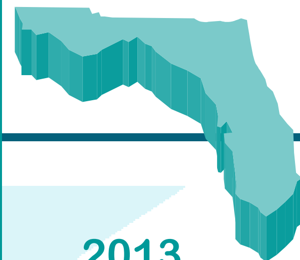
Spring Edition

FOCUS

Official Newsletter of the FOTA



2013

Grow with Us!

Happy OT Month!

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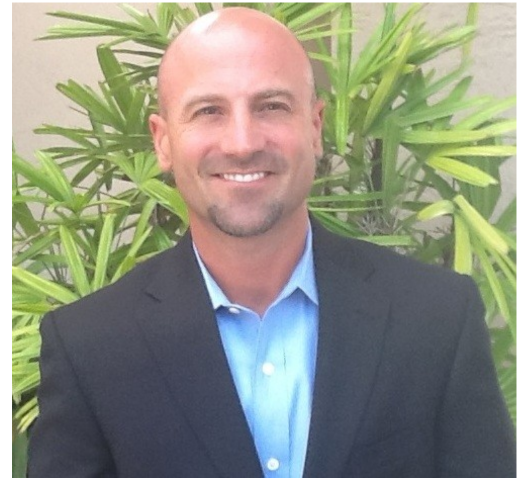
P.O. Box 1459, Englewood, FL 34295

www.flota.org

The President's Page: Degree Creep?



FOTA President Kurt Hubbard

Are we "Degree Creeping?"

In case you have not heard, there is a movement afoot about potentially changing the entry level degree requirements for the Occupational Therapy Assistant and Occupational Therapy programs. If these changes were to be enacted, the entry level OTA programs would require a bachelor's degree and the OT programs would require doctorate degree. There are many strengths and weaknesses to the arguments and I'm sure all involved will do their due diligence to explore these to come up with an informed direction. Although this is certainly not exhaustive list, here are a few of the rationales for this move:

- Many practitioners and educators cite that there is just not enough time to thoroughly prepare students on evidence-based practice approaches. This would be in line with some of the more recent evidenced supporting the efficacy of occupational therapy practice in healthcare. The increased time enrolled in higher education may facilitate more researchers and clinicians equipped to do research.
- It has also been noted that the occupational therapy profession needs to further develop professionalism related to ethics, behavior, and skills. The type of educational programming required for such an endeavor would take more time and classwork (didactic, traditional, or blended).
- Some believe that the move to higher entry level degrees would secure a more respected "status" among other healthcare professions. This would not only be a social phenomenon but also assumed to be a monetary one as well.

Humor me fellow Floridians and let me play devil's advocate as an educator and political activist in response to these potential moves. It seems that more and more professions are strategically moving towards implementation of professional doctorates (also known as clinical doctorates - OTD), for entry into their professions. Certainly the OT profession degree requirements have increased dramatically over the years. In the 1980's, a bachelor's degree was the entry level. In the 1990's, a move towards the master's degree took place and today it seems as if the doctorate is becoming the norm. Many see the trend of health science programs requiring entry level professional doctoral degrees that have historically required a bachelor's or a master's degree. As a matter fact, in many of my conversations about this move, a term kept coming up that I found fascinating. This term relates to a profession that once required a "lower" degree to enter a respective practice. The term is "degree creep." Some argue that "degree creep" is an unfair label for professions which are responsibly addressing the need for career ladders (advanced degrees), continuing education, and a diverse workforce, while maintaining access to the discipline. With more fields requiring professional doctorates, critics argue that we are moving in the direction where, soon, everyone who sees a patient will be called "doctor."

I do have some concerns with this potential move. I will just present a financial, social, and programmatic concern.

- *Financially*, moving to a bachelor's degree and doctoral degree will require more resources to run programs to meet the new standards that will be expected. This will include expanding library access, increase course development, and operating costs in general. These expenditures will most certainly be passed on to the consumer (future therapist). Realize that the political culture right now is trying to limit higher education costs, how will we do it?
- *Socially*, eliminating the entry level associate's or master's programs may significantly aggravate the shortage of practitioners. Increasing the education demands and time investment that comes along with a higher degree, may dissuade individuals from consider entering. To this end, vulnerable populations are often affected the most when there are shortages of occupational therapy practitioners (and other healthcare professions as well – think speech therapists) and are at greater risk of losing adequate service (e.g., rural populations).
- *Programmatically*, this "degree creep" will reduce the qualified pool of faculty members to instruct at the higher level, thus further reducing the training capacity of our schools. Further exasperating this shortage is the reality that the baby boomer generation of teachers will be retiring and leaving academics. I will not even go into the obvious strain this will place on fieldwork placements here.

In conclusion, I ask that we all take a step back and realize the good and the bad moving the OTA and OT entry-level degrees. Although one can see OTA and OT degrees as separate entities, I see them as the same. We need more practitioners in the occupational therapy profession and in a time of such great need in the present shortage of OT services. Realize that lawmakers make decisions on healthcare allocation of monies to those that have the loudest voices and community involvement. These proposed moves should be subject to a rigorous review to determine whether the change in the level of training is justified at many levels. Mandating higher degrees for entry-level credentialing due to the maturation of a profession as a result of the practice scope advancing is certainly valid. This would certainly require additional education and acquisition of new skill sets for students leading to legitimate patient care. However, degree advancement being due to perceptions of education needs that are unsubstantiated by objective data would be defined simply as a "degree creep."

From the desk of the AOTA RA representative....

The AOTA RA is gearing up for our 2013 Spring Meeting in San Diego... online discussions begin April 1st... I am asking FL AOTA members to look at the motions below and email me with your comments please.

There are **3 motions before the RA**... these can be viewed by logging onto the AOTA website www.aota.org.

Motion 1: That the Speaker with recommendations from the President establish an Ad Hoc committee to investigate the strengths, weaknesses, opportunities and threats of moving the occupational therapy assistant entry level to an associate or bachelor's degree.

Motion 2: That the Speaker recommend the Volunteer Leadership Development Committee (VLDC) develop an annual Best Article Award to highlight important, high level OT literature, thus reflecting the journal's current publication mission.

Motion 3: That the Speaker recommend the Volunteer Leadership Development Committee rescind the Cordelia Myers Award.

I am sure that all AOTA members are aware of the proposed Bylaws amendments that have been approved by the AOTA Board of Directors and will be voted on by AOTA members in San Diego.

The implication of these will mean that the AOTA Alternate Representative for each state will be eliminated. This will require your RA Rep to work harder and in my opinion, really leans towards increasing the number of FL AOTA members to allow Florida to gain 2 votes within the RA.... if you work with colleagues who are not AOTA members, please ask them to join as AOTA works to rescind the Medicare Therapy Cap, works to allow all OT Practitioners to be Mental Health Practitioners, works to provide quality CE and finally works to allow our consumers to 'Live Life to Its Fullest'.

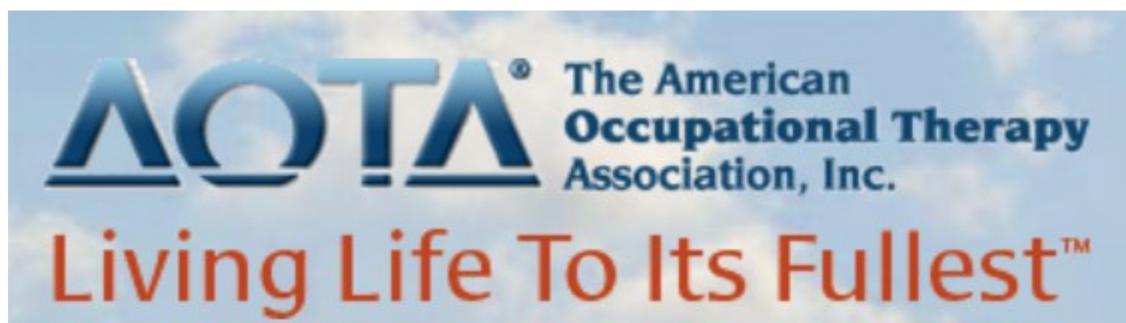
Another action that will affect your FL RA Rep is that no RA Rep should serve as a voting member of their State Association Board, due to a potential conflict of interest. FOTA has already acted proactively on this at my request and will eliminate the RA rep from the voting Board, once the AOTA Bylaws have been approved by membership.

Lots to think about and digest. I need your comments as I move into the Online discussion. You can email me at **sjmjnz@verizon.net.**

It has been my pleasure to serve the FOTA Board over the past 18 months as the FL AOTA Rep.

Sara-Jane Crowley, Adv.Dip.OT, OTR/L.

AOTA Representative - Florida.



The American Occupational Therapy Association, Inc.
http://www.aota.org/

Screen clipping taken: 3/15/2013

2013 CONFERENCE NEWS: Surf's Up!! NOVEMBER 8&9, 2013. DAYTONA BEACH, FL

Are you ready to catch an exciting OT educational wave? Well, you are in luck because "Surf's Up" for the next FOTA Conference! We have a great location, excellent keynote, an awesome theme, a fabulous hotel and a wonderful chance to mix and mingle with friends and colleagues plus earn a whole lot of CEUs.

VENUES

The Shores Resort & Spa in Daytona Beach is the venue for ALL of Friday November 8 conference events. This includes Institutes, Keynote Address, Educational Sessions, Exhibitor Hall, Student Mixer and FLOTEC Reception. Saturday November 9 we hold ALL conference events at **Daytona State College, our co-sponsor**1200 W. International Speedway Blvd. Daytona Beach, Florida 32114.. Events include Educational Sessions and FOTA membership meeting with the Award Ceremony.

SCHEDULE

Pre-conference begins Friday 8am at The Shores Resort & Spa with our popular four hour long Institutes. These in depth presentations offer the OT/OTA practitioner a chance for advanced training. Friday lunch will be included for ALL conference attendees. Friday lunch is followed by conference opening ceremony and our keynote speaker, Ginny Stoffel, new AOTA President. Ginny will discuss "Surfing as the 'Just Right' Leadership Challenge". How cool is that? The remainder of Friday includes afternoon educational sessions, a three hour unopposed Exhibitor Hall/ FOTA President's Reception and we end with the ever popular FLOTEC student mixer/reception (think chocolate fountain).

Saturday schedule starts bright and early again at 8am at Daytona State College and includes morning and afternoon educational sessions, lunch for all registrants and the FOTA membership meeting and award ceremony. Conference ends Saturday at 4:30pm. There are a possible 12.5 CEUs available during conference and if you attend an Institute, the total jumps to 16.5. Not bad for 2 days of your educational surfing time!! (See DRAFT conference schedule for details).

ACCOMMODATIONS

The official conference hotel is The Shores Resort & Spa, 2637 South Atlantic Avenue, Daytona Beach Shores, FL 32118 www.shoresresort.com. This hotel is absolutely gorgeous, right on the ocean and perfect for a family get away weekend. They even have beachside firepits lit every evening. Great for ambiance and making s'mores!! FOTA has a block of rooms at the reduced rate of $129 per night and this includes parking. (Self-serve parking is $5 for those not staying at hotel). Reservations can be made online at www.shoresresort.com. Use PROMO code: FLOTA. Or you can call the hotel at (386) 767-7350 and identify Florida Occupational Therapy Association. Deadline for this discount rate is October 15, 2013. Please note, there are a limited number of double rooms available although all king rooms have a sleeper sofa in room.

In keeping with our tradition of offering another hotel option, a block of rooms has also been reserved at The Acapulco Hotel & Resort, 2505 South Atlantic Avenue, Daytona Beach Shores, FL 32118. The Acapulco Hotel is on the ocean and about a half mile north of The Shores Resort & Spa. FOTA has secured a rate of $69 per night based on single/double occupancy for best available room per management. Rate includes parking. Reservations can be made by calling the hotel at (386) 761-2210. Deadline for special rate is October 15, 2013. Hotel description and pictures at www.daytonahotelsandresorts.com/acapulco/default-en.html

Elena Vizvary,
MS, LOT FOTA VP and Education Chair vizvaryot@gmail.com

REGISTRATION FEES

The conference committee has made every effort to keep registration fees steady but our food events and costs have increased. This year ALL registrants will be provided with two lunches and morning beverages, plus the president's reception with hors d'oeuvres and cash bar. Therefore, we need to slightly raise the registration fee for every category. Institutes will remain at an additional $50 for the extra 4 hour training. Institutes are optional but only available as part of the total conference package. Look for registration fee schedule and on-line registration in the near future at www.flota.org. Expect an early bird cut off date of October 25, 2013 after which registration fees go up another $25 across the board.

CALL FOR PROPOSALS

Guidelines for all presentations and applications for all proposals will soon be open at www.flota.org. Presentations at conference will include two hour workshops (including Laws & Rules and Medical Errors), one hour short courses, student AND practitioner posters, and SIS roundtables. FOTA annual conferences offer a great opportunity for students and professionals to share and shine. "Surf's Up!" and it may be YOUR time to ride on top of the wave of continuing education! Consider this chance to inform your OT colleagues what YOU are doing. Make sure you don't miss the deadlines to submit!! Please note that student posters applications will have a later deadline due to academic schedules.

EXHIBITORS

Our Exhibitor Hall this year will be held on Friday evening 5-8pm at The Shores Resort & Spa. We expect exhibitors will appreciate this one solid three hour block of time unopposed by any continuing education sessions and will welcome the opportunity be to showcase their products and/or services relevant to occupational therapy. Exhibitor prospectus with all options for advertising coming soon! Find it at **www.flota.org.**

VOLUNTEERS

As one might imagine, conference planning and execution requires an enormous amount of time, energy and work. Much is done by FOTA officers and board members, but there remains a long list of tasks needing additional help. Once again, FOTA offers volunteer opportunities for students or practitioners who will be attending conference. Registration for conference is required and FOTA will provide a certificate of appreciation for your volunteer service. (Note NBCOT Guidelines for Volunteer Services: 5 hours of volunteer time =1 PDU. Maximum of 18 PDU are permitted per 3 year renewal cycle.)

Students and practitioners can volunteer to help at: registration, food events, as traffic monitor. We need practitioners to volunteer as student poster judges and room monitors plus the above. There is something for everyone who wants to add "volunteer" to his/her conference name badge. If you are interested in volunteering at conference, make sure it is on your FOTA membership profile. You can also contact me at the address listed below.

QUESTIONS

The Conference Planning committee, with newest member, Deb Reber as Conference Convener, is dedicated to bring you an outstanding and memorable conference experience. If you have any questions or would like to volunteer, don't hesitate to contact me at vizvaryot@gmail.com. I'll do my best to respond as soon as possible. Can't wait to see you in Daytona November 8&9!! Remember: **Surf's Up! Catch that OT Educational wave!! -Elena**

2013 Conference Schedule

DAY	TIME	EVENT	CE OPTION	LOCATION
FRI. Nov.8	7:30am	Registration opens for Institutes Morning beverage		The Shores Hotel & Spa
	8-12noon	Four concurrent pre-conference (optional) Institutes	4 CEUs	
	10:30	Registration opens for non-institute atten-dees		
	10:30-11	Poster set up Student poster Session 1		
	11-12	Student poster judging Session 1		
	11-12:30pm	Brown bag lunch distribution Lunch included in conference fee for ALL registrants including Institute attendees.		
	12:30-2	Conference opens Keynote speaker Ginny Stoffel AOTA President	1.5	
	2-5 pm	Education sessions including Student Poster Presentation Session 1 during first hour	3 CEUs	
	3-5	Exhibitor set up		
	3:30-4	Student poster set up Session 2		
	4-5 pm	Student poster judging Session 2		
	5-8pm	Unopposed Exhibit Hall and President Recep-tion		
	8-9:30	Student mixer FLOTEC Reception		
	8-9	Student Poster Presentation Session 2	1 CEUs	
SAT. Nov.9	7:30 am	Registration opens Morning beverage		DAYTONA STATE COL-LEGE
	8-11 am	Education sessions including Student poster presentation Session 3 during last hour	3 CEUs	
	8:30am-9	Student poster set up Session 3		
	9-10	Student poster judging Session 3		
	11-12:30pm	FOTA membership meeting Award Ceremony Box lunch provided for all		
	12:30-4:30pm	Education sessions including professional poster presentation	4 CEUs	
	4:30pm	Conference ends	TOTAL CEUs 12.5 +Institute 4 = 16.5	

GOVERNMENT AFFAIRS LEGISLATIVE UPDATE

It is that time again! The Florida Legislature returned to Tallahassee the first week of March to begin the 2013 legislative session. Our lobbyist, Larry Gonzalez, has targeted nine bills which may have an impact on occupational therapy and our consumers. None of the pending bills significantly impact occupational therapy and our lobbyist is monitoring them as they go through the House or Senate. See the FOTA website for a brief summary of the bills.

Medicaid and changes to the Medicaid handbook have resulted in a co-alliance of physical, speech and occupational therapy requesting a hearing before the handbook is finalized. Many of the changes are wording and clarification of such issues as "strapping" versus orthotics. Thanks to Stephanie Spinelli and Larry Gonzalez, a special hearing has been set for Thursday, March 21 to voice our concerns and proposed changes before the handbook is finalized. You can read the Medicaid handbook at: http://www.fdhc.state.fl.us/Medicaid/childhealthservices/therapyserv/index.shtml.

Mr. Gonzalez and I will be attending the hearing.

Of great importance to occupational therapy practitioners is the expansion of Medicaid in the State of Florida. The House and the Senate committees have both refused to expand Medicaid to uninsured Floridians through the Federal Affordable Care Act. Though Governor Scott has recently stated he is now in favor of expanding Medicaid and receive the Federal funding, the legislature has rejected using the monies to expand the current Medicaid program.

However, the Senate proposed a compromise to accept the Federal money and put it put low-income people in private insurance plans. Of course, nothing is certain at this time and the Federal Government would have to approve any changes to the Medicaid funding. We are certainly keeping abreast of what Florida decides to do to ensure that occupational therapy is considered a necessary service to recipients.

As of now, Florida was one of many states that have battled against the Affordable Care Act. At this time, health care exchanges need to be developed to meet the new law. The State is now in the process of discussing developing health care exchanges. Our association is monitoring all activities closely to again ensure that occupational therapy is part of the health care packages and able to provide needed services to our clients across the lifespan.

This time of year is an especially busy time in Tallahassee. Our lobbyist and your association are very active in advocating for occupational therapy and the people who utilize our services. We encourage you to share your voice regarding issues that impact your profession. As the legislature and agencies in Florida continue to pass laws and develop rules that effect therapy services, we will be updating you through the FOTA webpage and emails. We encourage you to contact your congressmen to let opinions be heard.

Debora Oliveira, Government Affairs Coordinator

Email: dso04@my.fsu.edu

FOTA Bill tracking Report

2013

BILL	FOTA RESPONSE	COMMENT
HB 0339 Relating to Developmental Disabilities	On face value appears to be a good idea.	How will this affect current services?
HB 0349 Relating to treatment programs for impaired professionals	Support	
HB 0413 Relating to physical therapy	The wording suggests a physical therapist does not need authorization to implement a treatment plan.	This does not impact occupational therapy services.
HB 0459 Relating to autism	The large question is the definition of an "appropriate specialist".	How will this impact occupational therapy services for children with autism?
HB 0639 Relating to practitioners	Questionable. How will this impact a consultant supervising an impaired practitioner? Typically, a consultant is evaluating competency.	Privacy issues.
SB 0128 Relating to autism	The large question is the definition of an "appropriate specialist".	How will this impact occupational therapy services for children with autism?
SB 0510 Relating to health insurance	Support	
SB 0536 Relating to physical therapy	The wording suggests a physical therapist does not need authorization to implement a treatment plan.	This does not impact occupational therapy services.
SB 0604 Relating to practitioners	Questionable. How will this impact a consultant supervising an impaired practitioner? Typically, a consultant is evaluating competency.	Privacy issues.

Online Resources

You can view a pdf of each bill on the legislature's website. Just Google: **Online Sunshine.**

Florida House Website

www.myfloridahouse.gov/

The Florida Senate

http://www.flsenate.gov/

Florida Governor Rick Scott

http://www.flgov.com/

PromOTing Occupational Therapy begins with YOU!

*"It is neither wealth nor splendor; but tranquility and **occupation** which give happiness."*

-Thomas Jefferson

"Living life to the fullest" comes naturally to occupational therapy practitioners. Are we not the experts of activity analysis; of breaking down barriers towards identified goals of independence? Do we not blaze the path for our clients towards participation in meaningful and purposeful occupation? Regardless of the population you work with or the arena in which you practice in, occupational therapy practitioners recognize the power of occupation and the influence it has on continued health and well-being. Who would not agree that occupational therapy could fix all of the world's problems?

The reality is that many members of society, including those in the healthcare profession, remain totally unaware of our services and the impact they can have for their clients. Clients who have benefitted from occupational therapy services are often our most powerful tool in raising awareness of our profession. Yet our profession cannot simply rely on word of mouth or the occasional client success story that graces the local section ofthe newspaper. **The promotion of our profession depends on the practitioners who define our skill sets**. Regardless of the specialty areas in which occupational therapy continues to grow in, occupational therapy practitioners hold the keys to influence the future of occupational therapy.

AOTA's Centennial Vision for the profession's 100th anniversary in 2017 states that, "We envision that occupational therapy is a powerful, widely recognized, science-driven, and evidence-based profession with a globally connected and diverse workforce meeting society's occupational needs" (http://www.aota.org/News/Centennial.aspx). Hopefully you caught the "we" part of that vision. We are fortunate to have an association that not only values the unique characteristics of each practitioner but unifies the breadth of services that occupational therapy provides for client centered care. Have you recently reviewed the Occupational Therapy Practice Framework (AOTA, 2008)? Are you influencing your client population and peers with the language of occupational performance? Are you highlighting your specialty skills of assessment and intervention within the activity demands of performance behaviors and performance patterns? Are you recognizing and documenting the values and beliefs your clients have? How about outlining your plan of care to meet the identified goals of your client as you remain responsive to the expected goals of your place of work? Have you stopped to consider that your client is more than just the individual on your caseload, but the family members, teachers, and/or stakeholders, whose influence must be considered with your chosen activities and interventions?

Occupational therapy practitioners are the cheerleaders for independence! Our specialty lies in the simple fact that, out of all healthcare professionals, we allow *and actually encourage* our clients to define what independence means to them. Occupational therapy practitioners advocate for client centered needs while juggling the roles of educator, counselor, friend, and healthcare professional. Occupational therapy practitioners understand that one's cultural identity, self-efficacy, and family and societal roles must be considered in an effort to provide a holistic approach to health and well-being. OT is complex (Creek, Ilott, Cook, & Munday, 2005)!

As a profession of individuals who are working to become evidence based practitioners, we all have a role as a contributor to the field of occupational therapy. We all fall somewhere on the spectrum of contributing to our profession. As a science based, evidence-based profession (http://www.aota.org/News/Centennial.aspx), occupational therapists need to identify themselves somewhere on the spectrum of research. Yes, it can be scary and somewhat intimidating, but it is necessary for the survival of our profession

- "Research is the means by which the profession generates evidence to test and validate its theories and to examine and demonstrate the utility of its practice tolls and procedures. Therefore, every profession has an ongoing obligation to undertake systematic and sustained research (Portney & Watkins, 2000)" (Kielhofner, 2006, p. 4). Are you a:
- *Research consumer*: looking at the literature to guide your choice of intervention and use of assessment tools; reading OT specific magazines to stay abreast to what's happing in OT? Staying involved in your local and national organizations; applying research information into direct practice
- *Research advocate*: actively supporting research efforts; identifying research priorities; participating in state and national lobbying efforts to support the profession and those receiving services
- *Research collaborator*: Participating with current research efforts; contributing towards measurable outcome data in your patient population; funneling appropriate clients towards current clinical trials available in your region
- *Research producer*: Actively producing evidence based research to guide occupational therapy practice and bring together research resources to promote new knowledge (Kielhofner, 2006, p. 47-56).

As we celebrate OT Month this April, commit to setting a few short-term goals for yourself to facilitate your longterm goals of professional development as an advanced practitioner. Our profession needs practitioners throughout the spectrum and we are not all meant to be research producers. We are expected to promote our profession and advocate for client-centered care. As we continue to advance in our use of evidence-based intervention, highlighting our specialty areas of occupational therapy practice, we must also commit to care about *and* invest in evidence-based research. "Research involvement is part of a community of effort in which people collaborate together to advocate for, create, critique, and make use of research evidence for the betterment of the profession and the people we service in practice" (Kielhofner, 2006, p. 56). Knowledge is power! Power facilitates change! Change fosters new hope - for us and our clients in our quest for "living life to the fullest!"

References: Available from the Author

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Region 3 Representative

FOCUS on SIS: Post Acute Recommendations

Physical Disabilities

Ilse Salcedo, MOT, OTR/L

Acute care with adults is an inpatient hospital setting for individuals being treated for a medical condition. Occupational Therapist are consulted in acute care for a myriad of reasons including but not limited to: decline in functional status, onset of a new condition and to facilitate safe and appropriate discharge from the hospital. As healthcare reform has already started many of us in acute care have already seen changes and there are probably more to come. It is very important and crucial that we as OTs are able to define our roles in this fast paced and every changing environment. One way to make sure that OTs are an asset in acute care in making accurate post-acute care recommendations.

Acute Care Discharge Recommendations at a glance for patients :

Home – there are no therapy needs.

Home with Outpatient Therapy – requires contact guard or less with mobility, transfers and ADLs with caregiver assist or is modified independent without caregiver assist.

Home with Home Health – requires contact guard assist or less with mobility, transfers and ADLs, or is modified independent but the pt. is home bound.

Adult Living Facility – needs supervision and a varied amount of assist. Different levels of care provided. Usually for patients who need assist at home prior to hospital admit but have not family that can assist at home. Not covered by insurance.

Inpatient Rehab Hospital – a CMS-13 diagnosis or is non-CMS-13 and is likely to return to the community. Requires assist in at least 2 of the following PT (mobility and transfers), OT (ADLS), ST (Language/ Cognition, Dysphagia, Communication). CMS-13 DX: CVA, SCI, Congenital Deformity, Amputation (not toes, fingers, feet or hands)), major multiple trauma, hip fracture, brain injury, neurological disorder, burns, rheumatoid arthritis, systemic vasculitis with joint inflammation, advanced osteoarthritis, bilateral joint replacement.

LTACH - falls into one of the following categories: Pulmonary (vent, high O2 demand, severe shortness of breath), Medically Complex (Infectious disease, uncontrolled diabetes or CHF, Cancer), Wound Care (stage 3 and 4 wounds, necrotic tissue, need for surgical debridement), Failure to maintain adequate nutritional support and/or electrolyte balance, Requires long-term lab value or cardiac monitoring.

Skilled Nursing Facility/Nursing Home – Requires assistance with mobility, transfers, ADL, language/cognition, and /or dysphagia and unable to tolerate comprehensive inpatient Rehab program due to some of the following: Advanced Dementia, Severe debility (Failure to thrive, N/V, intractable diarrhea), or hemodialysis.

Making these recommendations is based on many factors. It is important to know what your patients goals and desires are, their current level of functioning, other interdisciplinary member recommendations and also what payer source is available (Medicare, Private insurance, etc…). Also in today's healthcare environment, be ready to defend your recommendations to all involved. It is invaluable to be able to call an insurance company and objectively describe your patient's progress to facilitate the best discharge possible. Today especially, services post discharge are getting more challenging and it is important to get the patient what they need to facilitate their optimal functioning and return to their meaningful occupations .

By **Ilse Salcedo, MOT, OTR/L, Phiysical Disabilities**

SIS Chair

Understanding and Managing Visual Deficits: A Guide for Occupational Therapists

Orlando, FL June 8-9, 2013

Designed to enable occupational therapists to understand the complexity of the visual system and how vision deficits affect activities of daily living, to administer a vision screening battery, and to plan and implement both compensatory strategies and direct intervention techniques to manage vision problems. Intervention will be covered in detail for the following populations: developmentally delayed children, children with LD, acquired brain injury patients and the elderly.

VISION EDUCATION SEMINARS

Instructor: Mitchell Scheiman, OD, is an optometric educator, lecturer and author including the books *Understanding and Managing Visual Deficits: A Guide for OTs, and Low Vision Rehabilitation: A Practical Guide for Occupational Therapists*. **Contact Vision Education Seminars** at 800-985-1752 or online at:

www.visionedseminars.com

Advertisement

Reflections on Fieldwork Education

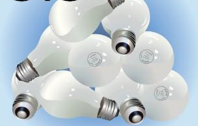
In November 2012 I began my term as the new Special Interest Section (SIS) Chair for Fieldwork Education with the Practice Standing Committee of the Florida Occupational Therapy Association (FOTA). Although I am fairly new at my appointment as an Academic Fieldwork Coordinator, I have had many experiences as a fieldwork educator throughout my 20 years as a clinician. These experiences involved the development and coordination of the first Level I fieldwork program for one facility and on numerous occasions supervised Level I and Level II students. The more I learn about this exceptionally fundamental part of our occupational therapy educational programs, the more I realize how much it impacts the outcome of our entry-level professionals.

Surprisingly, as a traditional therapist I used the term "supervising" without hesitation. However, I recently learned that being a student's supervisor is not the best approach to have as a fieldwork educator. I attended the American Occupational Therapy Association's (AOTA) Fieldwork Educator Certificate Workshop, and one of the most important things that I learned was that it takes more than being a supervisor to provide students with a quality educational fieldwork experience. According to Stutz-Tanenbaum and Hooper (2009), "The role of 'supervisor' typically is not associated with applying instructional design principles to create powerful learning experiences. Thus, framing the role as 'supervisor' can occlude from view the important dimension of intentional, systematic learning design." (p. 1).

Furthermore, a fieldwork educator whose dual role is that of educator and practitioner may find that it is difficult to assume a sole educator role. Nevertheless, it is suggested that "stronger identity as an educator can help fieldwork educators integrate multiple dimensions of the role and more fully engage students in deep personal and professional learning" (Stutz-Tanenbaum & Hooper, 2009, p. 1). The presenters at the AOTA workshop simply stated it this way, "designing intentional learning experiences" (Clark & Ozelie, 2013). There are other considerations to adhere to when identifying instructional designs including "knowledge of the subject matter, interaction with students, and management and administration skills" (Fink, 2003). However, the idea of "intentional learning experiences" is emphasized.

Consequently, as a fieldwork educator you may ask, how can I provide these "intentional learning experiences" for my student(s)? It is important to keep in mind that these practices are individualized for each particular student based on the "strengths and areas for improvement, academic preparation, prior experience, and the needs/wants/expectations of the fieldwork experience" (Johnson & Stutz-Tanenbaum, 2009). The most significant aspect of providing "intentional learning experiences" is to develop specific learning goals for the student. These goals are very similar to how we as clinicians write goals for our patients. They should include the following: "a specific and measurable outcome, a time frame, and methods for achieving" (Johnson & Stutz-Tanenbaum, 2009). This should be a collaborative process whereby the student can provide their thoughts and the goals are agreed upon by both parties. The fieldwork educator should also conduct weekly meetings with the student to review their learning plan.

Another way to deliver "intentional learning experiences" is to give the student "graded learning experiences" (Johnson & Stutz-Tanenbaum, 2009).



Fieldwork SIS

Kathy Sessler, MSHS, OTR/L

While many of these seem like common sense and come naturally to the experienced fieldwork educator, they are all worth mentioning as follows:

- Exposure to practice
  (observing and modeling practitioners)
- Challenge the student
  (contribute probing questions; reduce the amount of direction provided; gradually facilitate more independent performance)
- Promote independence
  (permit learning through trial and error) (Johnson & Stutz-Tanenbaum, 2009)

Additionally, another effective way to facilitate "intentional learning experiences" is to encourage the student to keep a journal of reflection. There are many advantages to this project including:

- Reflection strengthens the application of newly learned skills to enhancing patient outcomes.
- Reflection encompasses both retrospective and prospective thinking.
- Reflection inspires the student to develop their own questions and ideas. (Johnson & Stutz-Tanenbaum, 2009)

Finally, another very effective "intentional learning experience" strategy is referred to as a "1 – Minute Preceptor". The 1 – Minute Preceptor is a 5 step process.

1. Get a commitment from the student related to what he or she thinks about the case.
2. Probe for supporting evidence that supports the student's commitment.
3. Teach a general principle.
4. Reinforce what the student did well.
5. Correct errors. (Neher et al., 1992).

For example, the fieldwork educator and student just finished an evaluation of an elderly patient who sustained a wrist fracture of her dominant upper extremity due to a fall. By following the "1 – Minute Preceptor" the scenario may go something like this.

1. What do you think is the main problem(s) that we should address in her intervention?
2. Did you consider any other interventions for her plan of care?
3. She is having severe pain in the right wrist and hand. Do you think we should provide a particular modality to help decrease her pain?
4. You were correct to realize that she also has limited use of the right upper extremity for her daily activities.
5. Decreasing her pain will promote healing and allow her to use the extremity more over time.

In summary, I believe these "intentional learning experiences" are essential to a student's learning during their fieldwork experiences. Keep in mind that all of these techniques can be utilized in both Level I and Level II fieldworks.

I would like to conclude by wishing everyone **a Happy Occupational Therapy Month!** Also, as a reminder, "the 2007 AOTA Ad Hoc Committee to Explore and Develop Resources for OT Fieldwork Educators concluded that "fieldwork education is a primary driver in transforming our current practice into meeting the 2017 Centennial Vision" (Commission of Education, p. 14). They also named 2007 – 2017 as the 'DECADE OF FIELDWORK'! I commend all our fieldwork educators for all you do for our profession.

SOAP Notes and Stick Shift Cars

Have you ever had an OT or OTA student at your clinic, and had to teach them narrative styles or electronic documentation systems? Did you wonder why they were so focused on SOAP notes? Why are schools so hung up on teaching a form of documentation that is seldom used in the field today?

The SOAP note is a style of medical documentation that became a part of OT practice during the 50s and 60s when OTs in the United States aligned themselves with the American Medical Association. At that time, the gold standard for medical documentation was the Problem Oriented Medical Record (POMR). This is a style that many medical schools continue to use today for physician training. The POMR is a familiar format for a medical charting system. The physician documents the complaint, the assessment, possible diagnoses, rule outs, and plan. One very important component of the POMR is the visit note, also known as the SOAP note. We all know the acronym: Subjective, Objective, Assessment, and Plan. This was created for the physician to document a patient visit whether it is the evaluation or treatment. The field of OT took it and ran. The SOAP note became our documentation style. That was a smart move for practitioners wishing to blend into the medical model and submit for reimbursement from insurance agencies. It worked.

> *"Did you wonder why students were so focused on SOAP notes? Why are schools so hung up on teaching a form of documentation that is seldom used in the field today? "*

Therapy evolved, and so did documentation. Therapists learned that reimbursement relied more upon concrete data, proper analysis, and documented outcomes than it did to format. We were also provided with forms and templates such as the 700 and 701 forms from Medicare in which to complete our evaluations and progress reports. Yet, the SOAP note did not die.

The 90s gave way to the electronic medical record, and since then, more and more organizations have adopted electronic documentation and billing. It is efficient, portable, integrative, and easily aligned with billing and quality assurance software. Some practitioners struggle with the challenges of pre-determined statements and less individualized notations while others applaud the ease and speed of an often dreaded task of the day. The SOAP note still did not die. Why?

The answer is based upon teaching principles and the needs of the OT and OTA student. Consider this analogy. When you were in your professional program, you surely had to complete an occupational analysis or activity analysis for your professors. This exhaustive and microscopic view surrounding the minutiae of the most basic tasks like brushing one's teeth drove many of us to the school counselor. It was necessary as it is the core of our profession; something that sets us apart from other professions. How often have you written one out as a practitioner? The answer (hopefully) is never. You no longer need to write out the analysis. You are able to grasp the concept and importance, and it has become integrated into your methodology, philosophy, and practice.

SOAP notes in OT academia are much like the activity analysis. The process of writing a SOAP note requires the student to break down the required components of an OT note while understanding the importance of each area. This process is a developmental one that can later be upgraded into a more fluid narrative note and eventually an electronic note. A practitioner who is fluent in SOAP is able to use those same splinter skills to document successfully in other manners.

My mother taught me to drive when I was 15, and I will never forget her patience. One thing she did was insist that I learn on a stick shift. Her reasoning was, "If you can drive a stick, you can drive anything." I think that in the back of her mind, she was worried that I could not be a designated driver if I could not drive someone else's car. But what really stuck for me was the philosophy of tackling a foundational skill that crosses over many scenarios. SOAP note training in a professional program will teach your intern those foundational documentation principles that will be easy to convert into whichever system your facility finds to work for them.

By Tia Hughes

Member of Florida Occupational Therapy Educational Consortium (FLOTEC

Florida Occupational Therapy Association

Announcements

THE AMERICAN OCCUPATIONAL THERAPY FOUNDATION

Scholarship Program
http://www.aotf.org/scholarshipsgrants/scholarshipprogram.aspx

Your FOTA dollars at work!

The Florida OT Association Board is pleased to announce that membership dollars have now promoted the opportunity of education! In 2010 the Board voted to form a partnership with the **American Occupational Therapy Foundation (AOTF)** to enable your state association to offer a scholarship to an OT student. Monies from a long-held but small scholarship fund in the name of **Myra McDaniels** were given to the AOTF to manage. This action has allowed these monies to grow sufficiently to offer a scholarship this year. AOTF reported this month that Over 1,000 students began the process and over two hundred students submitted their applications. The Scholarship Selection Committee is now busy reviewing the applications. Your Association Board and future recipients of this scholarship thank you for your membership!

Not Just Horsing Around – Equine-assisted Healthcare

The therapeutic use of the horse has a long history dating way back to the 5th century BC when the Greeks wrote about using horses in the rehabilitation of wounded soldiers. The term hippotherapy is derived from the Greek word hippo for horse and specifically refers to the use of the movements of a horse as the treatment strategy to reach client's goals. There are many children who may benefit from hippotherapy. A partial list includes those with cerebral palsy, Down's syndrome, spina bifida, brain injury, autism spectrum as well as many orthopedic, sensory or behavioral conditions.

The horses walk provides sensory input that is similar to how we walk and the stimulus is rhythmic and repetitive. Combine the horse, the horses gait and a non-clinical setting and you have the basis for remarkable accomplishments. Physical goals vary with the diagnosis of the client but benefits could include improved posture, endurance, and muscle tone with better balance, gross and fine motor control and sensory processing. Psychosocial goals could include better self esteem, self efficacy, eye contact, and motivation. Improvement in communication skills, language and academic performance has been documented as benefits of hippotherapy. While there is evidence in occupational and physical therapy literature to support the benefits of hippotherapy (Engel, 2007; Herrero, et al; 2010; Taylor, et al,2009), there is need for additional research to substantiate the promising results of this form of therapy.

A licensed occupational, physical or speech language pathologist can receive the specialized training necessary to offer an equine-assisted program. A certification exam is part of the process. SpiritHorse, a 10 year old international organization with over 80 licensed centers offers a program in equine-assisted healthcare. The University of St. Augustine is partnering with Haven Horse Ranch in St Augustine www.havenhorseranch.org to be one of the first schools to offer an educational program from SpiritHorse. If you have always wanted to be involved in this exciting often magical area of practice stay tuned for announcements about a 5 day course in equine-assisted healthcare.

By Karen S. Howell, PhD, OTR/L, FAOTA
FOTA SIS Education Chair

references available upon request

Surf's Up!

2013 FOTA Annual Conference

Daytona Beach FL Nov 8-9

Join Us in Daytona!

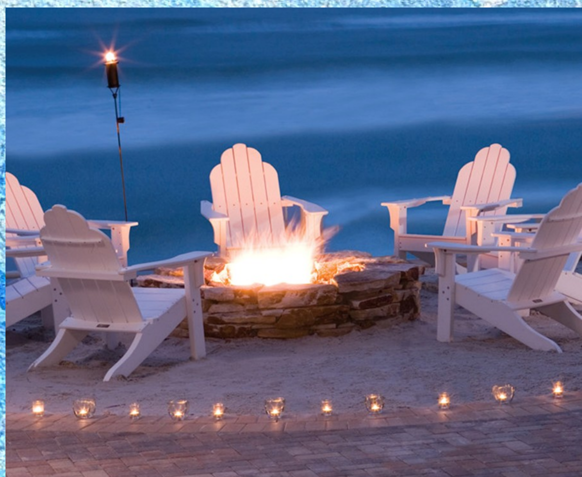
Our **Keynote Speaker**, **Ginny Stoffel, new AOTA President** will discuss "*Surfing as the 'Just Right' Leadership Challenge*".

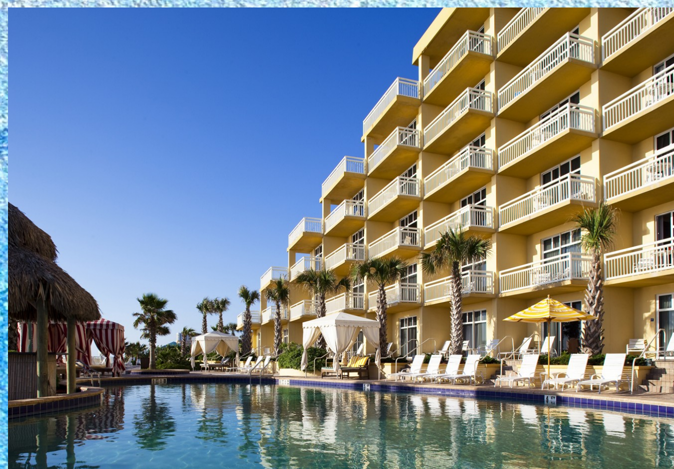
Conference Venues

The Shores

RESORT & SPA

DAYTONA BEACH SHORES





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