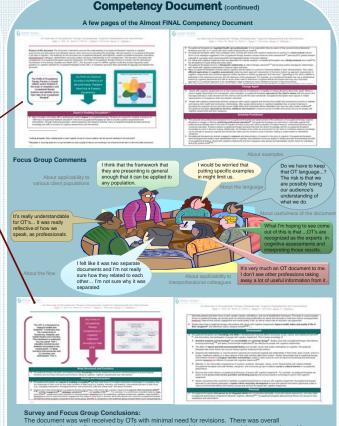


Overall, the feedback was positive. Respondents expressed some concerns and/or suggested revisions. They included:

- Language level and terminology: 34% of respondents thought the document was very easy to read; the professional-level of language and terminology may exceed some readers (non OTs) level of comprehension or interest;
- Document flow and format: the document could be simplified in format and shortened in narrative.
- Defining the OT job function: the document needed to represent the wide variety of job functions of the OT; content was biased towards cognitive impairment from Alzheimer's as opposed to the spectrum of cognitive impairments from other conditions or diseases OTs deal with
- Intended audience: document format and content may need to be changed if used for the public or other professional groups.

#### Focus Group Findings:

- 6 OTs volunteered and the focus group was held May, 2013.
   All participants felt the language in the document was easy to understand and very appropriate for OTs and OT students;
- The document format and flow still needed some revision; many participants indicated the document had the feel of two distinct sections -1 for OT information and 1 for a conceptual framework. The document did not flow as well due to this division;
- The document could be enhanced with expanded examples of: 1) conditions that affect cognition, and 2) cognition problems among all age groups, not only in older adults;
   Rather than embed practical examples of what OTs do in the document, produce
- informative case studies as companions to the document;
  It is an excellent document for OTs and should be disseminated to all practicing OTs
- It is an excellent document for O is and should be disseminated to all practicing O and OT students; the document language would need to be revised for non-OT audiences.
- The document would be very useful as reference material for groups advocating for addition of an OT on a team.



The document was well received by OTs with minimal need for revisions. There was overall appreciation for the efforts made toward the development of the document and the attention it would bring to the role of OTs. Next steps will be to host a focus group for inter-professional colleagues to obtain feedback on the document.

# Cognition Toolkit Next Steps

