Establishing a Cognitive Rehabilitation Occupational Therapy Fieldwork Placement in Dom Care: part 1

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Dom Care: Commitment to Fieldwork Placement Provision

- An organisation recognised for its significant role in provision of AHP fieldwork placements in South Australia

- Dom Care has a workforce of approximately 80 OT staff and supports 16-30 OT students annually

- Investment in the future workforce and attracting new staff into the aged care sector
Past models of Fieldwork Placements Support included:

- A traditional model of placing one student with one staff member within the Clinical Service Team who took on the full time role of supervision and management of the placement (Rodgers et al 2009)
- Placing students within a team with two staff, a service coordination and a clinician supporting their learning (Dom Care Student Policy, 2014)
- University funded student unit within one Dom Care region had also been a model trialled in the past (Rodger et al 2009, HWA 2010)
- Project Placements “Participation in Community Practice “ (Gilbert-Hunt 2005)
Health Work Force Australia (HWA, 2010) identified

• “workforce shortages, greater demands for clinical services, increasing acuity & complexity in clients’ had led to significant reductions in fieldwork placements offered across the health sector, including Dom Care, in recent years”
Dom Care limitations

Current organisational commitment to support 16 Fieldwork placements annually but increasingly emerging limitations including;

• Lack of physical resources (fleet, desks, computers)
• Frequent staff changes
• Individual commitment to supervise
• Limited supervisor training (No-Cost training)
• High workloads
• Justification of hours & costs of support students demands
• Student placement commitment at organisational level currently under review
Review of Options

• Review of the new emerging models & programs supporting Fieldwork Placements explored in collaboration with UniSA included;
  – CST Model for persons with Dementia
  – Student-Led Community Restorative Program (Tzack, 2012)

• DOM Care selected CST Model for initial trial & reviewed EBP behind model
Initial Trial 2013

• Developed in consultation with UniSA Fieldwork Coordinator Suzanne Gilbert-Hunt

• HWA Funding Supported the trial of a Cognitive Stimulation Therapy (CST) “Making a Difference” Program for clients with Dementia

• Trialled within Dom Care Day Programs providing out-of-home respite to older persons with Dementia, living in the community.

• CST Student –Led Model of service delivery

• Initial Placement plan involved
  • 3 days placement in DDP running CST Program
  • 2 days in CSA Team
Trial Evaluation & Recommendations

• Trial was successful for Students, Clients & DDP staff
• Clinical Educator position essential to success of the program:
• Presentation of future placements as a “Specialist Cognitive Rehabilitation Placement”
• Student-Led Model was successful in the DDP program
• Communication plan was integral to project success
• Additional PSS Staff hours required to support groups & training
• Collaboration & Communication with Key Stakeholders (HWA, ASHO, UniSA/FUSA) was essential
• Funding essential to support start up costs of the CST Program across all DDP sites including Mobile Programs
• HWA independent evaluation identified students recommended the placement to other OT students
Implementation across DDP in 2014

• Local Initiative Grand Fund (HWA) for implementation phase
• Dom Care in-kind support for all stages of implementation phase
• Funding supported 0.6 Clinical Educator, Clinical Advisor and Team Leader support
• Implementation Phase occurred over Fieldwork placement Blocks C &D in 2014 supporting 8 Occupational Therapy 4th year students
• Roll out was across both Fixed & Mobile DDP Services
Maintenance CST Program

• Maintenance Programs are part of the CST Package and were commenced in DDP Implementation phase in 2014
• Required considerable commitment by Dom Care for provision of additional Personal Support Staff to DDP to act as co-facilitator
• Prerequisite training:
  – previous co-facilitation of 8 weeks of the CST initial program
  – assessed as having core facilitation skills to support the aims and goals of the “Making A Difference Program”
Interdisciplinary Student Fieldwork Programs

- Social Work Students integrated into CST as Co-facilitators in Maintenance Groups
- Physiotherapy interface with daily exercise programs
- Culturally Unique CST group development
- Social Work & OT collaborative EBP Review on Group Skills with persons with Dementia
- Linkage of clients to community activities to support maintenance of social skills
Features of a Successful Model

• Clinical Educator employed to support placements
• Development of an intensive Cognitive Rehabilitation – Cognitive Stimulation Placement
• Student–Led model of service delivery within the DDP program
• Role Emerging, Collaborative and Aggregate staff-student models utilised Model (Rodgers et al 2009)
• Evidence Based Program “Making a Difference” offered to clients
• Up-skilling & training of DDP & OT staff built into model
• Increase OT Profile in Cognitive Rehabilitation & DDP
Evidence Based CST Program

- Focus on development of an EBP Cognitive Stimulation Therapy and Cognitive Rehabilitation Specialist Placement.
- Selection of the “Making a Difference” program developed “day centres could use with confidence as a means of enhancing and maintaining group members level of function...which could form one component of a person’s plan of care” (Spector et al: 2001)
- “Making a Difference” previously trialled by UniSA
- CST Handbook provided details on program sessions, assessment tools, progression of activity
- Modified to suit each individual Dom Care Client needs
Clinical Educator Position

• assisting students to present programs but not running the program
• teaching “Group Facilitator Skills” using EBP principles of Facilitation
• supervise home visits & client assessments by students
• supervise student planning of group sessions
• confirming student recorded observations of client involvement in sessions
• acting as a co-facilitator within the groups
• monitoring student learning and clinical reasoning & undertaking assessment
Collaborative Supervision

Collaborative student supervision model Ratio of four students per part-time (.06) Clinical Educator with Student Supervision by all staff including:

• OT Clinical Educator
• Clinical Advisor Occupational Therapy
• DDP Team Leader
• CSA OT Staff
• DDP Coordinator & PSS Staff
• Other OT Students
A Student-Led Model

- Emergence of Student-Led models of service delivery in UniSA in 2005 with “Participation in Community Project “ placement.
- Queensland Clinical Practice Collaborative Forum support other Student –Led Models (QCPCF 2010)
- Students work in pairs supporting peer learning
- Clinical Educator monitors student planning, presentation, learning's, & clinical reasoning but does not provide the program
- Clinical Educator to student Ratio: 1 to 4-8
Placement Model

Role Emerging Model (Rodgers et al 2009)

- Establish a new placement in a program where OT staff do not undertake daily work and student Placements have not occurred: (DDP) where clients have access to OT through re-referral, but OT’s don’t provide daily services

Collaborative Model

- Students placed together in one clinical setting & work together supporting each other’s learning's (Kirke. Layton & Sim, 2007)

Aggregate Model

- Combination of the two models (Precin 2009) where students cooperate and collaborate with each other and the one Clinical Educator
EBP on Quality Student Fieldwork Placements

Integrate EBP around a high quality placement including (Rodger et al 2009, HWA 2010);

• Establishment of a positive and welcoming learning environment
• Organised orientation program
• Clear student expectations
• Graded learning experience
• Opportunities for adequate observation, modelling and skills practice
• Reflection understanding of learning styles
• EBP Principles of student self-directed and peer learning opportunities and capacities
EBP in Cognitive Rehabilitation

• Establishment of a Cognitive Rehabilitation Working Party to review role of OT in Cognitive Rehabilitation
• HWA funding supported Clinical Educator to write up findings into a set of guidelines for all of Dom Care OT staff
• Future program aims include review of all key OT Cognitive Interventions & develop instructional sheets
• Future Student Projects;
  – instructional sheets
  – Resources
  – Technological resources
EBP in Cognitive Rehabilitation cont;

Long Term Planning includes;

• Clinical Educator presentation of EBP Review in Cognitive Rehabilitation
• UniSA collaboration around review and possible publication of EBP in Cognitive Rehabilitation
• OT Student projects in Cognitive Rehabilitation Interventions
• Development of 8-9 week Cognitive Restorative intervention program for MCI within the Restorative Program
• Collaborative to develop information sheets for OT Group
• Training for OT staff will be developed in 2015
Benefits to Occupational Therapy

- Increase OT Profile in Cognitive Stimulation & Rehabilitation and within DDP
- Establish 1st Student-Led Program in Dom Care
- Sustainable OT Student Placement pathway
- Support Interdisciplinary interface of Occupational Therapy with other AHP groups within CST and Cognitive Rehabilitation Pathway with Dementia; ie Social Work Students & PT, SP & D)
Up-Skilling & Training of Staff

• “Built into the implementation of this program in DDP has been a up -skilling and training pathway for all DDP staff that achieves Spector et al (2001) aim to involve all staff “
  
  • OT students established the program
  • UniSA CLO supported OT student training
  • DDP Staff interfaced into CST Model
  • Student tutorials to DDP staff & carers
  • DDP Staff Training Day
  • Staff training to run maintenance groups
  • SW Student Interface & upskilling in CST
Collaborative Practice

• New placement model for OT Students explored & developed in collaborating with UniSA
• Funded Trial established with HWA grant & undertaken in collaboration with UniSA, HWA & ASHO.
• Implementation Phase undertaken with a Local Initiative Grant, HWA
• Required interface & collaboration with key stakeholders: UniSA, HWA, DCSI
Cost Efficiency

• Students provided services to clients
• Group setting supporting 4-6 clients in each group
• Cognitive Stimulation Program: an 8 week program undertaken entirely within 9 week OT fieldwork placement
• Intensity of service increased: clients attended twice a week with additional in-home sessions
• Clinical Educator role was part-time: ratio of 1-4/8 students
• Shared student supervision; UniSA, DDP staff, peer support relationships, wider Dom Care staff group
• Staff training included in program
Where to from here?

Embedding Cognitive Rehabilitation Placement in DDP

• Secure ongoing commitment for the OT Student Fieldwork Placement in Cognitive Rehabilitation across all DD Programs
• Support Culturally Unique CST group development
• Ongoing research & evaluation of Client Outcomes through participating in CST
• Develop Cognitive Rehabilitation Programs & Pathways in other Dom Care Programs;
  • Long Term Services
  • Restorative Programs
Where to from here?

Advocacy for Clinical Educator’s for AHP Training

- Advocate for ongoing role of Clinical Educator to support this and other AHP Fieldwork Placement Pathways
- Establish equity in Clinical Educator roles across DCSI
- Funding for future positions
Where to from here?

Establishing New Models of Fieldwork placements within other Dom Care Programs

- Secure Funding for trial of OT & Inter-Disciplinary Student-Led Programs within other Dom Care Programs: Restorative Services & Long term services
- Enhance client outcomes through student-led models of service delivery
Where to from here?

Confirming Organisational Commitment & Collaborations

- Advocate for ongoing “Organisational Commitment” to AHP Fieldwork Placements to support “Sustainable Model “ into the future
- Define reporting pathway for AHP Student Management within Dom Care & DCSI
- Confirm AHP Student Programs within Dom Care & DCSI’s Business Strategic Plan for 2014-2016
- Collaboration with Health SA around “Better Placed: Strengthening our Clinical Placement System”, 2014)
Reference List:

- Dom Care Local Initiative Grant Application 2014
- Domiciliary Care: Dementia Day Program Occupational Therapy Student Placement Handbook 2013, Adelaide.
- National Occupational Therapy Clinical Competency for entry Level staff document (AOTA 2013).
- Professional Responsibility in Fieldwork education in occupational therapy, Association of Canadian Occupational Therapy University Programs & Canadian Association of Occupational Therapists, Position Statement, Ottawa, Ontario.
- Spector, A, Thorgrimsen, L, Woods, B, Orrell, M 2003, ‘Making a differences, an evidence-based group programme to offer cognitive stimulation therapy (CST) to people with dementia’ The journal for Dementia Care, London.
- Tzack Z et al 2011. The impact of a regional, interdisciplinary allied health student clinic on the health costs and outcomes of people with chronic diseases. Central Queensland Hospital and Health Services, Rockhampton 2011
Questions?
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