COTNS
COLLEGE of OCCUPATIONAL THERAPISTS of NOVA SCOTIA

COTNS NEWS
Fall 2018 Newsletter

In this Issue

Increasing Effectiveness

De-adoption of low value clinical practices

The College is to ensure the public receives safe, effective, and ethical occupational therapy services. While actively discouraging unsafe or harmful practices is essential, focusing on ineffective practices is also of great importance. Indirect harm can be caused by ineffective practices when the client pays for services that don't achieve outcomes or when valuable time is misused during a critical period. New initiatives are now being implemented to discourage ineffective practices, such as the Choose Wisely campaign. Consistent with this approach, a presentation at the 2018 CAOT conference focused on the de-adoption of low value occupational therapy practices.

De-adoption has been defined as the rejection of health services found to be ineffective or harmful after they have already been adopted[1]. De-adoption is connected to the ethical principles of benevolence (services should benefit the patient) and non-maleficence (do no harm). Research is demonstrating that established practices are resistant to change despite evidence of their ineffectiveness or even harm[2]. This is attributed to economic, political, social, and cultural factors[3]. While health-care policies can promote de-adoption, change in practice is more resilient when decisions regarding provision of services rest with the autonomy of the clinician.

Utilizing the following strategy promotes the active de-adoption of low value clinical practices and its sustained effects[4]. This strategy may assist occupational therapists in identifying and de-adopting low value services:

1. ***Identification and Prioritization of Low Value Clinical Practices***

   Identifying low value clinical practices for de-adoption requires critical analysis of current performance. Where interventions do not lead to expected outcomes, they should be considered for de-adoption. In addition, where research has demonstrated its ineffectiveness or it conflicts with current practices, we must ask the question why. Are there factors that make the intervention more effective? Have we considered eligibility criteria to identify the patients that will benefit the most? Are there risk factors that need to be considered? Reviewing research evidence and clinical practice through this lens will identify those interventions that need to be partially or completely de-adopted. Once identified, these low value practices need to be prioritized based on strength of the research evidence, safety of the practice, health and cost impact, and availability of alternative practices.

2. ***Facilitate the De-adoption Process***

   Before the process can occur, we must first identify the barriers and facilitators of de-adoption. Consider the economic, political, social, and cultural factors. Are there economic benefits of the practice that, if de-adopted,

would be lost? Does the current health-care structure and policies support and encourage this practice? Are there advocates for continuing the practice? Does the public perceive the practice to be beneficial and continue to request it? Once answers to these questions are obtained, strategies can be developed to target the barriers and promote the facilitators of the de-adoption process. Early supporters will be required to support and promote de-adoption. Where possible, integration with care pathways and policies should occur as these have been demonstrated to facilitate de-adoption. Any replacement practices should be evaluated to ensure they are supported by evidence and best-practice.

3. ***Evaluate De-adoption Outcomes***

   After a de-adoption process has been implemented, it will need to be evaluated to ensure it is achieving the desired results. Further barriers and facilitators may be identified and new strategies implemented to enhance their effectiveness.

4. ***Sustain De-adoption***

   Research is demonstrating that de-adoption is not simply the reverse of implementing a practice and there is resistance to change. If initiatives are not sustain, the de-adopted clinical practice is likely to remerge.

In light of the rising health-care costs, I encourage all occupational therapists in Nova Scotia to critically evaluate their practice, identify low value clinical practices, implement a de-adoption process, and demonstrate occupational therapy's effectiveness.

AOTA's Five Things Patients and Providers Should Question[5]

The American Occupational Therapy Association (AOTA), participating in the Choose Wisely campaign, identified the following five things patients and providers should question:

1. *Don't provide intervention activities that are non-purposeful* (i.e. cones, pegs, shoulder arc, arm bike).
   Intervention activities should be occupation-based as they are an intrinsic motivator for patients and outcomes.

2. *Don't provide sensory-based interventions to individual children or youth without documented assessment results of difficulties processing or integrating sensory information.*
   Processing and integrating sensations are complex and requires an individualized intervention plan. Generic interventions not based on a complete assessment can be ineffective or harmful.

3. *Don't use physical agent modalities (PAMs) without providing purposeful and occupation-based intervention activities.*
   While PAMs may be used to address underlying impairments, applying them within functional activities has demonstrated enhanced outcomes.

4. *Don't use pulleys for individuals with a hemiplegic shoulder.*
   Use of pulleys for hemiplegic shoulders increases the risk of shoulder pain; gentle and controlled range of motion is preferred.

5. *Don't provide cognitive-based interventions (e.g., paper-and-pencil tasks, table-top tasks, cognitive training software) without direct application to occupational performance.*
   Cognitive interventions should be directly related to activities relevant to the patient to promote generalization.

Communication & Conflict Resolution

Effective communication is vital to inter-professional team functioning and patient care. Communicating your clinical opinion requires occupational therapists to adjust their approach and language depending on the audience. When miscommunication or differences of opinions occur, it often leads to conflict that may contribute to poor patient care. The importance of communication and conflict resolution are reflected in the Essential Competencies of Practice for Occupational Therapists in Canada and the College's Competence Assessment blueprint. This article provides occupational therapists with some strategies to assist with team communication and conflict resolution.

Open and transparent communication on inter-professional teams can prevent a conflict from occurring. Miscommunication often occurs as someone isn't listening, communication was not clear, or inappropriate or profession-specific language was used. The following strategies may assist in ensuring clear communication within the team[6]:

- Err on the side of over-communication: ensure you are providing sufficient information for all parties to understand your position and assume they are going to require more information than you anticipate. Your communication should be well organized and on topic.

- Seek to understand others: solicit feedback from other members of the team and ask questions. Repeat important points or paraphrase what is said to ensure or demonstrate understanding.

- Take responsibility for being heard and understood: consider how your message is being presented and the perspective of the intended audience. Ensure to adjust your language accordingly and confirm that your audience is receiving the message as you intended it.

- Quickly clear up misunderstandings: Anticipate miscommunication and work collaboratively to address misunderstandings.

- Reinforce and recognize the efforts of your team members: acknowledge and validate other's perspectives. Keep client-centred care as the core of all discussions as this is the central component of the team. Ensure you are portraying respect and trust to all team members.

Conflict is inevitable in our personal and professional lives. How we respond to conflict will determine our effectiveness and how others view you and the profession. Conflict resolution requires effective communication, trust and respect for all parties involved, and the willingness to work towards a mutually agreeable solution. The following CALM acronym may assist in resolving a conflict once it has occurred:

Clarify the issue: spend time identifying what is creating the conflict and consider how you approach the conversation. The conservation should be in private at a time mutually agreed upon. Invite others to present their perspective on the issue. Use "I" statements when stating your perspective.

Agree on the problem: coming to consensus on the underlying issue. You may find that you have a difference of opinion and need to first agree on the issue before you can move forward.

Listen actively: Ask questions of your team members and be prepared to listen to their response. Ensure you understand their perspective by repeating important points, paraphrasing, or asking further questions. Only after you understand their perspective should you ensure they understand your perspective.

Move to a solution: Once all perspectives are shared and understood, explore solutions that may resolve the conflict. Identify options that address all concerns raised and that are mutually agreeable or beneficial. Agree upon a solution and commit to following through.

Case Study

An occupational therapist, who works as a case manager, is referred to a client who is requesting workplace benefits due to a functional impairment. A report from the client's family physician indicates a medical diagnosis and provides subjective reports from the client. The OT arranges a functional capacity evaluation (FCE) that does not support the client's claim. This information is communicated back to the physician with the opinion that her request cannot be considered without objective functional information to support the claim. The physician reiterates her position and what ensues are five letter correspondences between the physician and OT, which become defensive.

This case demonstrates that a conflict has occurred, likely due to miscommunication or a difference of opinion. At this stage, written correspondence has been insufficient in resolving the conflict and has only resulted in escalation. To resolve the conflict, the OT should attempt to contact the physician to arrange a time to discuss the issues and identify an appropriate solution. The following actions may be used:

Clarify the issue: From the OT's perspective, the objective assessments do not support the subjective reports of the client. For benefits to be approved, objective assessments are required. The OT may also feel the physician is trying to pull title and overrule her opinion; however, this may not be the understanding of the family physician, who is advocating for their patient. The physician may be feeling her opinion is not valued or that the best interests of the client are not represented. The OT should take the time to consider how to raise the issue with the physician and explore the potential issues that may be contributing to the issue. The OT may use I statements to communicate that she feels her qualifications are being questioned. The OT should acknowledge how the physician is advocating for her patient and demonstrating client-centred care.

Agree on the problem: The OT should facilitate a discussion to identify and agree on the problem. In this case, it may be that the physician and OT are observing different behaviours of the client or that they have a difference of opinion on what constituent's sufficient information to support the claim.

Listen actively: the OT should listen to reasons why the physician supports the client's claim and ask probing questions to ensure she understands. OT may paraphrase or repeat important points to communicate respect and ensure they understand. Once the position of the physician is clearly understood, the OT should reciprocate by communicating her requirements.

Move to a solution: the OT should ask the physician to provide suggestions on how the issue may be resolve or propose potential solutions that may be mutually beneficial. Through collaboration, they may agree to the assessments that need to be completed that might support the claim or identify additional interventions that need to be considered first.

References

De-adoption

1. Niven, D.J., Leigh, J.L., & Stelfox, H.T. (2016). Ethical considerations in the de-adoption of ineffective or harmful aspects of healthcare. Healthcare Management Forum, 29(5), 214-217.
2. Davidoff, F. (2015). On the undiffusion of established practices. Journal of the American Medical Association Internal Medicine, 175(5), 809-811.
3. Montini, T. & Graham, I.D. (2015). "entrenched practices and other biases"; Unpacking the historical, economic, professional, and social resistance to de-implementation. Implementation Science, 10:24.
4. Niven, D.J., Mrklas, K.J., Holodinsky, J.K., Straus, S.E. Hemmelgarn, B.R., Jeffs, L.P., & Stelfox, H.T. (2015). Towards understanding the de-adoption of low-value clinical practices: A scoping review. MBC Medicine, 13:255.
5. The American Occupational Therapy Association (2018). Five Things Patients and Providers Should Question. Retreived from http://www.choosingwisely.org/wp-content/uploads/2018/05/AOTA-Choosing-Wisely-List.pdf

Communication

6. College of Occupational Therapists of Ontario (2015). *Prescribed Regulatory Education Program: Communication.* Toronto, ON.

Test Your Knowledge

Self-regulation and the College

1. Self-regulation is (select as many as appropriate):
   a. A privilege granted by government
   b. A social contract
   c. A means to control the health-care workforce
   d. Enacted through provincial legislation
   e. A means of establishing norms and monitor behaviour
   f. Enacted through federal legislation
   g. A right of the profession
   h. A way for the profession's voice to be heard by government

2. The following principles underlie professional regulation (select as many as appropriate):
   a. Government has authority to establish regulation
   b. Professionals should have the right to regulate themselves
   c. Professions are regulated on the premise it is in the public interest to do so
   d. Regulation addresses risk of harm
   e. Professionals will not act in their own interests
   f. Self-regulation is the only effective means to regulate a profession
   g. Professionals will devote themselves to serving others

3. Self-regulation grants the privilege of a profession to(select as many as appropriate):
   a. Lobby government on behalf of the profession
   b. Use a protected title
   c. Work collaboratively with government on important issues
   d. Practice within a protected scope of practice
   e. Regulate its members

4. The functions of the College include(select as many as appropriate):
   a. Registering applicants who meet requirements
   b. Advocate for better access to OT services for the public
   c. Set standards of practice for the profession
   d. Monitor registrants' compliance with the set standards
   e. Determine best practice for the profession
   f. Setting private practice rates for OTs
   g. Investigating complaints against OTs

5. The College is governed by (select as many as appropriate):
   a. The Occupational Therapist Act
   b. The Regulated Health Professions Network Act
   c. The Freedom of Information and Protection of Privacy Act (FOIPOP)
   d. The Fair Registration Practice Act (FRPA)
   e. Regulations approved by Government
   f. Regulations approved by the Board
   g. Bylaws

6. The College is accountable to (select as many as appropriate):
   a. Its membership
   b. The public
   c. Government
   d. Stakeholders
   e. The Regulated Health Professions Network

7. Which of the following statements are true (select as many as appropriate):
   a. The College must maintain regulatory practices that are fair, impartial, objective, and transparent
   b. The membership may overturn the decision of the Board
   c. Elected Board members must represent the views of their constituents who elected them
   d. The College may discipline a registrant without a hearing
   e. The College must demonstrate that a registrant is guilt "beyond reasonable doubt"
   f. Registrants must be informed that they are under investigation and be provided an opportunity to respond

Answers will be sent by email at the end of October.

Important Things to Note!

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Reporting Unsafe Drivers

In the spring 2018 newsletter, an article discussed occupational therapists duty or right to report in specific situations. At that time, an occupational therapist could not report a patient that, in their opinion, had an impairment that rendered them unsafe to drive. Effective June 5th, 2018, amendments to the Motor Vehicle Act were proclaimed that allow occupational therapist to report under section 279(7). This reflects a right to report rather that than a duty to report. Any OT who chooses to report in good in accordance with the act will be protected from any legal action under subsection 279(9) of the Act. OTs may report by writing a letter to:

Registry of Motor Vehicles – Medical Fitness Section
PO Box 1652
Halifax, NS B3J 2Z3

P: 902-424-5732

F: 902-424-0772

e-mail: medical.fitness@novascotia.ca

Continuing Competence Learning Modules

As part of the Continuing Competence Program, the College is developing online learning modules for registrants, who will be required to complete one learning module annually. The College will be releasing its first learning module, Ethics in Practice, shortly and all registrants will need to complete the module to be able to renew their licence in the spring. Registrants will be able to access the module by logging into their member profile. The learning module is anticipated to take approximately one hour and can be accessed at any time. Successful completion of the modules will be tracked in the database system and the College will not require additional evidence of completion.

The Last Word

Happy Occupational Therapy Month!

In recognition of OT Month the College will hosting a presentation on de-adoption of low value clinical practices on October 29th at 1pm in the Royal Bank Theatre.