Quality Assurance: Opportunity for Practical Student Experience

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Key Words: fieldwork education, occupational therapy • quality assurance, occupational therapy

The American Occupational Therapy Association's (AOTA's) 1989/90 Program Evaluation Guide (Accreditation Committee, 1989) for use with the Essentials and Guidelines of an Accredited Educational Program for the Occupational Therapist (American Medical Association, American Occupational Therapy Association, 1983) includes the development and implementation of quality assurance as necessary components in educational programs for the occupational therapist. The Essentials, however, do not specify whether quality assurance is to be included in the curriculum as a part of academic course work or during fieldwork experiences. AOTA provides its members with resources and information concerning quality assurance through its Regional Quality Assurance Consultant Program. Since 1986, an objective of this program has been to increase participation of fieldwork students in quality assurance.

Although there have been many references to quality assurance in the occupational therapy literature, only three entries were found that included the occupational therapy student. Although these entries referred to the importance of quality assurance and that entry-level occupational therapists should have exposure to or familiarity with quality assurance techniques, they contained no discussion on how students might be prepared (Gillette, 1982; Hammeke & Ganti, 1974; Ostrow & Joe, 1982).

The present paper describes experiences at the University of Texas Medical Branch (UTMB) at Galveston in providing Level II fieldwork students with opportunities to learn about and to participate in quality assurance activities implemented by the occupational therapy department.

UTMB provides fieldwork experiences in hospitals and clinics throughout the campus in the following practice areas: child health; forensic medicine; acute medicine and surgery; adult, geriatric, child, and adolescent mental health; substance abuse; physical rehabilitation; and geriatric medicine. Although the specific nature of each clinical assignment varies, similarities among each student's fieldwork program exist. All students attend a series of weekly seminars, which involve orientation to general departmental procedures, lectures, and an opportunity for each student to make a formal presentation. All students must complete written assignments, oral reports, and a special project.

To provide some direction to the students for the special project assignment, a list of suggestions for projects is available. Depending on the clinic assignment, this list might include the design and fabrication of a piece of therapeutic equipment, the development of a computer game or cognitive retraining activity, the creation of a patient education video or home program outline, the completion of an in-depth case study, the development of a needed treatment protocol, or the exploration and review of a quality assurance issue.
Quality Assurance at UTMB

The quality assurance program at UTMB is compatible with the Quality Assurance Model outlined by the Joint Commission on the Accreditation of Healthcare Organizations (McCarthy, 1989). Quality assurance activities include identification of the scope of care, concurrent monitoring of important aspects of care, and the development of quality improvement activities. A log is maintained of issues, problems, and concerns that relate to quality assurance and improvement of practice quality.

Several students have elected to initiate a quality assurance activity as a special project. Students who elect to initiate a quality assurance activity as their project work closely with an advisor and follow the occupational therapy department's guidelines for quality assurance activities. The guidelines include a format that provides structure to an outline for the identification and discussion of the practice issue being considered and its rationale. It also requires that the method of review be carefully described. Thresholds, or expectations, must be identified and discussed, and the results of all monitoring activities must be analyzed. Any action indicated must be described and its effectiveness reviewed. All results must be communicated.

All occupational therapy quality assurance activities are discussed at the department's quarterly quality assurance meeting. New activities are introduced with a brief description of the practice issue, aspect of care, problem, or concern. This description includes a discussion of this issue, its importance to the particular practice arena, and how it affects the patients served. The person initiating the activity must then describe in detail the method to be used to monitor and report the issue. Expectations (i.e., thresholds) for achieving goals are stated. In addition to the discussion, a written description of all quality assurance activities is submitted for inclusion in the department's quarterly quality assurance report.

Students' Quality Assurance Projects

Quality assurance projects initiated by fieldwork students follow the same structure as the quality assurance activities initiated by staff. Presented below are several projects to illustrate ways in which students have participated in quality assurance activities during their fieldwork experience at our center.

In one project, a student identified recidivism as an issue in acute adult psychiatry. He chose to review the reasons for admission, the percentage of patients seen in occupational therapy who had been previously, and the effect of occupational therapy on the coping skills of those persons. He examined the number of hours of occupational therapy received, the nature of the documented occupational therapy goals, and the discharge plans. His rationale was to assess the effectiveness of the occupational therapy service based on the documented occupational therapy treatment goals, the needs expressed by the patient during the initial visit, and the reason for subsequent admissions.

This student's method of review was a retrospective chart audit of the occupational therapy records of 50 patients admitted and discharged during a 6-month period. He found that, generally, occupational therapy goals addressed cognitive skills, stress management, self-awareness, activities of daily living, and communication. Documentation revealed that a large percentage of unmet goals were in stress management and situational coping, and that the goal most often unmet was, "Patient will identify course of action to cope with life stressors upon discharge."

Following the review and assessment of the data, the student recommended that the occupational therapy protocols be modified to reflect stress management as the primary treatment goal, that additional emphasis be placed on stress management, and that the frequency of stress-management groups be increased. His project has led to the expansion of stress management groups in occupational therapy and to the development of additional patient education materials on stress management to facilitate discharge planning.

Another student identified the effectiveness of stress-management groups for patients with limited cognitive performance as an issue for study. She wanted to determine whether the occupational therapy activities used improved the patients' perceptions of their ability to cope with stress. For her method of review, the student developed a brief questionnaire that was completed by each patient upon initial evaluation and after attending three stress-management sessions. The questionnaire asked the patient to identify his or her life stressors; physical and mental signs of stress; ways to cope with stress; previous participation in stress management classes; differences in the ability to cope with stress following participation in occupational therapy; and, finally, an overall rating of the ability to cope with stress.

Upon reevaluation following three stress-management sessions, the patients reported an increased ability to cope with stress. In addition, the student found that patients who participated in more than three sessions reported that they perceived no further increase in stress-management skills. The department plans to introduce a monitoring activity to determine the average number of stress-management sessions perceived by patients to be beneficial.

Determination of the outcome of occupational therapy intervention in mental health was a quality assurance issue identified by a third student. This student chose to use the Peloquin Interview (Peloquin, 1983) to assess the patients' perception of problems upon admission and just before discharge, in order to determine if there were any changes in the patients' perceptions of their condition.
The Peloquin Interview is used in our department as one mechanism to introduce the patient to occupational therapy and to assist the patient in identifying his or her treatment goals. After conferring with Peloquin, the student adapted the interview so that information could be quantified and data collected at admission could be compared with data gathered throughout the period of hospitalization.

When initial responses from the patients’ interviews were compared with those recorded during the predischarge interview, an average decrease of 18 points was found. This decrease indicated a reduction in the number and severity of problems identified by the patient. These measurable changes in patients’ perceptions of their condition represent the effect of occupational therapy and have been used as a part of the department’s review of patient outcomes.

A fourth student’s quality assurance project was done in response to an issue identified by staff in the geriatric day hospital. Air splints are used frequently with this population to reduce edema. Concerns about adverse effects on patients’ blood pressure following the use of these devices had been raised by nursing personnel. This student’s project was to determine whether the application of upper extremity air splints affected the blood pressure of stroke patients from the geriatric day hospital.

The method chosen to address this issue included a review of the literature to determine if there were any data regarding the effect of air splints on blood pressure. The student took and recorded blood pressure readings before the application of air splints and 2 min and 5 min after the application of the splint. Recordings were compared to age-related norms (Zadai, 1986). Data were collected on 6 patients each time the air splint was applied. No pattern was evident, and no adverse changes in blood pressure were recorded. The student’s efforts were shared with the medical director of the geriatric day hospital and with the members of the treatment team who together determined that the use of the air splints would be continued.

Effect of Quality Assurance on Learning Experiences

The four projects described in this paper provided practical learning experiences for each student. The practical experience gained was in identifying patient care issues, developing review methods, collecting and analyzing data, and communicating findings. These are skills that can be transferred to clinical practice as well as to future research activities.

We at UTMB believe that quality assurance projects have not only contributed to the thoughtful review of practice patterns, but also, in some cases, have changed the provision of occupational therapy services. These projects identified and addressed real issues affecting the practice of occupational therapy and the provision of service. In working on such projects, students preparing for occupational therapy practice have the opportunity to make their own contribution to the department and to the profession.

Acknowledgments

I thank David Wilson, Lisa Garnett, Judy McMath, and Kim Stephens, whose fieldwork projects are described in this paper, and Lillian Parent for editorial assistance.

References


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