SPEAKER:
(MUSIC PLAYS)

MATT BRANDENBURG:
You're listening to everyday evidence presented by the American Occupational Therapy Association, helping the Occupational Therapy practitioner apply evidence to practice. He is your host, Matt Brandenburg. Alright. Today I am joined by Hannah Oldenburg and Jennifer Bergström, the founders of the Journal of Acute Care Occupational Therapy. Hannah, you currently serve as the editor in chief and Jennifer as the senior editor on the editorial board. Thank you both so much for being on the show today.

HANNAH OLDENBURG:
Thank you for having us. We're excited to be here.

JENNIFER BERGSTROM:
Yeah. Thank you, Matt. We're honored to be on.

MATT BRANDENBURG:
Absolutely. I've been looking forward to this conversation, and I would like to ask you both to just kind of give us a quick introduction to what OTs do and acute care and kind of why that work is so important.

HANNAH OLDENBURG:
OTs and acute care are really the second line of defense. We say, you know, our patients are in for medical reasons. But OTs are the second line that really help, really bring function back to someone's life that really has had an unfortunate, unpredictable event or exacerbation from a chronic disease. And we're here to help kind of bring that engagement and occupation again, but also, more importantly, help our patients transfer out of the patient and transition back to where home is or more rehab or really what those next steps are after the hospital.

MATT BRANDENBURG:
I love that. I love that focus on ADLs and what's meaningful to the patient, and also, getting them back in their preferred environment out of the hospital, like you said, Hannah. What led you both to pursue a career in acute care OT practice? This is for you both Hannah and Jennifer.

JENNIFER BERGSTROM:
I kind of started out thinking I might be in hand therapy or do something completely different. And I had a couple of jobs as a certified nursing assistant and in geriatrics and just really always enjoyed the medical side and thought maybe I would want to work in a hospital someday. As luck would have it, my first job out of OT school was in a hospital in acute care, and I just really latched on and loved all the variety that you see in acute care. I'm in a fairly large institution. And so, we have rotations in a lot of different areas, including, you know, trauma, medical surge, neurological, all those areas. And I always tell my friends and family that every day is such an adventure, and I really mean that like in the best sense that there's so much variety. I love the pace, and I think, it really keeps things interesting, keeps me on my toes, keeps me problem solving and thinking critically. And I also just really enjoy getting to be like a piece of someone else's puzzle. And you know, people who are in the hospital with a critical illness kind of have a complicated puzzle that they're looking at.

And I like that we get to help provide some solutions and kind of be a piece of that puzzle to help them regain function and get back to their life.

MATT BRANDENBURG:
Yeah, absolutely. That's a beautiful metaphor to look at a person's journey and with that lens. Hannah, how about for you? Was your journey to acute care practice pretty similar or what kind of motivated you to practice in this area?

HANNAH OLDENBURG:
Yeah, great question. And I, so Jen and I always talk about, you can never be bored in acute care. So, I think, our personalities resonate with it is truly an adventure every day that we're there. But mine really started in my undergrad. I was placed for an exercise physiology internship at a heart center in a city and I didn't know anything about OT. I just knew about exercise physiology. And I remember, I showed up and they were introducing me to people at the site and like more than half of them were occupational therapists. And I'm like, "Oh, like, what do you guys do?" And it was really fun to see them in such a unique niche in cardiac rehab that was both inpatient and outpatient. And I remember, a couple of the OTs had me come bedside to some patients that had just had major heart surgery, whether it was a valve replacement or maybe a cabbage. And I was just like, "This is what I want to do. I want to be their their day one, I want to get them up. I want to be part of this team that is all working for this patient's goals." And I just was very intrigued with that medical piece that I can bring in function, but we can also work with all these very complex team players here.

So, that kind of sparked me to say, "OK, I think, I'm going to look into this OT thing." And started looking at schools and then went on to graduate school. And then I remember meeting with my fieldwork coordinator and saying, "Yeah, I really want to try to do a placement in acute care, anywhere in acute care, I just, I think, that's where I want to be." And that was one of my placements and it just kind of threw me right in. And then that was my first job. I just loved it.

MATT BRANDENBURG:
That is wonderful. I think, acute care practice can be intimidating and the thought of working with patients who are medically complex can can be intimidating to a lot of practitioners and students. And thank you for sharing kind of your journeys and providing us a snapshot of kind of what acute care OT practice can look like. What inspired you to take the next steps to found the Journal of Acute Care OT?

HANNAH OLDENBURG:
Yes, this is a story we both love sharing. We ourselves, as we started our careers at a large medical institution that really put emphasis on not only practice, but research and education. And it's been very instilled in the practice of OTs at this institution. But Jen and I were on a couple research projects together, and one in particular with a group of PTs and OTs, we were working collaboratively and you know, we were ready to disseminate this knowledge on some cardiac patients we had been working with. And we were able to get published in the Journal of PT, or it was for cardiovascular elements. And we were talking and we're like, "Man, there were so much good OT info in this article." And where's OT in acute care? And we were kind of benchmarking with other journals and we just weren't finding this niche for OT that was really called out in some of the journals in 2017, 2018 timeframe. And so, Jen and I just went on this mission of let's benchmark, let's look maybe we should try it.

Let's talk to some other grassroot journals. And we had a few other OTs that were really good at technology for running websites. And you know, we had benchmarked with other OTs, maybe interested in what this journal may look like. And we're like, "We're doing it. We're going to launch from ground up grassroots." And so, it kind of was inspired on just there was no access for really to disseminate acute care evidence very clearly.

JENNIFER BERGSTROM:
And I think, too, being clinicians and doing research while being a clinician, making some mistakes and learning along the way made us really sensitive to some of the issues that acute care clinicians might face when they're trying to do research or participate in research. It can kind of be a challenging, lonely road. You know, we're doing this research project during our lunch. We're doing it after work. We're trying to fit it in in different ways. And I think, a solution, Hanna and I came up with was to create this app platform for research, but also, to kind of have and hold space for acute care practitioners to dip their toes in and work with us and engage with, you know, with other people's work, but also, to kind of take that step in being more involved in acute care research as well.

MATT BRANDENBURG:
And I love that. That's amazing that you identified this gap through your own experience working in acute care and saw a need and took the risk and the initiative on your own to really create something that can benefit the practice of yourselves, the organization you work within. And now so many other people who look into the Journal of Acute Care OT. Could you give us kind of the abstract for the Journal of Acute Care OT? What is really your mission and goals?

JENNIFER BERGSTROM:
Journal of Acute Care Occupational Therapy is a peer reviewed twice yearly, open access publication that's solely based on the Internet, we're online. And we, our mission is to provide a platform for evidence related to occupational therapy in acute care. And we have the goal to promote occupational therapy's role, scope and value in acute care, and really provide our audience with timely, relevant and sound evidence that highlights occupational therapy's unique contributions.

MATT BRANDENBURG:
I love that. Hannah, was there anything you wanted to add there?

HANNAH OLDENBURG:
Nope, I fully support it. That is really our mission is to have a platform for practitioners, educators, students, as well as other stakeholders that we work with in acute care, PTs, speech administrators, other educators that teach acute care content. So, we're trying to really hit that education practice and of course, kind of leadership element too.

MATT BRANDENBURG:
Yeah. Yeah. You mentioned those kind of three main focuses of the mission and goals. How did you really develop your content strategy to emphasize practice, leadership, and education?

HANNAH OLDENBURG:
I think, for Jen and I, both being where we were practicing at the time, as well as our past experiences and education is, it was always kind of a three pronged approach to where OT can be and and can go. And it really fell into the three buckets of practice, leadership, and education. And again, in benchmarking with other journals, we had seen, you know, different types of manuscripts, but we thought, man, OT, we're seeing in our practice, OTs push the envelope and go into areas within our scope that are in practice, of course, but also, in leadership and other unique roles. And then in education, whether it's in clinical education or, you know, having some practitioners that are half in the classroom doing didactic and half in the field. So, we just really felt we had to bring this three prong approach because there's just so many unique niches in acute care that OTs are advancing that we need to hear about beyond just the direct patient care population, but also, mentorship programs or new training and orientation or field work models that are really all occurring in acute care across the United States.

MATT BRANDENBURG:
I love that. And it really sounds like these three prongs promote dissemination of evidence-based practice and interventions, but also, ways to increase, you know, the scope of an OT working in this field and to learn about new programs and opportunities that they could, you know, potentially incorporate into what they do. What would you say are some of, you know, the recent developments or trends in acute care occupational therapy research? What have you been observing and how do you kind of see these newer developments or research interests shaping the field moving forward?

JENNIFER BERGSTROM:
Well, we're really excited to see a nice bounce back of submissions and kind of research activity following COVID. We had a little bit of a lull there and we're really excited to see people getting back into research activities and quality improvement. And we're seeing, really we're seeing acute care practitioners who are excited to get more involved in research. Now, more than ever, people are are hungry to read research, they're hungry to participate in research. We're seeing a lot of submissions in the critical care arena related to delirium or early mobility and activity and education and leadership related to being in the ICU and critical care environment. And we're really excited to see OT embracing that environment and coming forward with innovation and new ideas and how to serve patients in those environments.

HANNAH OLDENBURG:
Yeah, I would agree. I think, COVID really put a spotlight into the value of OT and PT and more specifically, that OT piece of, you know, ADL retraining and IDL, but also, that just general cognition and mental health. We've actually seen a couple of articles come through on mindfulness in acute care training in the acute care to make sure OT is part of the team. It's not just early mobilization, but it's early activity and cognition. And we're seeing that more with even very medically complex patients that are on ECMO or other equipment that, you know, ten years ago, OT wouldn't even have been a thought in the room. So, I think, it's really exciting to see our roots still be there in such a medical model of yes, of course, that ADL retraining and taking those steps back to doing the occupations you need or want to do, but also, not ignoring the brain, the brain and the mind and the spirit that actually is really impacted, whether it's critical care or non-critical care floors. So, that's been an exciting trend we've seen really in the last 18 to 24 months come through the Journal and we're seeing more at conferences we go to as well.

So, super exciting.

MATT BRANDENBURG:
That is so exciting and wonderful to hear. I love that your journal is open access. It's all online. I definitely want to encourage our listeners to check it out. I mean, who wouldn't want to check it out after hearing you to describe, you know, what it's really doing and what type of studies you're seeing and beginning to publish. I love that the focus is still on, you know, the roots and the core of OT and how it can continue to grow and have an impact in this setting. How would you say the Journal of Acute Care Occupational Therapy supports everyday practice in acute care for its readers?

HANNAH OLDENBURG:
Yeah, great question. I think, I look at it as like a toolbox, right? For, especially for new, and I would say more expert practitioners out there of, when you have those unique clients or unique populations you're serving or you just want to see where things are going at other institutions or other OTs experiences. Come to the journal and see what we have and see where some practitioners are collaborating with multiple disciplines to push practice that's OT specific, but also, collaborative in nature. That it's never just OT, it's usually other services included to show that team piece. So, really a toolbox or resource to support your role, but also, to hopefully see where you can advance, where, I love when we've talked to practitioners or those that have made it through the publication process and they're like, "Oh, we're just so excited to share this and we hope others can do it." And we really, Jen and I really focus with our associate reviewers, making sure that it can be applicable across all the trauma level hospitals and settings OT can be.

JENNIFER BERGSTROM:
Yeah. And I think, if you peruse our articles, especially lately, we've really honed in on the practice implications. At the end of each article, we typically ask, and most articles will have a few bullet points at the end of kind of the main points of the article and how those can be applied to practice. And kind of what that means in an everyday sense and what we learned from research project. And we have our authors kind of summarize, kind of like we said those bullet points of, you know, what's important and how can we apply what's in this article to everyday practice.

MATT BRANDENBURG:
I love that. I love that emphasis that you place on not just the implications of research, but you're adding to practitioners tool boxes and you know, the dissemination piece of research is so important, but also, the implementation. So, it's wonderful to hear how the Journal has supports in place to really facilitate that process for practitioners. We'll get back to our interview right after this quick message. You all know we really try to make research more consumable and applicable on everyday evidence, but did you know that just one minute of your time could help us to improve the show, improve the resources? The American Occupational Therapy Association provides for practitioners and improve the application of evidence to practice within our whole field. Please take our one minute survey. It's only three questions and you can find the link in this and every episode's description and support the IOTA in continued efforts to improve our podcasts and to improve the translation of research to practice.

Now, back to the interview. What would you say are some of the most common challenges that you see occupational therapy researchers and practitioners in acute care settings face, and how would you say the Journal supports them in addressing those specific challenges?

HANNAH OLDENBURG:
I think, number one that comes to mind is time, you know, just time to not just create research or develop research and disseminate it, but also, to, you know, critique it and use it. So, I think, time is always like the number one thing that we hear, not just for research, but definitely in practice in general. There's just not enough time to do it. I think, most recently through COVID and kind of on the tail end of the COVID elements that are happening in the hospital is also just staffing shortages and bandwidth. We're seeing, so we're really hoping with those two elements that, again, we've had, we've been so fortunate to have people submit that have put time into it. And it's been a long journey for many that have submitted and made it through publication. Just share their stories, because I think, sometimes we've had researchers that, you know, they get the data collected, but they don't take that next step. And again, we're just hoping the Journal can be a toolbox that you can quickly read and you can easily access.

You don't have to pay membership and go through hoops to get your department to have this just to have that knowledge resource, I would say for sure.

JENNIFER BERGSTROM:
I think, too, like the pace of change in acute care, we work a lot with surgical patients and you know, just the surgical techniques change and the protocols after surgery change so fast that by the time, you kind of get the hang of one thing or get, you know, one thing incorporated into practice, it changes. And maybe they're using a different device or they're using a different technique. And to get research out to capture some of that is really tricky for acute care clinicians. I think, one thing we see too is really, and I don't know that this is acute care specific, but a lack of mentoring in research and kind of the scholarly practice arena and a lack of resources. And we do, Hannah and I do provide a lot of ongoing mentoring to authors in formatting and editing and kind of optimizing manuscripts. We know people aren't always expert writers or you know, formatters, so we do provide some resources and mentoring related to that. And you know, we've tried over the years to beef up our resources to support those that might be interested in submitting.

So, we have some infographics and a YouTube video, and we're still working on gathering some more resources for maybe novice authors to look at as they think about submitting and formulating their manuscripts.

MATT BRANDENBURG:
And I love that, it's inclusive. Your journal is very inclusive of practitioners across the spectrum, whether it's somebody starting out that maybe needs a full on introduction to practice in acute care or someone who's has decades of experience. I love your emphasis on making it as easy as possible for practitioner ears to stay up to date and apply the research that you're publishing to what they do on a day to day basis. Can you give us kind of a look behind the scenes into how the Journal really processes and decides what to publish? How do you make sure that you're publishing what's applicable to clinical practice and research that's, you know, high quality?

HANNAH OLDENBURG:
Yeah. I think, the first step is Jen and I are constantly reading our, reading research in general, and I think, going to conferences and kind of seeing topics come through. We're also very connected with several institutions that do capstones and see many of the students looking at research topics or clinical practice topics. So, that's been kind of fun to see where things are going. But behind the curtains, step by step process, we actually this summer put kind a prisma together of that process. And it's really twofold. When an article comes in, Jen and I are the first line that looks at the topic and kind of vets it for, OK, is this focused in acute care? Does it fall within these three buckets of practice, leadership or education? And then we're really looking at, have we had this topic already and is this of an interest to our readers, but also, some of the methodology and writing piece too. And if it kind of fits the main theme of where we're going and it has some rigor to it from a methodology standpoint, then we go to the our second step is sending it to associate reviewers, which is double blinded.

Our reviewers don't know who the researchers are, the researchers don't know who reviews. And we send it for several weeks to them. And we really pair our reviewers based on population. Like do they know the population or kind of the theme of the article of the outcomes? Can they articulate that and does our reviewer have experience with that? And then we really look at that second reviewer as well for methodology. Are they, you know, do they have experience and can vet some of those rigorous pieces regarding methodology and statistical measures or projects if they're a quality improvement project? Some of the frameworks and things like that. And then we get the feedback back, once the reviewers give us their thoughts on not just the writing, but the rigor and the implications that are coming out of this article, they'll send it back and give us some guidance. And we wholeheartedly take those reviewers feedback very seriously and want to make sure it's matching, but also, meaningful. And then we gather that knowledge and send it to the researchers and whether it's, you know, next steps or major revisions and here's the feedback you received or at this time it might not be a fit for our journal.

And here's some thoughts moving forward. But that's kind of the behind the scenes process of what we're doing with evaluating the evidence that's coming in.

JENNIFER BERGSTROM:
I think, one of the things I've enjoyed most about this experience, besides obviously working with you, Hannah, is our our review board, you know, we've really, over the years sort of established this really strong network of expert reviewers across the nation. And now even we have one reviewer internationally who are really passionate about acute care. They're, like I said, experts in the field, and they're really wanting to look at evidence and make sure, like you said, it's relevant and high quality. And we've really enjoyed this network of reviewers getting to know them, getting to know their strengths and their areas of practice. And this communication back and forth about the research that we receive has really been a valuable experience for us as editors and for our authors as well.

MATT BRANDENBURG:
That's wonderful. Thank you for that, that little snapshot. It shows that the time and attention and focus you place on connecting all these editors and having a thorough review process, it ensures that researchers of higher quality that you're publishing, but also, does a lot to promote collaboration and create kind of a sense of community within the journal that, I think, can be really valuable to practitioners. What would you say the role of acute care occupational therapy research is in advancing the acute care health care system? And how can the Journal help practitioners to kind of advocate for themselves in that system and to promote this?

JENNIFER BERGSTROM:
Well, I think, we're seeing an increased demand for acute care services in general. We have a hospital that's full a lot of times. We have patients that are sicker, have more complex situations. And so, that requires a really strong network of occupational therapists who understand our patients and understand best practice and integrate evidence into practice so that we have services that meet the needs of our patients. And I think, sharing research is really imperative for us as a discipline to learn and grow and progress forward as we try to meet the challenges of a really dynamic and complex hospital based, you know, patients and our settings. And I think, our journal is a platform to, you know, amplify and make known what evidence is out there and really provides timely evidence and an easy way to clinicians who are maybe looking to strengthen their knowledge base and to understand, you know, what's out there in the evidence.

HANNAH OLDENBURG:
I would agree, again, go back to that toolkit. Is it a tool that you can use that OT is really being emphasized and used here, but also, a benchmark for maybe smaller hospitals or that OT that's developing a new program in acute care. Maybe they've been charged with that task and it's like, "Well, what's out there?" And to be able to go and look directly within our own discipline of OT, I think, is so valuable. I think, you know, we have many other very valuable partners we work with in the hospital, like physical therapy and speech language pathology and MD. But sometimes OT needs to really be that highlight. And we're hoping that can be there. And it's been really fun when we get, you know, emails to our journal from a prior publication that said, "Oh, this was called out at an ICU conference and a doctor was so impressed or it really drove a new practice area." And that's when we get jazzed and we say, "OK, all that 2018 when we were putting this together and thinking, are we doing the right thing?" And is this going to be right for the readers and OT?

It gets us excited. And we're just, we're excited to hear those times where OT is pushing, taking the lead and using some of the evidence we've published at our journal to help support them.

MATT BRANDENBURG:
I love that. And that's got to be such a wonderful feeling hearing from readers, how you're helping them to advocate for OT and to push practice forward and to implement more evidence-based interventions into what they do. That's got to be just so motivating and inspiring to hear. How would you say the Journal on Acute Care Occupational Therapy collaborates with other organizations and publications to really promote the whole field and to promote this type of interprofessional collaboration in its research?

HANNAH OLDENBURG:
Yeah, this is a great question and we keep growing in this. This has actually been an initiative, Jen and I've been making here in the last two years. So, we were very fortunate enough to meet each other at an organization in our employment of practice, primarily where we benchmark with a lot of different institutions and collaborate on different projects between departments. So, that was maybe where we started as internally. Now, I would say we're taking more efforts as more schools are reaching out about capstone students that have a research focus on either dissemination process or they maybe have a research study they're working on with faculty advisement and just kind of helping mentor, but also, support some of our journal needs too. So, that's been fun in the last year to grow and see that part with dissemination. One of, both of us started full time practice and I did take the leap to full time academia and now I'm just supplemental in the clinic. So, I've been very fortunate being at an R1 institution to understand more peer review process, collaboration and resources.

And so, that's been helpful. We, Jen and I have yet to really say we're going to fully partner our journal with an institution. We've really wanted to keep it OT focused and not just one institution focused, but we definitely try to collaborate with those that are research in nature. And we've been very fortunate. Some of our associate reviewers actually, that have come to us and said, "Hey, we'd love to review for you, or this is an interest or a professional goal." They're all tied with different organizations too, so we've been able to learn from them as well as other journals they review for, for their scholarship efforts. So, that's kind of where we're at, on the collaborating with other institutions.

MATT BRANDENBURG:
I love that. I love that. Thank you so much. You mentioned how hearing back from from readers who have maybe shared some of their articles or presented at conferences can be such a, you know, exciting feeling to get that full circle moment. What are some of your personal favorite or most exciting articles that have been published in the Journal of Acute Care Occupational Therapy?

JENNIFER BERGSTROM:
Well, we really had the fortune of having a lot of wonderful articles over the years. And when you're editing them, you really do get to know these articles pretty well and work with the authors. And it's been really wonderful to see them getting read and shared and shared at conferences. I think, we've enjoyed many articles. One that comes to my mind is we had Sara et al, published a study with us related to the role of occupational therapy in patients requiring ECMO with COVID. And this was a pilot case series that came out, which was retrospective, describing OTs, the course of OT and functional outcomes in critically ill patients, requiring mechanical ventilation and ECMO with COVID. And they just did a really great job of capturing the (INAUDIBLE) scores and the changes that they saw with their ECMO group. They found that patients who received OT for COVID 19 while on ECMO made substantial gains in their functional status by discharge when compared to those who received OT only after decannulation.

So, some really good evidence for OTs being involved early on in promoting activity and early mobility.

HANNAH OLDENBURG:
Jen, that was definitely in my top ones too, (LAUGH) which I love. I know we were so jazzed on that one. Another one that really comes to mind that really sat with me and I think, again, as a driver of practice, that can be intensive care, non-intensive care came out last summer in 2022 by Judy Hambly and Dr Petzel. And really their article looked at the feasibility of incorporating functional performance testing with patients with mild stroke. So, they really wanted to capture some of the initiatives that OT, AOTA was pushing with (INAUDIBLE) and a few other wonderful gurus and functional cognition to say, "Hey, we can assess and we should be in acute care functional cognition with certain populations." And it is a feasible, again, we go back to OTs having this challenge of time and productivity and we got to get patients out of the hospital. But again, are we matching the needs of the patient and specifically around cognition? And so, their study was a very small pilot, but it looked at having several OTs initiate a protocol of a functional performance assessment, which they use the pillbox test.

So, having patients, you know, dose their medications or a mocked medications and see how they perform in conjunction with a paper pencil. So, whether that's a MoCA slums, and what they really found, is it better inform their practitioners for discharge planning, but they also, the more readily from the feasibility got the perceptions of the of the practitioners is can this be done? Is this going to be too much? Can we put this in our practice? And what they found with this protocol driven framework is, yeah, yeah, it can be done and we should really start incorporating more of that functional assessment even in a high medical setting where we don't have a lot of time to do a full hour assessment. But the pillbox test was something relevant to the patients, but also, could be quickly done and informed discharge recommendations. So, that was an exciting one to just to to see advancement of practice through assessment.

MATT BRANDENBURG:
Absolutely. Absolutely. Thank you for sharing those two specific studies. It's, you know, I feel my inner, you know, research nerd coming out and just to feel the excitement surrounding, you know, the journal. I love how accessible it is and how those two examples that you presented can really immediately begin to impact the quality of care that a reader or practitioner is providing. So, it's truly wonderful. And it's not every day you get to hear straight from, you know, the founders of a journal about their favorite studies. How would you two really hope that students, practitioners, and researchers use the Journal?

HANNAH OLDENBURG:
I think, our big one is to inform their practice, but also, have examples for where others have taken OT and acute care and developed a program or retrospectively reviewed outcome measures just to keep advancing OT. We're seeing the advancements, we're hearing it through colleagues and people we network with. And I just, Jen and I keep saying like, get that out there, like tell us about it, get the data, get the perceptions, get the stories and let's share it. Like it's time to highlight. And it's been fun to connect with OTs. And Jen and I talk weekly, sometimes daily on, you know, where we're seeing OT advance and seeing staffing numbers just going in the last ten years of having half the OTs. We did at our institution and now we're equal to PT and it's time to show that value. So, that's, I hope it's used as an example, again, a toolbox that can help advance practice.

JENNIFER BERGSTROM:
And I think, our strength is, as a journal, is the support we receive from OT practitioners throughout the country and even abroad. And we are so thankful for those that already use the journal and promote the journal and kind of believed in us in the early days and still subscribe and share. And we just want to continue to be a platform for sound and relevant research and we want to be a resource for busy clinicians to turn to and a place that continues to amplify relevant research in acute care settings. And every choice we make for our journal really goes to support that vision.

MATT BRANDENBURG:
I love that. I love that vision and it's such a wonderful mission. Could you share a case study or maybe a personal example of when you or someone else really achieved that goal and was able to use research and evidence to positively impact their patients or their organization or their own practice in a way?

JENNIFER BERGSTROM:
Well, I would say I had experienced that, you know, ten to 15 years ago, there was really a culture change that was needed in the intensive care units. And I was a newer clinician at that time, but was interested to watch that movement unfold where, you know, Dr Dale Needham and colleagues across the country started looking at critical care environments and realized, you know, we've got to change the culture here of patients sedated in bed, not moving around, not interacting, to a culture of early mobility and activity. And they really used research and they collected data and really drove forward the critical care practice to where it is now. And my institution, I should say, our institution, really latched on to that movement as well and collected data in the ICUs to support this notion that if we work with people in the ICUs, providing skilled interventions related to early mobility and activity and psychological support, cognitive support, you know, we can get these people out of the ICU faster and potentially even home.

And you know, sometimes we need to provide hospitals with evidence that saves money or that gets, you know, ICU beds cleared out. And they were able to do that at our institution as well. We now have embedded or dedicated staff in those units that provide really skilled and specific intervention in the ICUs and follow patients even as they leave the ICUs and head home for post intensive care syndrome. And we just know so much more about these patients and the care that they need through research. And it's been really wonderful to see, you know, that culture change and those changes unfold in the last ten to 15 years.

HANNAH OLDENBURG:
Yeah. I think to piggyback off of that, Jen, I was thinking about this too, because it was in 2014, I was just a couple years out in practice. And I remember, I was in the ICU and I had a patient with continual renal replacement treatment, so CRRT. And I remember going in and the nurse being like, "Nope, you're not going to sit him up today, you're not going to work on any ADLs." And I'm like, "OK, well, this wasn't in my my schooling, you know, we didn't talk about this, you know?" And so, I remember, I went back to my desk and I had talked with a couple colleagues. And I'm like, "I got to see this patient. They're alert. They're ready. You know, why can't I see him on this with this piece of equipment?" And I remember going to the evidence. I remember talking to my physical therapy colleague, and we ended up pulling the Weighing It All 2014 article on early mobilization of patients with CRRT. And it was a, pretty decent sample for the time, it was 33 patients. They had reviewed any dislodgement with this line or any occlusions with working on mobilization.

And it was, you know, pretty low met level. And I remember, we read the article, we made justifications why we should do this here. And we went to, at the time the critical care med doc and the nursing staff and said, "Hey, like here's some evidence. Yeah, we know it's only one article. We only had one at the time, but can we just try?" Like they did a sample, they looked, can we try here and just really all communicate? And that started to really drive us seeing some of those patients on some pretty life saving equipment that you wouldn't even envision an OT school that we could do. So, that was exciting. I feel like when I got to pull the evidence and have a resource that I had to use. I think, another one, Jen and I personally can pull from was doing our own research with a very unique kind of case series we were seeing for a while in our practice about five to eight years ago, patients with total artificial hearts. Now, again, this wasn't for me, Jen, anyway, it wasn't in my schooling under the cardiac unit.

JENNIFER BERGSTROM:
Yeah, no.

HANNAH OLDENBURG:
Right. And we got the consult and we're like, "Oh, this is interesting." And we had to really look at what is a total artificial heart, what can OT do, what are the safety parameters? And after we had had several come through our institution with some of our physicians that were implanting, we decided to pair with our physical therapy colleagues and actually look at our outcome measures, their function, their cognition, dysphasia elements. And from that, one it showed us how hard it is to do research, but that you can do it with a good team and you can really show some great outcomes for OT. But it also showed us where we were missing some really big functional needs. And it stood out to me in that moment that we weren't tackling cognition very well with these patients leaving that really had cognitive impairment. And we right away brought this forward. And when we presented nationally on this, said like, this is a gap that we cannot ignore that, yeah, they're mobilizing. Great. Yeah, they're doing their ADLs, they're making it home, but they're leaving with some cognitive concerns and that might really impact those higher level IADLS that needed to be looked at.

So, it really put into perspective the power of doing your own research to help change practice patterns that you were doing and maybe you didn't even know that need to change too.

MATT BRANDENBURG:
Thank you so much. Those are such wonderful examples for our listeners. What are some recommendations you would give to practitioners to really follow those same steps that you two have have gone through in consulting research? How can practitioners incorporate more evidence and research into their own day to day?

HANNAH OLDENBURG:
I think, use your resources, again, explore if your institution doesn't have library services or access to things. That's why being, you know, a member of AOTA is a big one to do some access, but also, pair with other institutions, benchmark with other institutions, but don't give up because you can't find OT doing that. And that's something that I'll always say, well, if you can't find the evidence or you've benchmarked it with another profession, now what can OT do? So, use your resources and look at examples, but find that niche where OT can be and just drive it and make it part of your mission. Even if it's one little part you do a week with using evidence, that's better than not. And making it, of course, client focused too.

JENNIFER BERGSTROM:
Yeah, and I think, it starts with being curious and just asking questions about what you're seeing and keeping your eyes open. Having an open mind to change and thinking about ways that you can optimize your everyday work. And that might be a quality improvement project. It might just be tweaking, you know, how you triage something or how you incorporate a different cognitive assessment into something. And I think, it's some self-reflection that needs to happen too on your own practice. Like Hannah said, when we did that total artificial heart study, we really realized the inconsistencies in how we did cognitive assessments. And so, sometimes, I think, you know, just looking back at your day and, you know, did I, could I have done something different with that patient? Did I do enough to assess cognition? Do I understand the whole picture of that patient? And sometimes we can make small changes that really provide value to our patients. And I think, what Hannah said, too, of just tapping into your resources, maybe your institution doesn't have a lot, but I know with digital technologies, there are so many ways to access evidence now more than ever.

There's several open access publications that are out there. AOTA has a lot of wonderful resources, including this podcast. It has some communities on discussion boards. I know that different apps and technologies have groups or communities that you can be a part of. Just tapping into what's out there and sort of making it a habit to just have evidence coming across your line of sight, you know, several times a week helps in allowing you to see evidence that you might apply to your everyday practice.

MATT BRANDENBURG:
I love that. I love that. Those are wonderful recommendations. Thank you so much. What resources would you recommend to listeners who want to learn more about the Journal of Acute Care Occupational Therapy and getting involved in OT research in this area?

HANNAH OLDENBURG:
Check out our journal, go to jacot.org. We have some great resources that we were so fortunate to have with a actual capstone student from an R1 institution help us put together to really share our journal to help the dissemination process. And so, we have a YouTube channel. Check it out. That really just gives a very brief, we know all our practitioners are very busy, but gives a good background on the Journal, what we accept and the submission process and what to look for. And we really encourage, I think, Jen and I has mission too in all of this, like Jen mentioned earlier, is the dissemination process and helping those practitioners and educators that might be more novice advanced that research process. So, pair, you know, take capstone students that are interested in research and specifically in acute care to help advance questions that you want answered to explore.

JENNIFER BERGSTROM:
I'll also say that we have a YouTube channel and Twitter, which is at jacot. So, come and find us there. Email us if you have questions. We're always looking for submissions. We welcome questions from authors and we are always looking for reviewers. And that is a great way to get involved in research, is to read research and review it, coming from your peers. So, send us CVs or resumes if you're interested in getting involved as a reviewer.

MATT BRANDENBURG:
I love it. I love it. Again, that's jacot.org. And I'm going to follow your Twitter account right now.

HANNAH OLDENBURG:
Love it. Awesome.

MATT BRANDENBURG:
Yeah. So, add one follower to that tally. (LAUGH)

HANNAH OLDENBURG:
Thank you.

MATT BRANDENBURG:
We end every interview with the Golden Nugget segment, and I want to ask both of you if you could say one thing to practitioners, what would it be?

JENNIFER BERGSTROM:
I would say don't give up. Research is a really long road and a challenging road. But we know that if you're resilient and a problem solver, you can make it through. And we know that OTs are. So, don't give up and keep working hard at your research.

HANNAH OLDENBURG:
Oh, Jen, I love that nugget. I'm going to say push your scope. Be the noise that makes advancement and really have it come from the heart of the patient. We patient to their caregivers, their loved ones, just keep that front and center and push so that we can really show that OT is, I say, is the secret sauce to making it back from sometimes terrible situations. So, keep pushing. Keep advancing.

MATT BRANDENBURG:
I love that. Keep spreading the word about this secret sauce.

HANNAH OLDENBURG:
Yes.(LAUGH)

MATT BRANDENBURG:
Hannah, Jen, thank you both so much for your time and for being on the show today. It's been wonderful to speak with you and to learn from your own expertise. I really appreciate you coming on.

JENNIFER BERGSTROM:
Thank you, Matt.

HANNAH OLDENBURG:
Yeah, Thank you, Matt. This was a true honor.

MATT BRANDENBURG:
Thanks for listening to Everyday Evidence. Tune in next time for more evidence-based practice insights and applications. (MUSIC PLAYS)