

Evaluation Results for a Student-Led Program in Pain & Rehabilitation

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DEFINE OPPORTUNITY

Clinical placements are required for Masters level allied health students to ensure they are prepared for future employment. Typically, the Alberta Children's Hospital (ACH) has offered placements to students using a traditional placement model (i.e., 1:1 preceptor to student ratio). In response to caseload pressures and a strong commitment to student learning, the ACH developed a group based Student-Led Program (StLP) in June 2014 to enhance the health of communities, service and placement capacity, student learning and productivity with the overall aim of meeting clinical service demands, research commitments, and Allied Health student pediatric placement responsibilities.

ACT TO IMPROVE

An eight week StLP was initiated in June 2014 based on a collaborative, 6:1 student to preceptor ratio model. Student-led programs are described as collaborative or group placement models.¹ They are defined as clinical learning centres run by students to meet the needs and enhance the health of community members experiencing barriers to accessing health care.² At ACH, the term "student-led" describes the emphasis placed on each student's individual and group responsibility for their own learning.

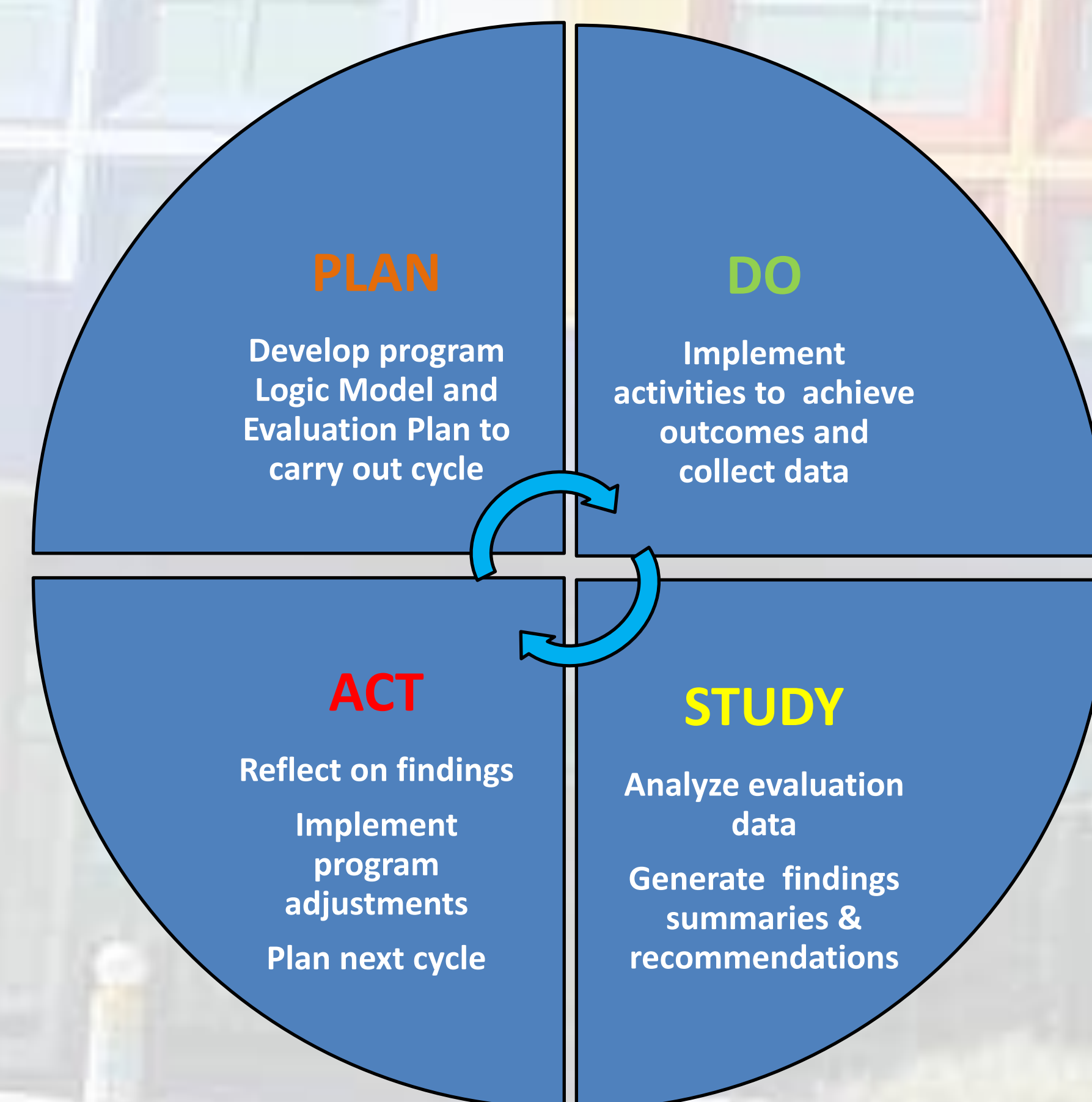
The ACH StLP goals are:

- To provide children/youth experiencing mild to moderate disabilities, and their families, with timely access to assessment, intervention, and connections to community services.
- To provide Allied Health students opportunities for pediatric skill development in conducting research, assessment, targeted and time-limited interventions, recommendations, and referrals to community services.
- To provide ACH with capacity to contribute to an integrated clinical research platform.

MEASUREMENT

A StLP logic model informed the design of a comprehensive evaluation plan. This plan guided the development of evaluation questions and measurement indicators regarding program inputs, outputs and outcomes. Evaluation of the first three student cohorts (n=16) used triangulation of mixed qualitative and quantitative methods, multiple data sources and analysts to assess the adequacy of program resources, development of program activities, achievement of short-term outcomes, and recommendations for program enhancements.

The Plan, Do, Study, Act (PDSA) cycle provided a systematic, circular method for planning, implementing, evaluating and making timely program adjustments for quality improvement and to advance better practice.



References

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RESULTS

Enhanced Health of Communities & Service Capacity

- Children/youth and families experienced increased timely access to OT assessment, intervention, and connections to community services as evidenced by:
 - ✓ Reduced waitlist
 - ✓ Path to Care measures implemented
 - ✓ Firm start date offered to families

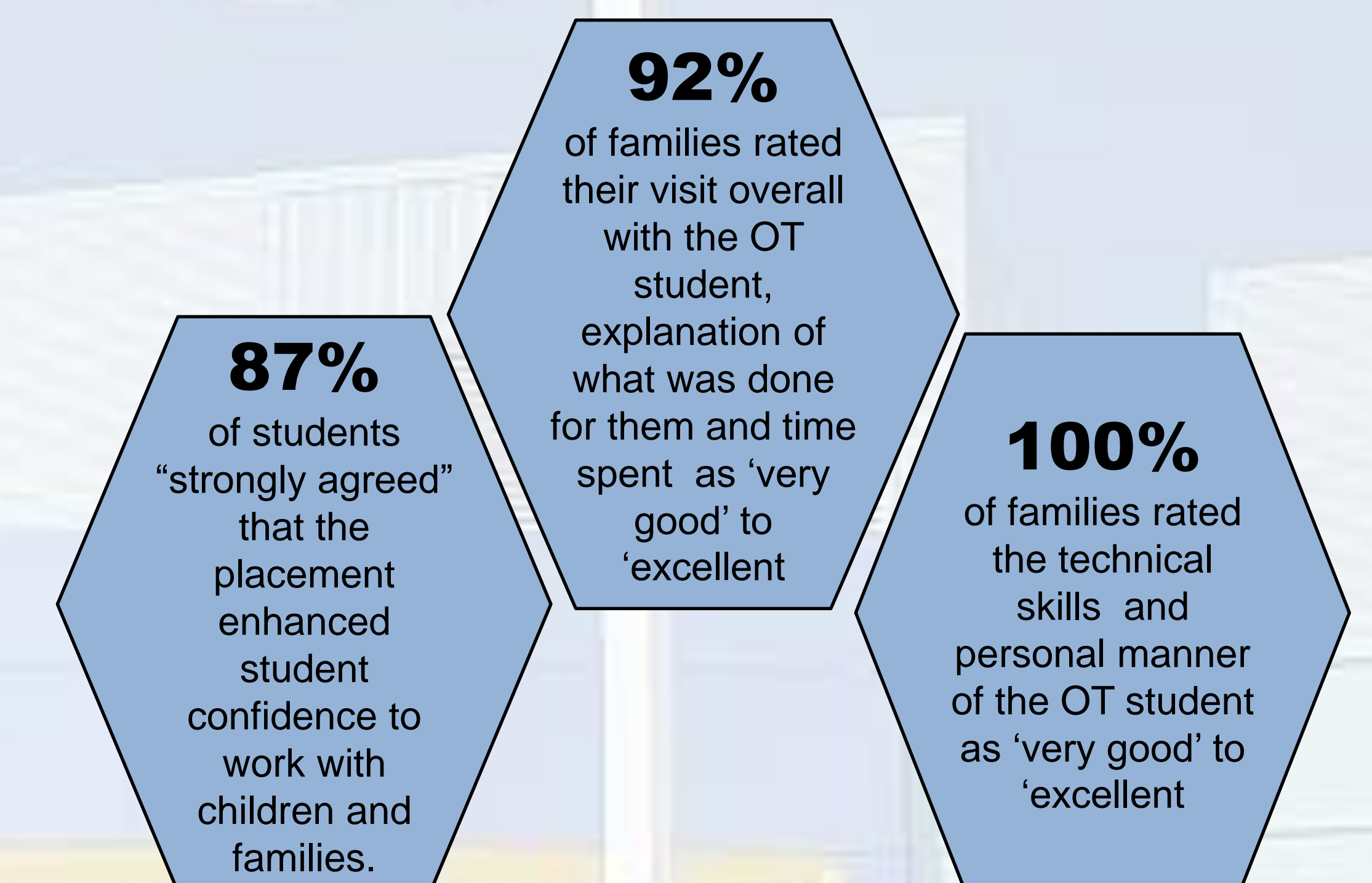
- OT referral trends identified in children/youth informed clinical programming directions. Common trends in the types of OT referrals received included coordination, printing, sensory, and self-regulation issues informed directions for a future response to intervention (RTI) approach.

- Families were satisfied with OT student consultations.

Enhanced Placement Capacity, Student Learning and Productivity

- OT student to preceptor ratio (6:1) and placement length of time (8 weeks) was adequate to support student learning needs and enhanced placement capacity.

- OT students experienced enhanced confidence to work with children/youth and families
- OT students experienced increased competence with pediatric assessment and provision of recommendations.
- OT students experienced enhanced understanding of how to implement clinical research in the real world.
- OT students and clinicians benefitted from student productivity with conducting small project work in specialized areas which supported students' learning, further developed programming and enhanced evidence-based practice.



SUSTAINABILITY

The StLP evaluation results demonstrated that student placement and learning needs can be achieved while increasing access to services for children/youth and meeting family needs. This StLP will continue program evaluation of future student cohorts, including expansion to physiotherapy and child life disciplines, to inform program refinements and respond to funder reporting expectations.

LESSONS LEARNED

Evaluation findings identified the following key recommendations to guide further development of the Student-Led Program (StLP):

Expand therapy services to an episode of care.

The StLP reduced the wait list creating an opportunity to enhance service delivery by expanding to an time limited episode of care (i.e., provide two to four sessions per child/youth and over an 8 week period of time).

Implement the standardized Canadian Occupational Performance Measure (COPM) with all children/youth and families.

Using the COPM helps guide students and children/youth and families with identifying occupational performance issues to structure therapy sessions.

Conduct a needs assessment to inform group programming.

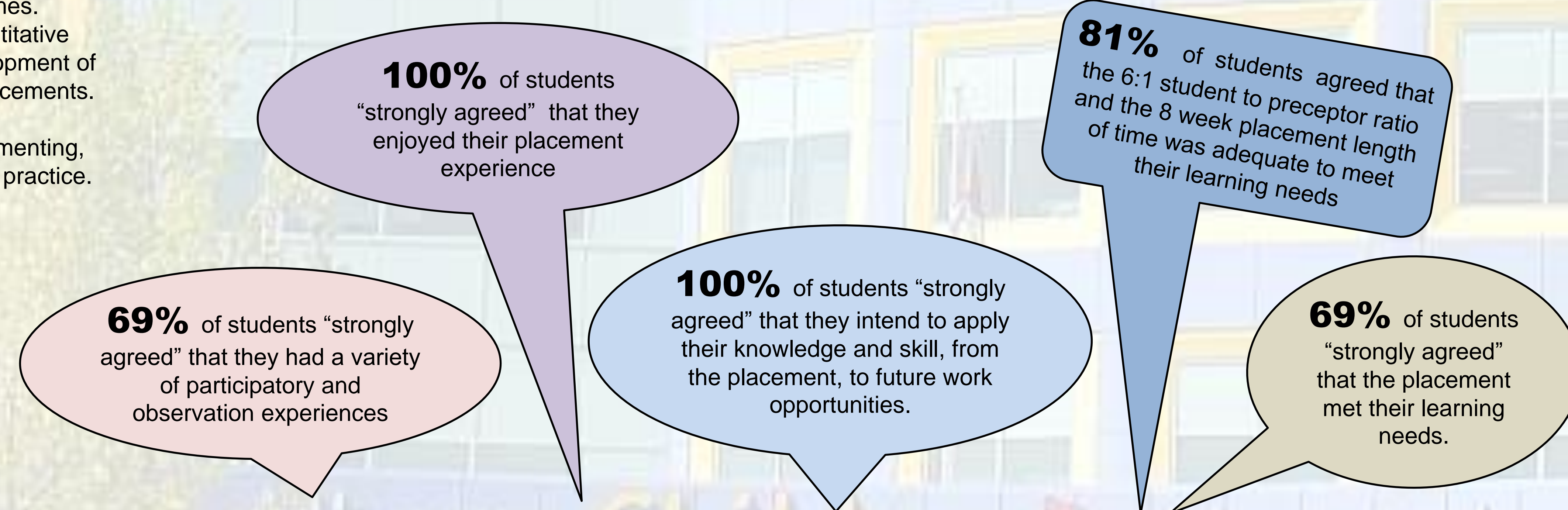
Findings will inform design of future universal and targeted group programs.

Develop clinical initiative projects.

Explore opportunities to include clinical initiative project work to enhance student learning, build clinical service capacity, and meet service needs.

Evaluation results illustrated positive outcomes in enhancing health of the community and student learning. The program met student placement learning needs and increased timely access for children/youth and their families to pain and rehabilitation services. Families were satisfied with OT student services. Potential future research directions include investigating how students learn in a student-led program and their quality of learning in this environment.

This StLP will continue with program evaluation of future student cohorts (including the expansion to physiotherapy and child life disciplines) to inform program refinements and respond to funder reporting expectations.



Acknowledgements

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