

# Validation and Utility of an Occupational Therapy Cognition Competency Document

## 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 present the CD and findings from a research study to validate content and determine its usefulness for intra and interprofessional education.

**Methods:** A content validity approach was chosen and consisted of an on-line survey of OTs on the CD draft and focus groups on the revised CD with OTs, nurses and geriatricians working in one health region.

**Results:** Overall survey participants found the CD inclusive of key OT cognition competencies, relevant to OT practice, and a good tool to educate OTs and student OTs. They recommended it have less OT jargon and more relevance to inter-professional colleagues. The document was subsequently revised. Respondents in all three focus groups agreed that the language and terminology of the revised document was appropriate so long as it is to a professional group. The format and flow of the document raised some important suggestions such as the content being too dense and comprehensive. All three groups strongly agreed that a short one-page, quick fact sheet document with practical examples showcasing the valuable expertise of occupational therapists in specific healthcare settings such as stroke rehabilitation, palliative care and acute care medicine is needed. Most respondents agreed that the document was not practical but more theoretical, best suited for in-class teaching and not for the every-day-on-the-go overview that frontline staff and physicians need.

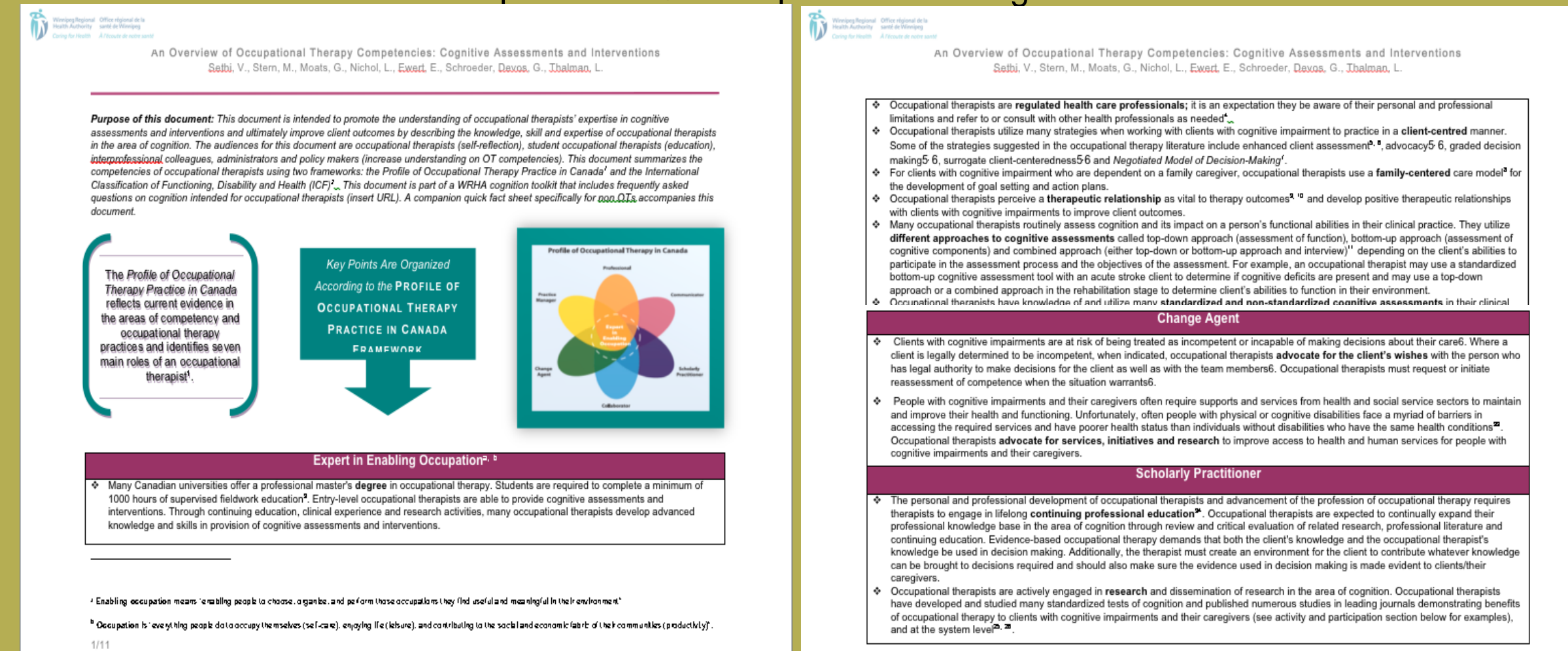
**Conclusion:** Feedback from study participants led to the valuable refinements of the CD and confirmed that this is a promising tool to enhance clinician knowledge of OT competencies in cognition. However the study shows that there is a need for further improvement in the format and content of the document in order to make it more useful for the interprofessional colleagues, especially a one page synopsis is needed. Further research will be needed to study the utility of the one-page quick fact sheet as well there will be benefit in studying the effectiveness of the CD and subsequently the one pager in increasing utilization of OT in cognitive assessments and interventions in healthcare system.

## Competency Document (Continued)

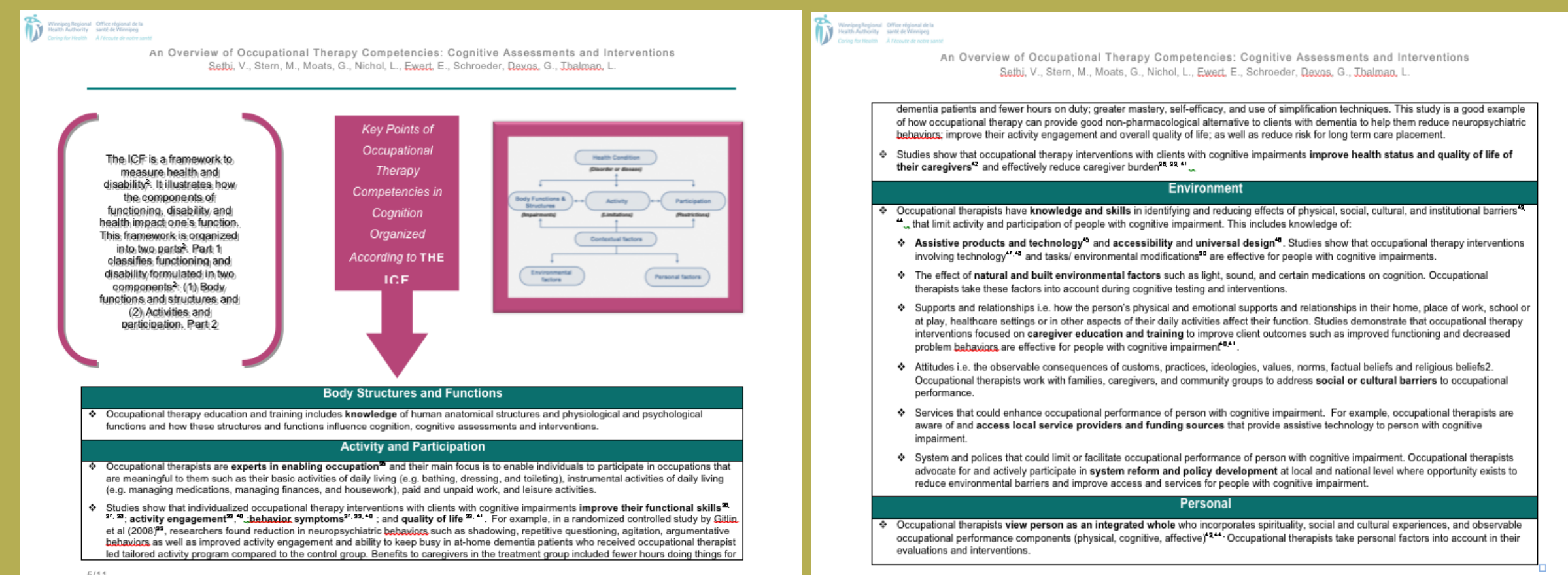
**Purpose:** The document *An Overview of Occupational Therapy Competencies in Cognition* is intended to promote the understanding of OTs expertise in cognitive assessments and interventions, and ultimately improve client outcomes by describing the knowledge, skill and expertise of occupational therapists in the area of cognition. It was developed by the *Winnipeg Regional Health Authority (WRHA) Occupational Therapy Cognition Web-based Toolkit Workgroup*, one of a number of workgroups convened by the WRHA Occupational Therapy Leadership Group.

**Target Audience:** OTs (self-reflection), OT students (education), interprofessional colleagues, administrators, policy makers

**The Document:** The document's conceptual framework is predicated upon the International Classification of Function, Disability and Health [ICF] (World Health Organization, 2001) and the Profile of Occupational Therapy in Canada (CAOT, 2007). Both the ICF and the Profile of OT Practice in Canada are used because neither document's categories sufficiently summarized key OTs competencies in cognition. However, together they provide a framework that serves to articulate the breadth and depth of the OT competencies in cognition.



A few pages of the Competency Document



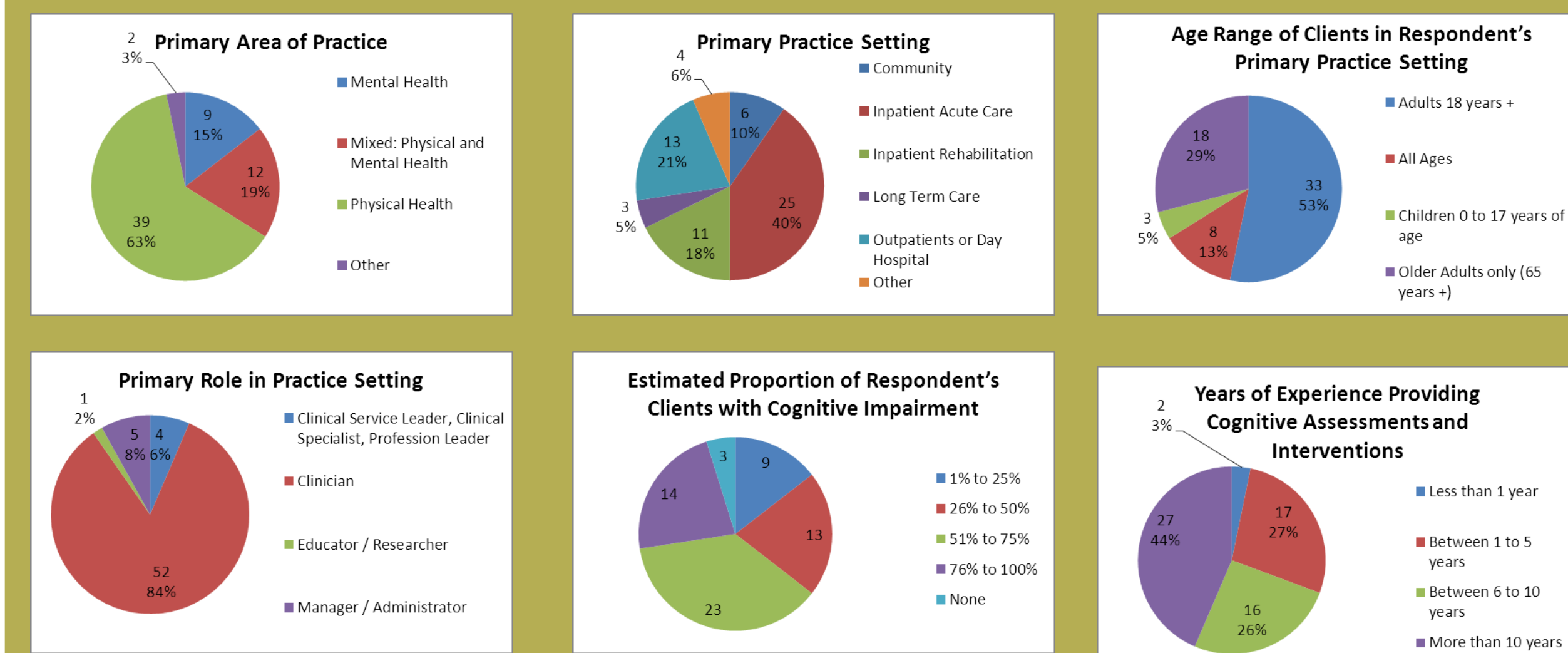
## Research Study (Continued)

### Data Analysis:

Quantitative results from the surveys were analyzed using descriptive statistics such as proportions and medians. The qualitative data from the open-ended survey questions were coded for content, grouped into categories, and organized into words. To analyze the results of the focus groups, the audiotapes sessions were transcribed into word documents. Participants were only identified by study codes in the transcripts. Similar to the content analysis of the qualitative survey data, themes from the focus groups were derived by analyzing each participant comment and categorizing the comment into a common framework of response. With the multiple focus groups, the analysis was able to identify themes that emerge both within and between groups.

## Survey Results

### Demographic summary of Survey Respondents [n=62]



### Qualitative Survey Findings

Overall survey participants found it inclusive of key OT cognition competencies, relevant to OT practice, and a good tool to educate OTs and student OTs.

**Four themes** emerged from feedback provided by respondents who indicated the CD needed improvement. They are:

#### Language levels and terminology

The language levels and terminology was found to be too technical for the reader, particularly for non OT audiences. Comments included, "Other professions do not understand our terminology...." "I feel the language is not general enough to share amongst inter-professional colleagues." "Use 'lay' language instead of referring to highly specialized theoretical models etc."

#### Document Format and Flow

Many comments indicated the compartments of information and the order of presentation may be improved by adopting a more simplistic format with less narration. Comments included, "I found the document to be very busy and quite wordy." "The first page is very busy, and the ICF portion is not clear at all." "I found the heading a bit difficult to follow." "Small print...."

#### Occupational Therapy Job Function

Some felt the document focused on dementia related changes in cognition only and a wider range of neurological conditions need to be considered. Comments included, "...greater reference to cognitive assessments and interventions for patient populations other than dementia and mental health issues. Consider various neurological dysfunction areas."

Some respondents felt the document was too focused on older adults rather than all ages in general, while other comments suggested the content was too generalized. Comments included "...emphasis on older adults...assessment used is not always the best for younger clients..."; "Very generalized and does not provide knowledge relevant to clinical skills."

Several respondents felt specific examples of what occupational therapists do would be helpful. Comments included, "It doesn't come right out and say exactly what OTs do- I think that is what other professions struggle with the most- they know who we are but don't know what kinds of things we can actually do and therefore don't refer to us appropriately at times." "Perhaps, it would be beneficial to highlight what we do different and how this adds to the interdisciplinary team's assessment and treatment of an individual..."

#### Intended audience

Throughout the survey, several respondents commented that the target audience was not clear and suggested streamlining or altering the document to avoid any misunderstanding. Comments included, "It's not clear who your intended audience is. New OTs? Other health care providers? Management?..." "If this document is intended for an audience of clinicians then it should focus more on practice vs. theory."

CD was subsequently revised based on the above feedback and 3 focus groups held

## Combined Recommendations from Focus Groups – Key Points

**Key Points:**

- A short one-page, quick fact sheet document with practical examples showcasing the expertise of occupational therapists in specific healthcare settings such as stroke rehabilitation, palliative care and acute care medicine is needed.
- language and terminology is appropriate so long as it is to a professional group
- Nurse: would use the document to "open up dialogue" with colleagues and team members
- Nurses: probably is more useful for nursing students as experienced nurses know what occupational therapists do.
- Managers, patient care unit coordinators, policy makers, and senior administrators should be the targeted audience for the dissemination of the document
- Physicians: Would not use the document due to the length of the document, depth of the information, and varying attitude of physicians about occupational therapy.
- format and flow needs improvement - content being too dense and comprehensive

## Physician and Nurses Focus Group Questions

- Question 1:** Do you think the language and terminology in the document is hard to follow? If yes, then why and what needs to improve.
- Question 2:** Do you think the format and flow of the document is good and makes the document an easy or easier read? If no, then why and what needs to change/improve?
- Question 3:** From your perspective, is this a useful educational tool for physicians/nurses to enhance their knowledge about occupational therapy competencies in cognition? If not, why and what needs to change?
- Question 4:** Do you think that the document provides good examples and enough examples of what OTs do? If no, then why and what needs to improve?
- Question 5:** Would you use this document in your professional activities? If no, why and if yes, how would you potentially use this document in your professional activities? (e.g., refer to it prior to referrals)
- Question 6:** We are beginning a dissemination plan for the document. Do you have any suggestions on who we should target in our dissemination? Do you have any suggestions on how we should disseminate it?
- Question 7:** Do you have anything else you would like to say about the document?

## Study Conclusion

- Feedback from study participants led to valuable refinements of the CD. However, further changes to the CD format and content are still needed to make it more useful for interprofessional colleagues.
- Study confirmed this is a promising tool to enhance clinician knowledge of OT competencies in cognition.
- A short one-page, quick fact sheet document with practical examples showcasing the expertise of OTs in practice areas such as stroke rehab, palliative care and acute care medicine is recommended.
- Further research will be needed to study the utility of a quick fact sheet and competency document in increasing utilization of OT in cognitive assessments and interventions.

## Study Limitations

- Convenience sampling was used, which carries a significant risk of bias and is the weakest form of sampling (Polit & Beck, 2013).
- The study may not be generalizable to other geographic locations as participants were from one health region.
- Results of the focus groups are not representative of all clinical disciplines, for example, administrators, other allied health disciplines, or general practice physicians.

## Reference List

Available upon request:  
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## Competency Document

### Background:

As the quality of life of individuals with cognitive impairment declines (Nys et al, 2006), caregivers burden increases (Germain et al, 2009, Shankar et al 2014), and the financial consequences on the health care system can be significant (Vossius et al 2011, Smetanin et al, 2011). Occupational therapists have knowledge and skills in administering cognitive assessments and providing interventions which are beneficial to the individuals with cognitive impairment, their caregivers, and to the health care system.

In a study by Douglas, Liu, Warren, & Hopper (2007), occupational therapists from across Canada reported use of total of 65 standardized and 9 non-standardized cognitive assessments in their clinical practice with older adults. Studies also show individualized occupational therapy interventions with individuals with cognitive impairments improve their functional skills (Graff et al., 2006; Lam et al., 2010; Preissner, 2010); activity engagement (Gitlin et al., 2008; Gitlin et al., 2009); behaviour symptoms (Gitlin et al., 2008; Gitlin et al., 2009; Lam et al., 2010), and quality of life (Dooley & Hinojosa, 2004; Gitlin et al., 2008). Research shows that occupational therapy interventions with individuals with cognitive impairments improves the health status and quality of life of their caregivers (Graff et al., 2007) and effectively reduce caregiver burden (Dooley & Hinojosa, 2004; Gitlin et al., 2008; Graff, et al., 2006). Research also demonstrates that occupational therapy interventions with clients with cognitive impairments are cost effective (Gitlin, Hodgson, Jutkowitz, & Pizzi, 2010; Graff et al., 2008).

Despite the demonstrated skill set and benefits of occupational therapy at the individual and system level, occupational therapy remains underutilized in health care settings (Buchanan, Wang, Martin, & Ju, 2006; Pottebaum & Svinarich, 2005). To improve utilization of occupational therapy services, the Canadian Association of Occupational Therapists advocate for collaborative interdisciplinary healthcare (Von Zweck, 2009). The benefit of interprofessional collaborations is improved patient outcomes (Allen et al, 2002; Bauer et al., 2006; Chew – Graham, 2007; Schraeder, Shelton, & Sager, 2001), enhanced patient satisfaction (Bauer et al., 2006; Boulton et al., 2008; Counsell et al., 2007; Krein et al., 2004), and more effective utilization of resources (Inglis et al., 2006; Krein et al., 2004; Walders et al., 2006).

Although there are many benefits to interprofessional collaboration, there are significant barriers preventing collaboration. Among these are that professionals may have limited knowledge and understanding of the roles and responsibilities of other professions (Mu et al., 2003). A study by Halkett, Ciccarelli, Keesing, & Aoun (2010) showed interprofessional team members lacked knowledge of the role of occupational therapy despite working in interdisciplinary team model and as a result did not refer patients to them.

## Research Study

### Objectives:

The objectives of this research study were 1) To verify whether the information in the competency document was accurate, complete, and relevant; 2) To solicit feedback from occupational therapists regarding improvements needed to make the document more accurate, complete, and relevant; 3) To develop a valid educational tool for inter-professional colleagues to enhance their knowledge about occupational therapy competencies in cognition.

### Methods:

A content validity approach to examine the competency documents' content was chosen. Approval of the study was provided through the Office of Research Ethics at the University of Manitoba.

### Survey Design and Sample

To initially receive feedback on the content and relevance of the competency document (CD), a combination of open ended and closed ended survey questions were developed by the researchers using an inductive approach and administered through an online tool, Survey Monkey between July and September 2012. Researchers used convenience sampling and included only OTs employed by one particular Canadian health region and its affiliated programs.

### Focus Group Design and Sample

Once the survey was completed and analyzed, revisions were made to the CD based on the feedback received. Three separate focus groups were held with OTs, nurses and geriatricians working in the health region where the survey was conducted. Similar to the survey design, researchers used convenience sampling. Open ended questions were developed for the focus group by the researchers using an inductive approach and were guided by the areas identified in the surveys that were unclear or questioned. The focus group sessions were audio taped to allow for analysis of the discussions. The sessions were held in May, August and September, 2013.