TACKLING HEPs and FAMILY TRAINING

BROOKE POHLMAN, MOT, OTR/L

Have you ever worked with a patient or family that was 100% compliant in following their Home Exercise Program (HEP) or your recommendations? Neither have I!

Our Inpatient Rehabilitation unit at the University of Utah Hospital has patients from all over the intermountain west. Most of the injuries we encounter are neurologic and life-changing in nature, so our concern with follow-up care is great. A good percentage of our patients have limited follow-up therapy due to lack of insurance benefits or discharging to rural areas. On top of that, proper training for the families of these complicated issues is a struggle to say the least. Our written instructions and renditions of stick figures performing exercises, donning splints, and assisting with functional transfers just weren’t cutting it. Given these circumstances, we’ve developed a new program to increase patient education and carry-over of therapy techniques.

With the use of a simple iPhone, iPad, or iPod, we are able to create interactive home programs and training videos. We use this technology to film patients and therapists performing PROM programs and other exercise programs complete with demonstration and education on assisting patients with functional tasks. The video clips are recorded, edited, and burned to a DVD given to the family prior to discharge. We can add in written instructions and even still-shots for further education or emphasis. Providing audio/video of important follow-up care has increased patient/family confidence and helped us overcome some of the obstacles related to discharge.

Although this program is in the trial stages and still working out some logistics, we are encouraged by the positive feedback from our patients and their families.
Educators are charged with creating learning experiences that provide depth of learning and approximate 'real-world' practice. The Division of Occupational Therapy at the University of Utah has answered this charge by setting into place a series of learning activities known as Student Performance Assessment (SPA). Occupational therapy students demonstrate competency with practice assessment skills in a simulated evaluation environment three times throughout the program. The SPA experiences build on the courses in which the students are enrolled concurrently. The faculty designed each successive SPA to test an increasingly complex set of skills as the students gain knowledge throughout the curriculum.

SPAs consist of each student interviewing and/or performing part of an evaluation with an actor assuming the role of a person with a disability or a caregiver. The actors are trained by the faculty to perform the role based on a case study. The assessment is viewed by a faculty member, and the student is given feedback on their performance. This allows students to experience an initial client meeting prior to starting their level II fieldwork.

As the Division grows, we will continue to develop our SPA program and challenge our students to become better practitioners.

The SPA is a valuable part of the program and gave me the opportunity to practice real-life therapy skills. The experience of watching myself on camera gave me new insights on my strengths and weaknesses and has supported my development as a therapist.

-Rachel Mitchell, Class of 2012

The Division of Occupational Therapy had a unique opportunity to participate in the Global Day of Service on or before February 25, 2012, organized by Karen Jacobs. Several of our students; their professor and UOTA President, Pollie Price; and two clinicians from the community volunteered at the Utah Food Bank on February 16, 2012. Our hours were submitted to Slack, Inc. who in turn made a donation to UNICEF.

The Pre-OT Club has been actively engaged in service opportunities as well as activities to help strengthen each individual member. Under the guidance of their faculty advisor, Dr. JoAnne Wright, and the leadership of Chelsea Reopelle, Cindy Thomas, Eva Wong, Whitney Louder and Collin Jensen, the Pre-OT club has been highly active and committed throughout the past school year. Their latest activity was a service project for the Children’s Center/Easter Seal occupational therapy team. They made weighted blankets and weighted stuffed animals for the therapists. It was a great time to laugh and serve as we unstuffed darling animals and then refilled them with beans and rice. The active members of the club represent the future of OT, and it looks bright!!!

-JoAnne Wright, PhD, OTR/L, CLVT

MOT STUDENTS ROCK UTAH FOOD BANK

by Pollie Price, PhD, OTR/L

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HONG KONG

I have had a very busy spring so far representing the University of Utah, Division of Occupational Therapy at various professional meetings around the country and the world. The highlight of my travels was a trip to Hong Kong where I had the great honor of being invited to give a keynote address and a workshop at the International Occupational Therapy Conference. This is a conference that draws occupational therapists from all over Asia, the South Pacific, and Australia. This was my first experience traveling to a locale where I did not speak the language and was unable to look signs up in a dictionary (because all their signs are written in characters and I have not developed the perceptual skills to decode characters yet or understand how to look them up in a dictionary). The only map I had was also only in Chinese! It made me feel a little helpless and perhaps gave me a smidgen of an idea of how people who emigrate to a new country without knowing the language feels. However, most people there speak some English so I was able to obtain a lot of help! It was very interesting to meet the Asian occupational therapists and to find out how occupational therapy occurs in their countries. Occupational therapists in Hong Kong have to help people with physical disabilities overcome some interesting challenges. Because of the population density in this small territory, dwellings, stores and restaurants are very small. (See the picture of my hotel room!) Without much room to maneuver a wheelchair or walker. The streets are also mostly very narrow, so that cars must be small. The majority of people in Hong Kong rely on public transportation. They have to walk to the stops and have to maneuver around the crowds to board and disembark. In mainland China, therapists are trained to be rehabilitation therapists, rather than OTs or PTs. The Hong Kong Polytechnic University will shortly open the first OT program in mainland China later this year. In Malaysia, physiatrists are infringing on the role of occupational therapy and are being hired as directors of OT clinics and are even displacing some therapists to perform the interventions. One benefit that these countries have over US therapists is that they are often able to work for longer periods of time with their clients due to their socialized medicine structure. All in all, it was a great experience and I would love to go back someday to collaborate more with our Asian, South Pacific, and Australian colleagues.

I am grateful for the opportunity to represent the Division of Occupational Therapy and occupational therapy as a profession at these various meetings. Our profession has so much to offer. I believe that strengthening occupational therapy's visibility among the health care and research communities will be beneficial to the profession.

-Hong Kong by Lori Richards, PhD, OTR/L

STUDENT PERFORMANCE ASSESSMENTS CONTRIBUTE TO STUDENT SUCCESS

by Jeanette Koski, MS, OTR/L

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The Life Skills Clinic, located directly across Wakara from the Division of Occupational Therapy building, continues to grow and develop. Our Low Vision Program, consisting of a low vision optometrist and two occupational therapists with additional specialization in low vision, has filled a specific need in the community. The model being used allows the client to receive the best correction of their vision; then using whatever remaining vision the client has while addressing his/her goals, the OTs can address functional competencies to add to the client’s quality of life. With the added knowledge related to neurorehabilitation, those clients with visual impairments may be engaged in treatment that looks at the whole person while treating all aspects of the disability. Low vision does not have to mean loss of function or quality of life. There are many strategies to restore the ability to function independently. Our longest running community program, the Mastering Meaningful Movement (MMM) group, has been offered by the Division for over ten years and continues to make a difference in the lives of its participants. The class is offered Mondays and Wednesdays from 4:30 to 5:30pm. It is based on a community model of interaction and engages people with neurological deficits or insults in increasing strength and ability through the combination of Pilates and NDT. MMM is primarily designed for people who are hemiplegic, but participants with other diagnoses have benefited as well. Our students gain valuable treatment skills from the class, and the clients are always thrilled with it. The intermediate level class meets Mondays, and the beginning class meets on Wednesdays. We currently have room for more participants. Please consider referring clients you are discharging that could benefit from these treatments. Contact the Life Skills Clinic at 801-585-6813 for further information or if you would like an in-service from our therapists. In the next newsletter we will highlight the Mindfulness group running at the clinic. Stay tuned!