Clinical research is essential for the future of occupational therapy. Our profession is interested in studying the effects of occupation on health, our leaders have spoken of the need for a defined body of knowledge for the field, and the health environment demands that we have objective measurements of our effectiveness.

Occupational therapy managers need to develop a system to support research as a primary objective of clinical practice. Every clinic is a potential laboratory in which questions can and must be answered. In order to gain the recognition we deserve, we must give our patients, our referral sources, and the public answers concerning the impact of activity on human performance. Rather than relying on the principles of other disciplines to guide the delivery of our services, we must become responsible as a profession and as individuals for developing our own principles.

Initiating Clinical Research

The most difficult phase of clinical research is the "design and collection of initial data" phase. The clinician must be committed to lay the groundwork for future study. Important tasks at this stage include integrating all the pilot information, determining validity of the instrumentation, completing a literature review, determining the significance of the research, and integrating this with the design. Once funding sources have been identified, the acceptable proposal format is determined by asking for the format desired from the funding source and for copies of a funded proposal. If this is not available, the clinician should ask for the names of persons who have been supported by that source during the last several years and complete a literature review to determine the design used and publications that were generated as a result of the funding.

Funding Sources

The program administrator or occupational therapy manager needs to begin the search for funds to further the work and be aware of the options. Within the profession, the American Occupational Therapy Foundation (AOTF) provides research support. Other sources of money are local industry or potential local beneficiaries; shared resources, perhaps from an occupational therapy faculty; or local and national foundations. Funding can also include federal sources, such as the National Institutes of Health, the Administration on Aging, and Maternal and Child Health. Community agencies, such as United Way and the Easter Seal Foundation, also have research funds. It is important to investigate potential sources fully and maintain contact with persons who can direct you to possible support. Help can also be obtained from local or regional occupational therapy schools, the grant office of a university, or research consultants from the American Occupational Therapy Foundation.

Integrating Clinical Research with Clinical Practice

Research is a difficult task because the therapist usually carries a caseload in addition to the research effort. Clinical and management staff that respect the research initiatives of the department would aid the therapist. Also programs that fully use support staff can maximize therapists' contributions so that time can be allocated for clinical research. Objectives for the occupational manager laying the groundwork for research initiatives are:

1. stabilizing the management structure;
2. organizing the department to have a strong revenue base;
3. instructing the staff in assuming a scientific approach;
4. providing resources to assist in the research initiative;
5. obtaining management support for clinical research;
6. building relationships with occupational therapy schools or universities; and
7. developing potential funding sources.

Most important, integrating research into occupational therapy clinical practice requires the desire for knowledge and a respect for the scientific approach. Also, all persons should perceive that it is possible and worth the effort.

The manager sets the tone and expectations for the department. The profession hopefully has instilled the desire in the clinician and prepared him or her to address the scientific aims of the field through its basic educational programs. The following are expectations of the clinical staff as they develop knowledge in occupational therapy:

1. organizing and categorizing observations, as they relate to notes for documentation and to development of treatment protocols;
2. predicting the potential value of their services and explaining their actions from their experiences; and
3. understanding what causes events and directing services to influence an outcome. To do this clinicians must be current in the literature in their area of clinical practice, base their treatment on established scientific principles, seek assistance in developing reliable and valid instruments to collect objective data, seek assistance in designing pilot studies to collect preliminary data that will eventually lead to formal studies, and relate to interdisciplinary teams within the work environment to establish clinical studies.

The AOTF regional research consultants are among the many resources available to assist the therapist in this role. Also, several texts are available that introduce the concept of research including Fundamentals of Research for Health Professionals by Wilma West and Richard Cox (1). A video series entitled New Dimensions in Research for Health Professionals (2), produced by the AOTF, could be used by clinical staffs. Medical libraries are an important resource to use either directly or through interlibrary loans. Many occupational therapy schools have Ph.D. level faculty who can serve as consultants to clinical staffs. The American Occupational Therapy Association has allocated money for postgraduate and scholarly study. Finally, Ph.D.s or Ph.D. candidates in the sciences could be valuable resources in initiating research in the clinic.

Basic Preparation for Clinical Research

Although it is unrealistic to expect the bachelor’s degree occupational therapist to be sufficiently prepared for independent research, the bachelor’s level curriculum must contain the critical elements basic to a responsible clinician. The curriculum is required to contain specific information on basic and applied sciences relative to occupational therapy. Inherent in these courses must be the bases of data collection, theory development, and analysis.

Accurate observation, appropriate evaluations, and accurate recording on which treatment is planned are also the bases of research data collection. Where occupational therapy treatment ends and research begins is a fine line. The skills of evaluation and analysis are the rudiments of research. In order to provide the most effective treatment, therapists must be familiar with the current literature in their field of practice. The clinician entering the field continues to lack this preparation. This may be the most critical deterrent to the development of a research base for occupational therapy.

Students must be taught that what they do as clinicians is important as a basis for research for the future of their own practice. They also must be taught what other individuals within the scope of research do (for example, what a statistician can offer a therapist and what a methodologist can provide for them). Students must also be taught that the interdisciplinary team that approaches the patient is for the benefit of not only that patient, but research in general. Only by knowing the function of all team members can therapists use them in a cohesive...
plan for clinical practice and research.

There are some striking similarities in treating an individual patient and in doing research. Both processes begin by collecting data. In an individual treatment plan one then analyzes the data and formulates a plan for that patient. In research the collected data are analyzed and conclusions are drawn regarding the effectiveness of a particular treatment or the development of normative data. For the treatment plan to be assessed, the results must be evaluated in the patient. Each individual treatment plan then is a mini-research study conducted with a single subject.

Summary
The purpose of research is to give us indications of what the effectiveness of particular treatments are on groups of people. The similarities between what we accept as a standard of education and practice and what we conceive to be research are striking. In both cases, these are disciplined methods of collecting and analyzing data, and acting upon the results of it.

Those of us with clinical populations have unanswered questions and thus, good reasons for conducting research. The professional who wants answers must be willing to work for them knowing that the rewards and personal satisfaction will be great. Hopefully, the membership will recognize the importance of providing support to research and will be generous in their contribution to the American Occupational Therapy Foundation. The AOTF provides the necessary seed money to answer the questions that we are all facing.

Visit Booth #6 at the National A.O.T.A., May 7-11, in Kansas City, MO, and see our entire product line.

"TO ERROR IS HUMAN TO ANTICIPATE IS DESIGN"

Meaningful words, especially when it is you and your child who are the ones who error or are making do with a product that is unsafe, inefficient, difficult, and/or uncomfortable to use!

Systematically anticipating you and your child’s needs and behavior is part of our professional Designer/Ergonomist’s job. (*Terry Grall, Ph.D.)

If you cannot afford to error or make do, then ask for and demand the best, “Consumer Care”. Please write or call for a free copy of our current catalog.

Consumer Care Products, Inc.
Sheboygan Falls, WI U.S.A. 53085
Tel. 414-467-2393

Prone Support Walker #3A.1

est. 1978