

Ad Hoc Committee: Create Better Linkages between Education, Research and Practice

(Stephen B. Kern & Jaime Muñoz)

Charge #2: Recommend ways in which to connect universities and practitioners

| Source | Goals for University-Practitioner Linkages | Conceptual Structure for University-Practitioner Linkages | Strategies For Linkages | Barriers to Overcome |
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| Apte et al., (2005) OTHC | <u>Goal:</u> To understand the perspectives of therapists and clients and to determine how closely the perceptions of the therapists matched that of their clients. | Using a participatory research process through therapist and clients providing data for the study and participating in its analysis. | <ul style="list-style-type: none"> • Involve practitioners in the research process | <ul style="list-style-type: none"> • little to no research has examined how therapists use and perceive certain assessments (such as OPHI-II) • little to no research has examined clients' perceptions and perceptions and experiences of participating in certain assessments (such as OPHI-II) |
| Bailey (2007) AJOT | <u>Goal:</u> Integrate EBP into practitioner's daily work routine | <ol style="list-style-type: none"> 1. write challenging case 2. list therapist/client goals 3. select theoretical model 4. develop PICO questions 5. search literature 6. make comparative matrix 7 generate plan 8. script/role play interaction | <ul style="list-style-type: none"> • Adaptation of 8 steps of EBP course structure for clinicians • Practitioners develop PICO questions • Track intervention outcomes • Ensure in-service education on EBP • Make EBP part of ongoing staff mtgs. • Create study groups; share searching analyzing evidence; AOTA listserves | <ul style="list-style-type: none"> • technology and internet access • access to databases • time |
| Corcoran (2006) AJOT | <u>Goal:</u> Of AJOT is "developing the clinical scholarship of the profession" (p. 487). | <p>Dissemination gets knowledge out there</p> <p>Translation addresses underutilization of the knowledge</p> | <ul style="list-style-type: none"> • EBP as topic of AJOT editorial space for clinician & researcher audiences • Assess which topics are being consistently sought in EB databases • Define practical, clinician friendly mechanisms for knowledge translation • NCDDR approach: develop "communities of practice" (p. 488); approach may be modified within SIS structure | <ul style="list-style-type: none"> • lack of translation of knowledge; the utilization of research findings • emphasis on dissemination while overlooking translation • developing clinicians' identities as scholars |

| Source | Goals for University-Practitioner Linkages | Conceptual Structure for University-Practitioner Linkages | Strategies For Linkages | Barriers to Overcome |
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| <p>Craik, & Rappolt, (2006) AJOT</p> | <p><u>Goal:</u> Study to understand how therapist’s developed capacity to use research evidence in their practice</p> | <p>Educationally Influential</p> <ul style="list-style-type: none"> • expertise and currency of knowledge • good people skills • humanitarianism • worked in well-resourced research oriented environments | <ul style="list-style-type: none"> • sufficient resources to access and critique research evidence • effective CE opportunities • integrate competency into professional development plan/requirements (p.159) • participate in research production • mentor students • provide clinical-research mentors | <ul style="list-style-type: none"> • library and computer access • need for supportive management policies • formal training in critical evaluation skills |
| <p>Crist et al., (2005a) OTHC</p> | <p><u>Goal:</u> “demonstrate a valuable, productive engagement between faculty and practitioners” (p.209)</p> | <p>“Faculty-practitioner collaborations can promote the implementation of a viable, systematic evaluation process when implemented as soon as possible in the practice setting.” (p.194)</p> | <ul style="list-style-type: none"> • develop academic-practice partnerships • provide evidence to support the role of occupational therapy in different settings • use systematic approaches to collect data • academia collaborate with practice sites of data collection methods to prove outcomes | <ul style="list-style-type: none"> • “in practice, service provision is expected to be implemented immediately, seldom allowing time for the practitioner to consider evaluation as anything other than a measure of individual abilities or inabilities for intervention planning” (p.196) |
| <p>Crist et al., (2005b) OTHC</p> | <p><u>Goal:</u> “to develop new partnerships ... to support mutual interests in teaching, research & service focusing on ... best practices” (p.72)</p> | <p>“Faculty-practitioner partnerships that address mutually established, practice-relevant priorities have potential to bridge academy and practice.” (p.71)</p> | <ul style="list-style-type: none"> • establish community partnerships • develop a curriculum that allows students to see the use of occupation-based practice • provide professional development consultations and collaborative activities b/w faculty and practitioners | <ul style="list-style-type: none"> • lack of OTs already engaged in community-based practice • limited funding • flexibility of university |
| <p>Forsyth, K., Duncan, E. A. S, & Summerfield-Mann, L. (2005a). Scholarship of practice in the United Kingdom: An occupational therapy service case study. <i>OTHC 19</i>, 1-2,</p> | <p>Describes an approach to meeting EBP expectations in OT by linking an outcomes research & education center with a clinical practice site to build a scholarship of practice.</p> <ul style="list-style-type: none"> • How to best introduce research into practice • How to contribute research that would | <p>Partnership developed between UKCORE & a State Hospital – Mental Health Service.</p> <p>UKCORE focus is to develop theory driven, EBP through collaborative partnership of academics & clinicians</p> <p>Practitioners generate evidence for practice by informing researchers of needed research topics</p> | <ul style="list-style-type: none"> • Understanding stakeholders perspectives and building a research infrastructure. • Ongoing dialogue between stakeholders was needed (strategic planning, managerial structures [ie. Job descriptions, EBP Assessment Protocols, supervision structures & leadership], and EBP development groups) | <p>Environmental supports at all levels of the organizations</p> |

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| 17-30 | have a positive impact on everyday practice & experiences of clinicians | | | |
| <p>Forsyth, K., Melton, J., & Summerfield-Mann, L. (2005b). Achieving evidence-based practice: A process of continuing education through practitioner-academic partnership. <i>Occupational Therapy in Health Care, 19</i>, 1-2, 211-228.</p> | <p>Goal: Develop an educational strategy to embed EBP into clinical life.</p> <p>Result: An educational program focused on improving knowledge of EBP and how to make EBP changes “within the realities of clinical life” (p. 226)</p> | <p>Linked clinicians serving offenders with mental health disorders and (Academics) UKCORE.</p> <p>Action Research Methodology to identify problems, develop action/implementation plans, measure outcomes, and dissemination of those outcomes.</p> | <ul style="list-style-type: none"> • Develop an EBP training program within the organization that responded to therapists’ perceived needs. • Understand the situation in order to create graded, specific educational experiences that reflected local needs (p.214) • Collaboratively develop the content & structure of the educational program to support putting new knowledge into practice, and access to training. • GPT & UKCORE identified OT trainers • UKCORE trained & supported “local” OT trainers • Design & implementation of outcomes measures | <ul style="list-style-type: none"> • Therapists identified local barriers/challenges to EBP. • Using new knowledge in practice • Overwhelmingly large amount of info previously presented. • Ineffectiveness of former didactic EBP teaching style used. |
| <p>Forsyth et al., (2005c) BJOT</p> | <p>Goal: bridge the academic-practice gap (p. 261)</p> | <p>UKCORE</p> <ul style="list-style-type: none"> • Bring together researchers, practitioners and consumers to develop and test best practice models and interventions | <ul style="list-style-type: none"> • engage practitioners in the production of research • develop strategic alliances between academia and practitioners • find common ground where academics need for producing research coincide with practitioners need to understand and use research findings • Use PAR approaches to support academic, practitioner, consumer collaboration • Educate practitioners capable of EBP • Use PBL and case method to develop skills for EBP and critique of theory & research • Develop more clinical fieldwork sites that include research apprenticeship | <ul style="list-style-type: none"> • workload pressure of practitioners • lack of “protected” time for research • lack of clinical researcher role models • negative attitudes of practitioners relative to usefulness of research • lack of strategic alliances between practitioners and academia • administrative and organizational infrastructure in clinical sites may not support academic-practice partnerships |

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| | | | <ul style="list-style-type: none"> • Develop practice scholar CE courses • Ensure curricula provide opportunities for students to “do scholarship” (p. 284) • | |
| Frontera et al., (2006) AJOT | | | | |
| Kielhofner (2005a) AJOT | | | | |
| Kielhofner (2005b) OTHC | <p><u>Goal:</u> Generating knowledge is to improve practice (p. 9)</p> <p>Components</p> <ul style="list-style-type: none"> • “identify problems/needs OT’s can address • develop assessment measures of outcomes • illuminate therapeutic process • test therapeutic strategies/programs • investigate OT contribution to interdisciplinary programs” | <p>Participatory Action Research</p> <ul style="list-style-type: none"> • investigate/act on local problems <p>Empowerment Evaluation</p> <ul style="list-style-type: none"> • cyclical process of evaluate, educate & action to enhance service • emphasis on capacity building • academic as facilitator <p>Knowledge-Generating Systems</p> <ul style="list-style-type: none"> • community of researchers & practitioners creating capacity, tools, practice innovations and knowledge | <ul style="list-style-type: none"> • investigate/act on local problems • maximize involvement of stakeholders (academic departments, faculty, health care institutions, practitioners) • collaborate on development/testing of OT service • create a shared vision of outcomes • create community within stakeholders • practitioners who use the knowledge should generate and refine it | |
| Peterson et al., (2005) OTHC | <p><u>Goal:</u> Generating knowledge “should arise out of dialogue and collaboration between scholars and practitioners” (p. 31).</p> | <p>Adaptation of training methods</p> <ul style="list-style-type: none"> • Exposure: find right method to communicate knowledge to audience • Experience: improve awareness and attitudes towards “new knowledge” • Expertise: increase competence to use knowledge | <ul style="list-style-type: none"> • Practitioner friendly web-site, conferences, OT Practice, videos • Provide mentorship, role-models • Make experts available, seek funding for this expertise • Organizational change that supports development, supervision, integration of research | <ul style="list-style-type: none"> • |

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| | | <ul style="list-style-type: none"> • Embedding: increase utilization of knowledge over time | | |
| Rose et al., (2005) OTHC | Goal: Description of an interagency collaboration in provision of a campus transition living program for young adult with developmental disabilities. | Life Skills Experience Program consists of a consortium of representatives from universities, community agencies, school districts, and parent groups with a variety of funding support (federal, state, & private) | | |
| Stern (2005) OTHC | | | | |
| Stube (2005) OTHC | Goal: Description of a scholarly project requirement for a master's degree in occupational therapy. The project is "grounded in the literature instilled with principles of scholarship, and guided by the clinical expertise of practitioners" (p. 130) | <p>"A collaborative investigation of a relevant professional topic and production of a scholarly report with approval of the faculty advisor"</p> <p>4 Phases:</p> <ul style="list-style-type: none"> • The idea identification • Development of the idea • Scholarly Project Product • Product Implementation | <p>In each phase, linkages are required between either the student and the faculty advisor, or the student and the clinical site where the product will be implemented.</p> <p>Key elements contributing to a successful outcome include:</p> <ul style="list-style-type: none"> • A prior working relationship & open communication; • Topic of mutual interest to all collaborators; • Commitment toward a professional goal; • Willingness to work collaboratively; • Recognition of each others strengths; • Appreciation of new learning; <p>Ability to take action on new discoveries in an EB manner.</p> | The product implementation is a plan and does not guarantee change in practice based on the evidence used in the project. It is a "tool for promoting the appropriate use of an effective intervention, and a method for development of future collaborative scholarship within the profession" (p. 132) |
| Suarez-Balcazar et al., (2005a) OTHC | Goal: Develop strong community university partnerships as a critical foundation for scholarship of practice | Approach grounded in PAR and Scholarship of Practice models | <ul style="list-style-type: none"> • Community practicum for students over 2 semesters | |
| Suarez-Balcazar et al., (2005b) OTHC | Goal: Using a PAR as it "incorporates the integration of community-based | Integrate community occupational therapy scholarship and practice through participatory research. | <ul style="list-style-type: none"> • actively involving participants in the research process to impact scholarship and practice • using the "concerns report" method as a | <ul style="list-style-type: none"> • there is not one consistent set of methodological strategies under PR • only few studies in OT have taken a participatory action approach |

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| | practice, the needs of urban communities, and how scholarship can inform practice and practice can inform scholarship” (p.147) | | <p>PAR approach to produce research evidence impacting programs/services</p> <ul style="list-style-type: none"> • allow participants to formulate their service needs and identify ideas for improvement and action strategies • develop an interdisciplinary and multiethnic partnership | |
| Sudsawad, (2005) AJOT | <u>Goal:</u> Present a model researchers can use to translate research for use by practitioners | <p>Diffusions of Innovations Theory</p> <ul style="list-style-type: none"> • Relative advantage – is it a better idea? • Compatibility – is it consistent with what is known/valued? • Complexity – is it easy to understand? • Trialability – can I try it out easily? • Observability – can others see what I do? | <ul style="list-style-type: none"> • Require researcher publications to communicate clinical significance of results • Build practitioner skills for interpreting research findings • Consider “social validity” of research: are interventions what society needs? Are they acceptable and affordable? Are outcomes acceptable? • Base research inquiry on critical practice dilemmas • Involve consumers and practitioners in process of defining research questions, interventions and critical outcomes • Use outcome measures in research that have direct link to real world • Emphasize clinical significance as much as statistical significance • Use AOTA listserves to elicit research questions relative to practice | <ul style="list-style-type: none"> • Researchers not addressing clinically meaningful questions • Comm. of results not always practical • Clinicians and consumers not routinely involves in defining acceptable interventions or critical outcomes |
| Swenson Miller et al (2005) OTHC | <p>Description of a partnership between academicians, master clinicians, OT students, and community agencies that can result in :</p> <ul style="list-style-type: none"> • Expanding OT services to facilities that have not historically interacted with OT ; | <p>Phase One- Start Up</p> <ul style="list-style-type: none"> • Site identification • Needs Assessment • Program Design • Program Implementation • Program Evaluation <p>Phase Two – Semi-Permanent</p> <ul style="list-style-type: none"> • Contractual Arrangement with the University linking agency, clinicians, an dOT students | <ul style="list-style-type: none"> • Determining potential target agencies/populations • Expanding OT services to facilities that have not historically interacted with OT • OT Student training • Promoting employment for OT in community agencies • Scholarship of practice that studies and supports the development of occupation based practices in community settings | Once agencies have been identified and contracts have been established, the university must guarantee clinicians and students |

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| | <ul style="list-style-type: none"> • Student training; • Promoting employment for OT in community agencies, and ; • Scholarship of practice that studies and supports the development of occupation based practices in community settings | <p>Phase Three – Permanent</p> <ul style="list-style-type: none"> • Agency decides to create a full time OT position to provide services. | | |
| <p>Taylor et al., (2005) OTHC</p> | <p><u>Goal:</u> “to better understand the kinds of problems and needs addressed by occupational therapy and the ways in which educators, theorists, researchers, and practitioners can most effectively address them.” (p.120)</p> | <p>Linking theory, research, and practice into a vision of scholarship. Integrating scholarship, education and service.</p> | <p>Approach to Scholarship</p> <ul style="list-style-type: none"> • generate new knowledge from research • faculty scholarship in “clarifying occupational strengths and challenges of certain populations, identifying service needs, testing theory from models of practice, creating and refining assessments and intervention strategies, examining influence of culture, economics, policy and others, and determining how to best achieve positive outcomes of therapy” (p.111) <p>Approach to Education</p> <ul style="list-style-type: none"> • have students actively engage in the scholarly process that examines and develops knowledge and tools for practice (p.111) <p>Approach to Service</p> <ul style="list-style-type: none"> • faculty member identifies settings/populations that are target of one’s service efforts • faculty makes efforts to create and test interventions with site/population • service on the agency board, consulting the agency, developing collaborative relationships with the agency (p.112) | <ul style="list-style-type: none"> • disturbing gap b/w increasing number of theoretical concepts and the extent to which these concepts are actually applied • inconsistency b/w the kinds of research studies and the actual questions that practitioners see as relevant • implementing the Scholarship of Practice is challenging, requiring large amount of thought and planning to organize needed resources • also requires strong investment by individual faculty members |

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| <p>Creating a Sustainable Environment for EBP. (CASE for EBP) Swenson-Miller, Toth-Cohen, Kern, and Burke.</p> | <p>Proposed to design, implement and evaluate a pragmatic model of EBP for inclusion <i>into the daily practice</i> of occupational and physical therapists. It will be designed to address the current barriers to the use of EBP.</p> <p>The purpose of CASE for EBP is to train practitioners in EBP processes in ways that address their values, knowledge, skill needs as well as ways to shape their work environments to support the use of evidence on a daily basis.</p> <p>Unlike other EBP training programs, this project will initially work with therapists <i>in their practice environment</i> in order to develop a pragmatic approach to EBP for practitioners.</p> | <p>Using PAR methodology</p> <p>Develop, implement and evaluate a pragmatic model of putting EBP into the practice patterns of therapists in three practice settings. These settings employ at least 150 OTs & PTs.</p> <p>Using an innovative curriculum, train 60 practicing occupational and physical therapists in the value of EBP and in the knowledge, skill, and confidence to implement EBP into their practice settings.</p> <p>Train 20 occupational therapy and physical therapy graduate students in the use of PAR, and, as part of the ‘linkage agent’ teams, to implement EBP processes into three practice settings.</p> | <p>Driven by Diffusion of Innovation theory Action orientation:</p> <ul style="list-style-type: none"> • Focus groups to identify environmental supports and barriers at each clinical site. • Generate and implement solutions • Measure outcomes and refine solutions • Clinician empowerment • Opportunities for assessing system culture and use of evidence in decision making • OT and PT student training in EBP and PAR methodology. • Interdisciplinary project (OT/PT faculty, clinicians, and students). | <p>This grant was funded and within the first year the funding for this and all other HRSA grants was repealed.</p> |
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