# Value Added Programming in Pediatric Fieldwork Placements

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#### **Introduction-**

- → Why be a fieldwork educator?
  - Benefits: keep current, personal satisfaction, give back, develop clinical reasoning, develop supervision skills
  - Challenges: OTs had concerns for time, space, productivity & preparedness in assuming FWE role, student capabilities, staff time, conflict with clients/caregivers (Evenson, et al., 2015).

→ Fieldwork capacity can improve by strengthening sustainability of year-round experiences & introducing collaborative supervision models (2015).

#### **Traditional Experiences vs. Added Value Experiences**

- > 1:1 Model
- Observation only during Level I
- Contact with "OT caseload" only
- Traditional Setting
- "Supervisory education" fails to maximize student learning\* (Greiner, 2015)

- Collaborative Model
- Active Engagement Tool for Level I
- School-wide; facility-wide initiatives
- Non-traditional/community based setting
- Adheres to Vision 2025\*

## Fieldwork Educator Perspectives Why is 'Added Value' important?

- ➔ Increases the impact of occupational therapy by bringing OT skill set across setting beyond "OT caseload"
  - Ex. Role Expansion-RTI (Response to Intervention)/MTSS (Multi-tier System of Supports)

\*Vision 2025-Occupational therapy maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living. (AOTA, 2016)

#### Student perspectives on FW: Facilitators and Barriers

\*Research states FW is a highly individual and dynamic experience influenced by many factors (Greiner, 2015).

#### **Facilitators**

- Better learning experience with practitioners that are well organized, created a positive learning environment, detailed orientation, clear feedback, modeling, consistency and openness, realistic feedback
- Easy access to resources
- Collaborative experience more conducive to learning/friendly personnel
- Active learning experiences

#### **Barriers**

- Negative learning experience with supervisors that lacked supervision time, disengaged, intimidating, controlling, not championing profession, non-collaborative environments
- Outdated resources
- Being "thrown in" or lack of prep time
- High workload/low workload or lack of diversity of caseload

# **Setting the Groundwork**

→ Site Specific Learning Objectives (SSLOs)/FWPE (see AOTA resources <u>https://www.aota.org/Education-Careers/Fieldwork/SiteObj.aspx</u>)

→ Weekly Schedule

→ Active Learning and Engagement Tool (See handout)

→ Feedback/Weekly supervision meetings

(Greiner, 2015)

## What does the research say?

- Value added experiences provide positive outcomes for diverse populations
- Meets unmet/unrealized needs
- Reflects shifts in OT practice and affords flexibility in delivery of practice education
- Develops essential OT competencies including clinical reasoning, facilitating change, interdisciplinary interaction, and leadership
- Promotes professional identity and confidence
- Improved ability to engage and interact with children
- Can provide more opportunities for "trial and error" learning

(Yu, Brown, & Etherington, 2018)

## **Added Value- Fine motor**



|                           | Level 1   | Level 2  |
|---------------------------|---|--|
| Schools                   | <ul> <li>→ Fine Motor "Aerobics" in K-1<br/>Classes with hand-out and visual<br/>supports</li> <li>→ Organize/label fine motor<br/>supplies/add an activity for each</li> <li>→ Create visual supports on proper<br/>grasp or letter formation<br/>sequences</li> </ul> | <ul> <li>→ Handwriting Club</li> <li>→ In-class Handwriting lessons in<br/>K-1</li> <li>→ Create "shoe box centers" to<br/>provide to teachers weekly</li> <li>→ Video modeling</li> </ul> |
| Community                 | <ul> <li>→ Create/assemble fine motor toolkit</li> <li>→ Provide adapted fine motor/craft for kids</li> </ul>   | → Create after school clubs at local community centers (YMCA)  |
| Outpatient/<br>healthcare | → Create library of fine<br>motor/handwriting activities/make<br>and takes in waiting rooms   | → Provide scheduled inservices for<br>parents and teachers about<br>various handwriting curriculums  |

# Added Value- Leisure, recess, specials



|                       | Level 1  | Level 2  |
|-----------------------|--|--|
| Schools               | <ul> <li>→ Provide suggestions ideas for adaptive activities in aftercare.</li> <li>→ Provide modeling for staff</li> <li>→ Introduce a "Buddy Bench"</li> </ul>                                 | → Support students in inclusion settings for special subjects  |
| Community             | → Create developmentally<br>appropriate activities for<br>downtime   | <ul> <li>→ Create activity list for local playgrounds</li> <li>→ Create list of community programming</li> </ul>   |
| Healthcare<br>setting | <ul> <li>→ Weekly lego/craft club on<br/>hospital units or in waiting room<br/>of doctor's office clinic</li> <li>→ Create lending library of activities<br/>for kids in waiting room</li> </ul> | <ul> <li>→ Design/deliver parent education sessions on importance of family leisure</li> <li>→ Provide family leisure ideas- i.e. family game night</li> <li>→ Busy clinic hour clubs (sibling &amp; parent support, babysitting night)</li> </ul> |

# **Added value- Mealtime and ADLs**



|                       | Level 1  | Level 2  |
|-----------------------|--|--|
| Schools               | <ul> <li>→ Assist classrooms during arrival departure time</li> <li>→ Facilitate participation at breakfast and lunch in cafeteria</li> <li>→ Create visual schedules for handwashing, bathroom use, etc.</li> </ul> | <ul> <li>→ Implement "Comfortable Cafeteria"<br/>program from Every Moment<br/>Counts (EMC)</li> <li>→ Facilitate groups that address<br/>self-care skills in tweens/teens</li> </ul>    |
| Community             | <ul> <li>→ Develop hand-outs on toilet<br/>training strategies</li> <li>→ Create fine motor games to<br/>improve hand strength for ADLs</li> </ul>   | → Develop handouts on low cost<br>strategies to provide nutritious/<br>delicious meals   |
| Healthcare<br>setting | <ul> <li>→ Provide strategies for parents to decrease tactile sensitivities to improve grooming and bathtime</li> <li>→ Create visual schedules/reward charts for bath time or morning routine</li> </ul>            | <ul> <li>→ Coaching families to work through sensitivities (hair care, bath time, meal time, etc.)</li> <li>→ Coaching familites to implement "Meaningful Mealtimes" from EMC</li> </ul> |



# **Added Value- Sensory Considerations**

|                    | Level 1  | Level 2  |
|--------------------|--|--|
| Schools            | <ul> <li>→ Inventory sensory equipment</li> <li>→ Create a "wish list" or purchase order for sensory equipment</li> </ul>          | <ul> <li>→ Provide information and resources such<br/>as Brain Breaks, Zone of Regulation and<br/>ALERT Program</li> <li>→ Provide an inservice to teachers about<br/>how to create sensory breaks throughout<br/>the day</li> </ul> |
| Community          | → Create sensory friendly activities/spaces<br>in doctors' offices or waiting rooms  | → Provide inservices on sensory<br>differences to staff  |
| Healthcare setting | <ul> <li>→ Create sensory friendly space/inventory what is needed</li> <li>→ Create a handout /posters for waiting room</li> </ul> | <ul> <li>→ Caregiver training about the impact of sensory systems on daily function</li> <li>→ How can positive sensory experiences be incorporated into a family's daily routine?</li> </ul>  |

#### **Added Value-** Social participation/bullying prevention

|                    | Level 1  | Level 2   |
|--------------------|--|---|
| Schools            | <ul> <li>→ Run a "lunch bunch"</li> <li>→ Disseminate AOTA resources on bullying</li> <li>→ provide 'Teaching Tolerance' lessons-work with a Level II student (www.tolerance.org)</li> </ul> | <ul> <li>→ Work collaboratively with other disciplines to incorporate OT perspective in to bullying prevention program</li> <li>→ Create a recess program to encourage social skills/participation</li> <li>→ Inservice for students/parents/staff on cyber-bullying</li> <li>→ Programming to have "typical" children assume a disability for a day</li> </ul> |
| Community          | → Use bulletin boards of site to<br>promote OT/accepting differences   | → Create an inclusive "prom" for those with developmental disabilities in the community   |
| Healthcare setting | → Gather materials about OT roles for health fairs/booths/tables   | → Sibling support groups  |

#### **Additional Considerations**

- □Mental health results from engagement in productive activities, fulfilling relationships, and adapting to and coping with adversity.
- OTs have specialized skills to promote social participation in a variety of environments.
  (Bazyk, 2011)

#### **Group Brainstorm-**What are your experiences/ideas?

|            | Level I | Level II |
|------------|---------|----------|
| School     |         |          |
|            |         |          |
| Community  |         |          |
|            |         |          |
|            |         |          |
| Healthcare |         |          |
|            |         |          |
|            |         |          |
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