MASTER OF OCCUPATIONAL THERAPY

INDEPENDENT STUDY SYMPOSIUM

Join us for presentations by student occupational therapists on their Independent Study projects

THURSDAY, JUNE 15, 2017

Department of Occupational Therapy

umanitoba.ca/rehabsciences/ot
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KEYNOTE SPEAKERS

SANDY SHEEGL, CINDY YAMAMOTO & LAUREN COATES

GAINING RESOURCES OUR WAY (G.R.O.W.): A PERSON-CENTRED APPROACH

G.R.O.W. is a community-based transitional life skills day program for young adults with social, intellectual and developmental disabilities. The program’s development was strongly influenced by the profession of occupational therapy, with the original learning modules established as part of an Independent Study Project.

During this session, an exploration of the program structure and key processes will be provided with a focus on narrowing the perceived gap between theory and practice by providing practical examples of person-centredness in action in a community-based occupational therapy role.

DR. SALVADOR SIMÓ

ECO-SOCIAL APPROACH: NEW PERSPECTIVES FOR PRACTICE AND RESEARCH

Dr. Simó is a teacher and researcher at Universitat de Vic – Universitat Central de Catalunya since 2000 and is the researcher responsible for the Faculty of Health Sciences and Wellbeing. His research mainly focuses on social determinants of health, social entrepreneurship, suicide prevention and the use of art as an asset for health and social inclusion. He is the coordinator of the research group Mental Health and Social Innovation since 2013. He has published 4 books and dozens of scientific articles.

He is an international consultant for the development of projects integrating research, education and interventions. He has lectured or worked in more than 30 countries.
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ESTABLISHING CUT-OFF SCORES 
ON THE OCCUPATIONAL THERAPY 
STUDENT STRESSOR SCALE (OTSSS) 
LAURA CALE AND JOCELYN CHARPENTIER  
(Study Advisor: Archie Cooper) 

Introduction: Perceived stress of occupational therapy (OT) students is a concern. While the Occupational Therapy Student Stressor Scale (OTSSS) was developed to measure stress among graduate level OT students, cut-off scores need to be established to determine at what point the stressor score should become a concern.

Objectives: First, to compare the scores of the OTSSS to those of the Stress subscale of Depression Anxiety Severity Scale21 (DASS21), a measure with established validity, in order to establish cut-off scores on the OTSSS. Second, to determine if there are demographic variables that relate to scores of the OTSSS.

Methods: A quantitative cross-sectional survey was administered to students in the Master of Occupational Therapy (MOT) program. A ROC-curve analysis was used to establish cut-off scores on the OTSSS. Descriptive and inferential statistics were applied to determine which items on the OTSSS were perceived as most stressful.

Results: There were 54 respondents. The ROC-curve analysis found the cut-off score for the OTSSS was 107.5, with an area under the curve of .840. At least 83% of participants reported their top stressors to be volume of coursework, exams, assignments and grades.

Conclusions: Academic and fieldwork stressors were rated higher than stressors related to relationships, health and finances. High stress may impact students’ academic performance and overall wellbeing. With the establishment of a cut-off score, the OTSSS may be a useful tool for curriculum change and stress management in the MOT program.
9:30 - 10:10
Interactive Session • R230

PERSPECTIVES OF AUTONOMY OF INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
EMILIE BRITTON, KAITLIN LEWANDOSKI, NATALKA SZCZURKO & KARI WEBSTER (Study Advisor: Charmayne Dubé)

Objectives for the session:
1. Increased understanding of the perspectives of autonomy in young adults with intellectual and developmental disabilities.
2. Exploration of facilitators and barriers of independence in relation to building life skills.
3. Practical implications for working with vulnerable populations.

Introduction: Transition into adult roles is marked by the solidification of life skills and development of autonomous behaviour. Literature regarding strategies to increase autonomy for individuals with intellectual and developmental disabilities and best practices for life skill program development is scarce. Listening to the perspectives of young adults with intellectual and developmental disabilities is imperative to gaining an understanding of autonomy which in turn can lay the foundation for developing life skill programs.

Objectives: This study aimed to explore facilitators and barriers of gaining independence from the perspectives of adults with intellectual and developmental disabilities and to contribute to a limited body of knowledge.

Methods: Individual semi-structured interviews were conducted using a photovoice approach. Participants were asked to take photographs and to then discuss things they: a) completed independently, b) needed assistance with or c) wanted to do in the future. Data was coded, categorized and themed using an iterative process.

Results: Four major themes emerged from four semi-structured interviews and included: 1. Meeting Expectations, 2. Creating your own Identity, 3. Facilitators to Autonomy, and 4. Barriers to Autonomy.

Conclusions: This study identifies potential strategies that can inform life skills program modules to ensure they are fostering autonomy of young adults. Listening to the perspectives of young adults with intellectual and developmental disabilities is crucial to understanding how best to support people with developing autonomy and increasing independence.
OCCUPATIONAL THERAPY ROLE IN PRIMARY CARE: A SCOPING REVIEW

DANIELLE DEGAGNE, MONICA KAPAC, ANNA TJADEN-MCCLEMENT & ASHLEY YOUSSEIM (Study Advisor: Leanne Leclair)

Objectives for the session:
1. Distinguish between primary care and primary health care.
2. Identify three main themes within the literature relating to the occupational therapy role in primary care.
3. List types of assessments and interventions occupational therapists provide in primary care.

Introduction: Primary care, the initial point of contact within the health care system, is an emerging area of practice for occupational therapists. A growing body of literature explores this emerging area of practice, though to date no synthesis has been completed. A scoping review of the literature could help facilitate the ongoing development of the role of occupational therapy in primary care.

Objective: The aim of this study was to use the existing literature to answer the research question: What is the role of occupational therapy in primary care?

Method: Using Arksey and O’Malley’s (2005) methodological framework to conduct a scoping review, seven online databases were searched using key terms related to “occupational therapy” and “primary care”. Relevant studies published between 1980 and 2017 were selected using the specified inclusion/exclusion criteria. The findings were categorized into themes using qualitative data analysis. The researchers used the occupational therapy process and the Person-Environment-Occupation model to help organize the findings.

Results: Fifty-three articles were included. Three themes were identified: 1) working as a generalist across the lifespan, 2) being an interdisciplinary team member, 3) focus of established versus potential roles.

Conclusion: Occupational therapists in a primary care setting play a generalist role and have the necessary education and skills to address physical, cognitive, and affective health concerns for a wide variety of populations across the lifespan. Occupational therapists’ function-based approach, focus on activities of daily living, and knowledge of environmental barriers and facilitators offer a unique perspective to the interprofessional primary care team.
PARENT PERSPECTIVES ON DEEP TOUCH PRESSURE INTERVENTIONS FOR CHILDREN WITH AUTISM SPECTRUM DISORDER

YVONNE NG AND MOIRA PENA (Study Advisor: Jacquie Ripat)

Introduction: Deep touch pressure sensory-based interventions are recommended by occupational therapists to enable function and participation in children with autism spectrum disorder. However, there is a paucity of research on parents’ perceptions of these interventions when administered within naturalistic settings.

Objectives: To examine parents’ perceptions of the value, uptake, and acceptability of these interventions.

Methods: Using a survey design, an online questionnaire was created. The questionnaire was sent to 399 families registered at the Province of Ontario Neurodevelopmental Disorders’ database; 152 parents completed the study, yielding a response rate of 39%. Data were analysed for frequency of responses and open-ended responses were reviewed and grouped by the researchers.

Results: The most frequently recommended interventions were trampoline (54.6%), massage (47.8%), and oral-motor tools (43.8%). Of the recommended interventions, the percentage of use was highest for massage (96.3%), followed by trampoline (89.2%), and joint compressions and brushing (89.2%). The majority of parents found the interventions helpful in addressing challenging behaviours and most viewed their use to be important (31.7%) or very important (43.1%). Main barriers included: interventions were not recommended to parents, parents found them difficult to use, and families did not have access to equipment. To increase use of these interventions, parents wanted ongoing support from the occupational therapist and access to therapeutic equipment.

Conclusions: These interventions are valued and accepted by parents of children with autism spectrum disorder, but there are barriers to their use. By gaining an understanding of and addressing these barriers, occupational therapists may support improved uptake of these interventions.
PARENTAL EXPERIENCES OF IMPLEMENTING PARENT-COMPLETED SCREENING TOOLS: A NEW PERSPECTIVE

ANDREA DICK, ARA IRVINE, DEBRAH MACDONALD & CHAYE WILD (Study Advisors: Leanne Leclair & Gayle Restall)

Participants will:
1. Become familiar with current Canadian screening guidelines and three parent-completed developmental screening tools: PEDS, ASQ-3, ASQ:SE;
2. Discuss and list possible barriers and facilitators to administering parent-completed screening tools;
3. Learn about parents’ experiences related to using screening tools at home with their child.

Introduction: Little is known about parents’ experience related to using developmental screening tools with their child. The current screening guidelines rely on parents to identify developmental concerns and be advocates for the health of their children. Parent-completed screening tools have been developed to facilitate identification of developmental concerns among young children. Gathering an understanding of parental experiences using developmental screening tools could help identify information that could improve the process for identifying children with developmental delays.

Objectives: To gather parents’ perceptions of administering three parent-completed developmental screening tools: Ages and Stages Questionnaire-3 (ASQ-3), Ages and Stages Questionnaire: Social-Emotional (ASQ:SE) and the Parents’ Evaluation of Developmental Status (PEDS).

Methods: Participants were recruited from a previous study completed in 2013 (N=250). A qualitative descriptive design was used to gather parental experiences of administering the ASQ-3, the ASQ:SE and the PEDS at home with children ranging in age from 54 to 60 months. Data was collected from parents via telephone interviews. Interviews were summarized using content analysis.

Results: The final sample consisted of 46 participants. Data analysis produced three themes providing insight into the participants’ perceptions of administering the developmental screening tools including: 1) experience with healthcare, 2) completion and ease of use, and 3) knowledge of child’s development.

Conclusions: Findings from the current study provide a new perspective to current literature with respect to developmental screening processes. Parental experiences provide valuable insights on the implementation of developmental screening tools and protocols that could be used to better meet the needs of parents, children and healthcare providers.
SOCIAL CAPITAL IN OCCUPATIONAL THERAPY

KAYLEE KOZERA, STEPHAN PARISEAU, JESSICA PARSHOTAM & ARTHUR WELDON (Study Advisor: Nelson Oranye)

Introduction: Social capital is a resource inherent in social structures, which individuals can access and benefit from. Social capital can also inform perspective on the effects of social processes on individuals or groups. Dimensions of social capital commonly discussed in the literature include trust, perceived safety, norms of reciprocity, social support, social participation and cohesion. Social capital is congruent with occupational therapy models, which identify the social environment as a factor in occupational performance and engagement. Occupational therapists can use knowledge of social capital to promote health and meaningful occupation in clients.

Objectives: To examine the relevance of social capital to occupational therapy and to determine the extent of analysis of social capital in occupational therapy literature.

Methods: The concepts of social capital, academic performance, and occupational therapy were systematically searched in databases and analyzed.

Results: Social capital influences occupational performance in the domains of health and academic performance. Although studies in occupational therapy literature indicate the relevance of social capital to occupational performance, none of the studies quantified the relationship between social capital and occupational performance. Studies in occupational therapy literature also overlook important dimensions of social capital.

Conclusions: Social capital is an important and relevant concept to occupational therapy practice. Empirical research is needed to correlate dimensions of social capital with occupational performance. Occupational therapists can play a key role in helping clients build social capital to improve health, academic performance, and other areas of occupational performance in a variety of practice settings.
EXPLORING THE EXPERIENCE OF OBTAINING AND USING A SIT-STAND WORKSTATION

KIA GOOSSEN, MARIFE SOTTO & JOCHEBED GIESBRECHT
(Study Advisor: Leslie Johnson)

Introduction: Many jobs require prolonged sedentary behaviour which is linked to negative health risks. Sit-stand workstations (SSWs), devices that can be adjusted to allow employees to work in sitting or standing position interchangeably throughout the day, have been promoted as a tool to address this health concern. While heavily marketed, research on the effectiveness of SSWs and the lived experience of transitioning to using SSWs is limited.

Objectives: The purpose of this qualitative study was to explore university employees’ experiences of obtaining and using SSWs.

Methods: Using a semi-structured interview, researchers explored the experience of six participants. Data analysis followed an inductive approach using thematic content analysis and interpretive descriptive methods.

Findings: Four themes were identified related to the participants’ motivation, process, satisfaction and challenges to obtaining and using SSWs. Participants were generally satisfied with their SSWs and reported benefits from increased activity, productivity, comfort and social collaboration. Participants described some challenges to obtaining and using SSWs which included lengthy assembly time, lack of adjustability, not changing positions regularly, and cost. Employer funding was a major facilitator to participants obtaining the SSWs but was considered as a concern for future SSW users.

Conclusions: Understanding the experience of selecting and adjusting to SSWs is helpful for occupational therapists when making recommendations to potential SSW users. Occupational therapists can use this information to enhance employee training aimed at reducing sedentary behaviour. Future directions for qualitative research should include exploring the longer term experiences of SSW users and in work environments beyond the university.
EXPLORING OCCUPATIONAL THERAPY PRACTICE IN VISION ASSESSMENT AND INTERVENTION

SALMA KASSAM, SIMMY KASSAM & MARILYN ROBERTAZZI
(Study Advisor: Jacquie Ripat)

Objectives for the session:
1. Participants will learn about the barriers to vision assessment and intervention that OTs encounter in practice and will identify practical strategies to address these barriers.
2. Participants will develop and share 3 strategies to incorporate vision into their OT practice as an entry level clinician.

Introduction: Vision enables humans to see and engage within their environment. When vision becomes impaired, it impacts participation in daily occupations and can affect quality of life. Since occupational therapy focuses on enabling participation in meaningful occupation, occupational therapists play a critical role in assessment and intervention of vision.

Objectives: The purpose of this study was to explore the current practice of occupational therapists in Ontario in vision assessment and intervention. This study aimed to identify attitudes and current practices of occupational therapists working in various settings, and potential barriers encountered in practice.

Methods: A descriptive, cross-sectional study design using an internet-based survey approach was utilized. One hundred twenty-five occupational therapists working in Ontario completed a structured questionnaire. Data was analyzed using nonparametric descriptive statistics and inferential statistical analysis.

Results: Informal assessment methods were used more frequently than standardized assessments. Occupational therapists who completed post professional training in vision completed vision assessments more frequently (p=.002) than those who did not. There was no significant correlation between receiving education regarding vision impairment in entry to practice program and completing vision assessments more frequently (p=.097). Compensatory strategies were used more frequently than remedial strategies for vision interventions. The three most significant barriers to providing vision assessment and intervention were limited availability of training courses, limited access to vision specialists and lack of knowledge or skills.

Conclusions: There is a need for enhanced education, interdisciplinary collaboration and further research to enable occupational therapists to expand their role in the area of vision.
EXPLORING THE INTERPROFESSIONAL COLLABORATIVE RELATIONSHIP-BUILDING MODEL IN OCCUPATIONAL THERAPY PRACTICE

YAELE BERKOWITZ, AYA EL-ALAWI, MELINA POTTS & JESSICA RAMOS (Study Advisor: Pamela Wener)

Objectives for the session:
2. Have the opportunity to apply the ICRB model to their occupational therapy practices.
3. Have the opportunity to provide feedback on the presentation as a teaching tool to learn about the ICRB model.

Introduction: Occupational therapists work on interprofessional care teams. While creating and maintaining interprofessional relationships on teams can be complex, it enhances client care. The Interprofessional Collaborative Relationship-Building model (ICRB) (Wener & Woodgate, 2016) guides health care providers as they develop their inter-team relationships. However, the applicability of this model for occupational therapy practice is unknown.

Objectives: The purpose of this presentation is two-fold. 1) To share a web-based presentation to explore the applicability of the ICRB model to occupational therapy practice. 2) To evaluate the presentation as a tool for teaching the ICRB model.

Approach: Create a web-based presentation to teach the ICRB model. Invitation symposium attendees to view and discuss the presentation, and provide feedback. Using guided questions and in small groups, attendees will discuss the applicability of the model to their practice settings. Following the symposium, co-investigators will summarize attendees’ discussion on the applicability of the ICRB model and integrate their feedback on the presentation.

Results: Preliminary feedback on the web-based presentation from two practicing occupational therapists indicated it was a concise and relevant teaching tool that would be useful for teaching therapists about the model. Data collection is ongoing.

Conclusions: This model can be used to guide occupational therapists through the complexities of interprofessional relationship-building. Increased knowledge of the model can help therapists enhance client care. Further exploration with a larger and more diverse population of therapists on the practical use of the ICRB model is needed to establish the applicability of the ICRB model for occupational therapy practice.
DEVELOPMENT OF A COMMUNITY WINTER SPACE: A TRAIL ON THE RED RIVER

STEPHANIE CHU, ERIN FLOYD & ALICIA MCDougALL
(Study Advisor: Jacquie Ripat)

Objectives for the session:

1. Understand how the current project adds to Winter Cities Movement and how this contributes to the health and well-being of people living in northern climates.
2. Identify 2-3 factors identified by the stakeholders that impact the potential development of a community winter space.
3. Discuss how the winter space could be utilized based on the results of the study.

Introduction: Winter weather can be a barrier to outdoor activity and participation in northern climates including in Winnipeg, Canada. Winter can have negative impacts on physical and psychosocial health, and overall well-being. Therefore, people in many northern cities have attempted to embrace winter by developing outdoor, winter community spaces that create opportunity for socialization and physical activity.

Objectives: This study aimed to raise community awareness, identify community interest, and identify the potential uses and concerns for a proposed community winter space on the Red River between University of Manitoba and St. Amant.

Methods: A cross-sectional survey approach was used to target perspectives of two community stakeholder groups: University of Manitoba and St. Amant. An on-line questionnaire, consisting of closed- and open-ended questions was developed and shared with each group. Data from each group was analyzed using descriptive methods.

Results: Interest in weekly or occasional use of the space was reported by community members. Interest in several outdoor activities, including cross country skiing, skating and walking paths, was identified. Concerns reported included issues with accessibility, safety, and ice maintenance. Community members reported some interest in volunteering and limited interest in leadership roles.

Conclusions: Due to limited response rate and variability in interest in the winter space, a pilot community event should be organized to engage the community and determine further interest in the project. Participation in winter activities can be facilitated by community spaces but considerations such as safety and accessibility must be addressed in the development of such spaces.
EXPERIENCES OF LGBTQ2+ INDIVIDUALS WITHIN THE CANADIAN HEALTHCARE SYSTEM: A SCOPING REVIEW CALLING FOR CHANGE

REBECCA ALLEY, SAMANTHA REPA & NICOLA SCHAAN
(Study Advisor: Natalie MacLeod-Schroeder)

Participants will be able to:
1. Define “LGBTQ2+” and at least one identity not in the acronym.
2. Understand at least 2 implications of sexuality and gender on practice in an individual and institutional level.
3. Identify at least one strategy for change that they can implement each on an individual and institutional level.

Introduction: Historically, LGBTQ2+ individuals in Canada have been discriminated against within most contexts including healthcare. There is a lack of synthesized literature on these populations’ experiences within the Canadian healthcare system.

Objectives: This paper scopes the literature examining LGBTQ2+ individuals’ experiences within the Canadian healthcare system to strengthen the voices of these communities.

Methods: Scoping review methodology was used. Forty articles were included in this review. Articles were required to explore a Canadian context, express experiences of at least one of the above populations, and were limited to the past ten years.

Results: LGBTQ2+ Canadians consistently experience discrimination and stigma that prevents equitable access to healthcare across care contexts and communities. While some positive experiences were noted, LGBTQ2+ Canadians overwhelmingly would like more competent care from their healthcare providers. Themes identified were stigma and discrimination, disclosure, health care provider knowledge and skills, hetero- and cisnormativity, positive experiences, and strategies for change from the literature.

Conclusions: Gaps exist in the literature in less-recognized LGBTQ2+ communities and LGBTQ2+ children and youth, and there is a paucity of literature describing the experiences of gay men and bisexual people. Additionally, literature describing LGBTQ2+ experiences has limited regional diversity. Sexuality and consideration of transgender individuals should be included as social determinants of health. More education, research, and reflection are required for healthcare providers to increase their competencies.
ALTERNATE LEVEL OF CARE IN CANADA: A SCOPING REVIEW OF THE GREY LITERATURE

CHRISTOPHER DOMS AND PAMELA SINGH
(Study Advisor: Archie Cooper)

Introduction: Alternate level of care (ALC) patients are those who remain in acute care settings but no longer require the intensity of these services. ALC at individual level leads to functional decline in patients and places an economic and resource burden on the healthcare system. Currently, no consensus exists in Canada for solutions to address the ALC issue. Research has been conducted; however, grey literature sources have been largely neglected.

Objectives: The aim of this study was to increase knowledge about ALC delivery of care in Canada.

Methods: A scoping review of the grey literature was conducted, recommendations were extracted from the literature, and common themes were developed.

Results: Data analysis suggests potential solutions for addressing the ALC issue in Canada, specifically suggesting model changes at the individual, community, and healthcare systems level. Changes at the individual level include standardized screening for appropriate referrals, and early education to prepare and support patients and families upon discharge. At the community level, implementation of multidisciplinary teams for early intervention and educational programs for healthcare providers have been suggested. Simulation models can help inform policy decisions that address capacity issues. A standard definition of ALC at the health systems level would allow consistent designation of clients and improve the quality and accuracy of ALC data and reporting systems.

Conclusions: Potential solutions found in this study to address the ALC issue in Canada may be used to identify areas of future research and inform current practice. They may also help to identify opportunities for system redesign.
PROFILE OF ALTERNATE LEVEL OF CARE (ALC) IN WINNIPEG REGIONAL HEALTH AUTHORITY

ALYSHA FRIESEN AND CAMILLA THORNE-TJOMSLAND
(Study Advisor: Archie Cooper)

Introduction: Alternate Level of Care (ALC) refers to acute care hospital beds occupied by patients who no longer need acute services but are waiting to be discharged to a more appropriate setting. Patients designated as ALC lose function over time and are costly to the health care system. A deeper understanding of ALC patients may be useful to the Winnipeg Regional Health Authority (WRHA).

Objectives: To compare the demographic profiles of ALC patients in the WRHA between the fiscal years 2011/12 and 2015/16.

Methods: Quantitative analysis of data from WRHA was used for this quality improvement project. Fully anonymized data from the WRHA included variables such as age band, hospital, and community area. Data from the two fiscal years was compared using SPSS and Excel to identify trends.

Results: There were no significant changes in ALC profile between 2011/12 and 2015/16. Age and gender were consistent between fiscal years. While there were minimal changes between neighbourhoods, there was a small increase in the total number of ALC patients from 2011/12 to 2015/16. There was an increase over the two fiscal years for the ALC reason code ‘Panel’.

Conclusions: ALC status in the WRHA is an issue as it causes deterioration in function over time and is costly. Although total ALC length of stay decreased, there was little change between fiscal years; this suggests that a system change is needed to manage ALC.
DESCRIPTION AND RETENTION OF WHEELCHAIR SKILLS CAPACITY AND SELF-EFFICACY AMONG OCCUPATIONAL THERAPY GRADUATES

LINDSAY CLENDENAN, MITCHELL PAUL, MAXINE SCHON & SHANNON TOEWS (Study Advisor: Ed Giesbrecht)

Participants will be able to:
1. Describe which wheelchair skills are being taught by our MOT graduates between 2014-2016 working with wheelchair users;
2. Report how a boot camp impacts clinicians' self-efficacy to assess, train, and spot wheelchair skills;
3. Discuss potential strategies to enhance transfer of wheelchair skills learning into clinical practice.

Introduction: Manual wheelchair skills training is important in the wheelchair provision process. An intensive wheelchair “boot camp” is an effective approach for teaching wheelchair skills to student clinicians. Retention of these skills and the impact on clinical practice post-graduation have not yet been examined.

Objectives: To measure retention of skills acquired through the boot camp; describe and compare current skill capacity and self-efficacy among attendees and non-attendees; and describe current skills training in clinical practice.

Methods: A cross-sectional survey was used to gather information from Master of Occupational Therapy graduates between 2014-2016. A paired t-test was used to measure retention, and independent t-tests to compare skill capacity and self-efficacy between attendees and non-attendees. Descriptive statistics were used to report current skill capacity, self-efficacy, and clinical practice.

Results: Among respondents (n=25) a significant difference between pre/post-graduation scores (p=0.03) indicated attendees’ skill capacity was not retained, while a non-significant difference in self-efficacy (p=0.1) indicated retention. Attendees showed greater skill capacity than non-attendees (p=0.04, Cohen’s d=0.94), and a large effect size for self-efficacy was found (p=0.32, Cohen’s d=0.69), although not reaching significance; they had higher self-efficacy to assess and spot wheelchair skills (p=0.02, Cohen’s d=1.08; p=0.006, Cohen’s d=1.40) and a non-significant large effect size was observed (p=0.09, Cohen’s d=1.48). Respondents teach primarily basic level skills.

Conclusions: While the boot camp is effective for skill acquisition, it remains unclear why clinicians are not teaching skills beyond basic. Further research should examine potential barriers to teaching community and advanced skills.
APPLICABILITY OF THE INTERPROFESSIONAL COLLABORATIVE RELATIONSHIP BUILDING MODEL TO OCCUPATIONAL THERAPY IN PRIMARY CARE

LISA DIAMOND-BURCHUK AND SARA LAZARECK
(Study Advisor: Pamela Wener)

Introduction: A growing body of evidence supports the inclusion of occupational therapists on interprofessional teams in primary care to enhance patient outcomes. However, these therapists may struggle to build their interprofessional relationships within primary care teams.

Objectives: A qualitative interpretative descriptive design was used to explore primary care occupational therapists’ perspective of the applicability of the Interprofessional Collaborative Relationship Building Model (ICRB) to guide their practice.

Methods: All primary care (PC) occupational therapists in one urban regional health authority were invited to participate. Participants independently viewed a web-based digital presentation to learn about the ICRB, spent three weeks considering the model as a guide for their relationship building in their primary care practices and then participated in either a focus group or an individual interview. During the interview, participants discussed their impressions and experiences in applying the ICRB to their practice. Qualitative inductive analysis was used to understand the participants’ experiences and impressions. Transcripts were independently coded, similar codes were grouped and collapsed into an overall theme and categories.

Results: The emergent overarching theme was the model is validating. This theme was explained by four categories: bringing the model to life, resonating, and situating in their team development, and direction setting to further develop their relationships.

Conclusions: Primary care occupational therapists must develop effective interprofessional team relationships. The ICRB model assists occupational therapists in understanding their current interprofessional relationships and provides the direction on how to further develop these relationships to provide optimal client care.
PREPAREDNESS AND CONFIDENCE OF OCCUPATIONAL THERAPY STUDENTS TO PRACTICE WITH INDIGENOUS PEOPLES

NATASHA GILL, ALEXANDRA JANSEN, LINDSAY KOEHN & MELISSA NEUFELD (Study Advisor: Gayle Restall)

Participants will be able to:
1. Know the results of a survey that examined Master of Occupational Therapy (MOT) students’ perceptions of MOT curriculum content that can prepare them for working with Indigenous peoples.
2. Relate the survey findings to the Truth and Reconciliation Commission’s (TRC) “calls to action” for take courses that focus on Aboriginal health issues.
3. Identify opportunities to provide educational content related to Indigenous history and health within the MOT program.

Introduction: The Truth and Reconciliation Commission of Canada identifies health professionals as having a role in reducing health inequities experienced by Indigenous peoples. Little is known about the ways that pre-licensure programs prepare students to provide culturally competent and safe occupational therapy with Indigenous peoples.

Objectives: To examine Master of Occupational Therapy (MOT) students’ perceptions of their confidence and preparedness for working with Indigenous peoples and identify related gaps in the curriculum.

Methods: An online cross-sectional mixed methods survey design was used. Quantitative and open-ended questions drew upon concepts of cultural safety, human rights, occupational justice and topics related to Indigenous history and health. Data analysis included descriptive and inferential statistics, and inductive qualitative methods.

Results: Fifty-one (51.5%) students provided usable responses to the survey. Many students reported entering the program with minimal knowledge regarding Indigenous peoples. Students reported that the program teaches concepts of occupational justice, and cultural safety and competency in more depth than issues related to colonization. Results indicated that MOT2 students feel more confident and prepared than MOT1 students to work with Indigenous peoples. However, 81.2% of MOT2 student respondents reported feeling only slightly or somewhat confident to provide culturally competent and safe occupational therapy with Indigenous peoples.

Conclusions: Although students perceive that the MOT program provides content to prepare graduates to practice in culturally competent and safe ways, they note limitations in content related to Indigenous history and health. The findings offer insights into opportunities to better prepare students for occupational therapy with Indigenous peoples.
3:00 - 3:40
Interactive Session • R160

SELF-DIRECTED LEARNING READINESS IN HEALTH PROFESSION STUDENTS
JAMIE BERNARD, KATELYNN CHABOT, JAMES WINDER & RACHEL KLASSEN (Study Advisor: Nelson Oranye)

Objectives for the session:
1. Discuss self-directed learning and Fisher’s Self-Directed Learning Readiness Scale.
2. Discover factors associated with self-directed learning readiness in health profession students.
3. Consider implications for health profession education.

Introduction: Self-directed learning is a principle that has gained increasing attention within adult education learning environments. Self-directed learning is essential for health profession students to maintain life-long learning skills and be successful navigators of the constantly changing body of knowledge. Most of the literature surrounding self-directed learning readiness has examined factors of age, gender and level in current program; however, previous studies were limited to few health profession programs.

Objectives: The purpose of this study was to identify factors associated with self-directed learning readiness among students currently enrolled in four health profession programs at the University of Manitoba (Bachelor of Nursing, Masters of Occupational Therapy, Masters of Physiotherapy, and Bachelor of Respiratory Therapy). Factors investigated include gender, age, level of education, current academic programming, and previous exposure to self-directed learning.

Methods: An online survey utilizing Fischer’s tool was used to collect demographic and self-directed learning readiness data.

Results: Gender was the only characteristic found to be associated with level of self-directed learning readiness. This study found no relationship between age, level of education, current academic program, previous area of study, or previous and/or current exposure to self-directed learning.

Conclusions: Self-directed learning is an essential skill for health care providers, enabling them to adapt to ever-changing health care practice environments. This study can help guide decision-making around type, amount and time for self-directed learning instruction in a variety of health profession programs.
MASTER OF OCCUPATIONAL THERAPY

INDEPENDENT STUDY SYMPOSIUM

THURSDAY, JUNE 15, 2017

Department of Occupational Therapy