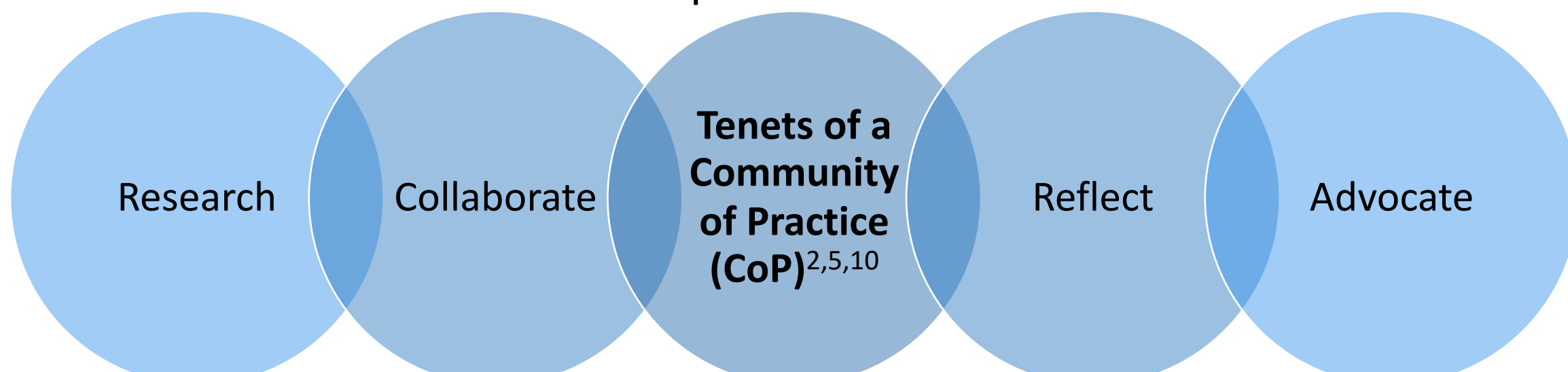


# Utilizing an Online Community of Practice to Support School-Based Occupational Therapy Practitioners' Transition from a Caseload to Workload Model

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## Introduction

Within occupational therapy (OT), emphasis is placed on best practices; however, the current research to practice gap is **17 years**.<sup>6</sup> Communities of practice (CoPs) can serve as a knowledge translation method to improve the translation of evidence into practice.<sup>6</sup>

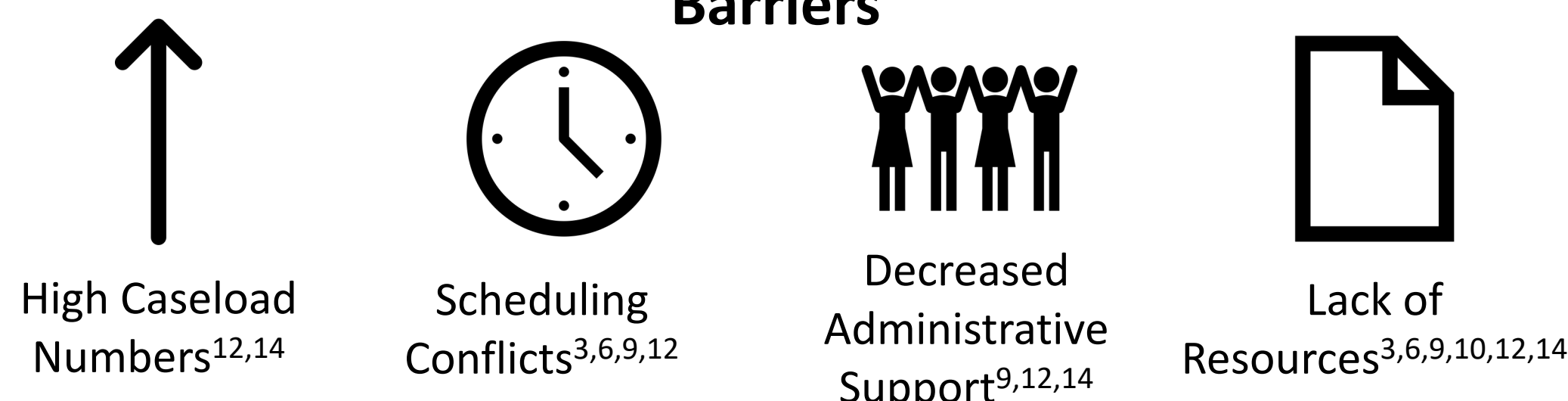


In 2014, American Occupational Therapy Association (AOTA), American Physical Therapy Association (APTA), & American Speech-Language-Hearing Association (ASHA) called for a shift from a caseload to workload model in school-based practice.<sup>1</sup> Since then, there has been minimal progress and numerous barriers to prevent this shift.<sup>3,6,9,12,14</sup>

**Caseload:** Number of direct student hours<sup>2</sup>

**Workload:** Number of direct student hours PLUS time spent on indirect student services<sup>2</sup>

### Barriers



## Purpose

Create a CoP with school-based occupational therapy practitioners (OTPs) to facilitate the transition from a caseload to workload model

Provide OTPs with the resources to make evidence-based decisions on best practices & how to implement and advocate for them within their own school districts

## Methods

- Evidence-Based Practice Confidence (EPIC) scale administered via Qualtrics at pre- & midterm (month 5)
  - 11-item self-report survey asking to rate one's confidence on various statements about evidence-based practice (EBP) on a scale of 0% confidence to 100% confidence<sup>4,11</sup>
  - Open-ended response questions on the midterm survey addressed individual participant experiences & opinions on workload model

- 10-month, synchronous, virtual CoP on Zoom

- Paired sample t-tests on pre- & midterm-CoP EPIC scores at both the item and individual level
- Content analysis of open-ended responses for recurring themes

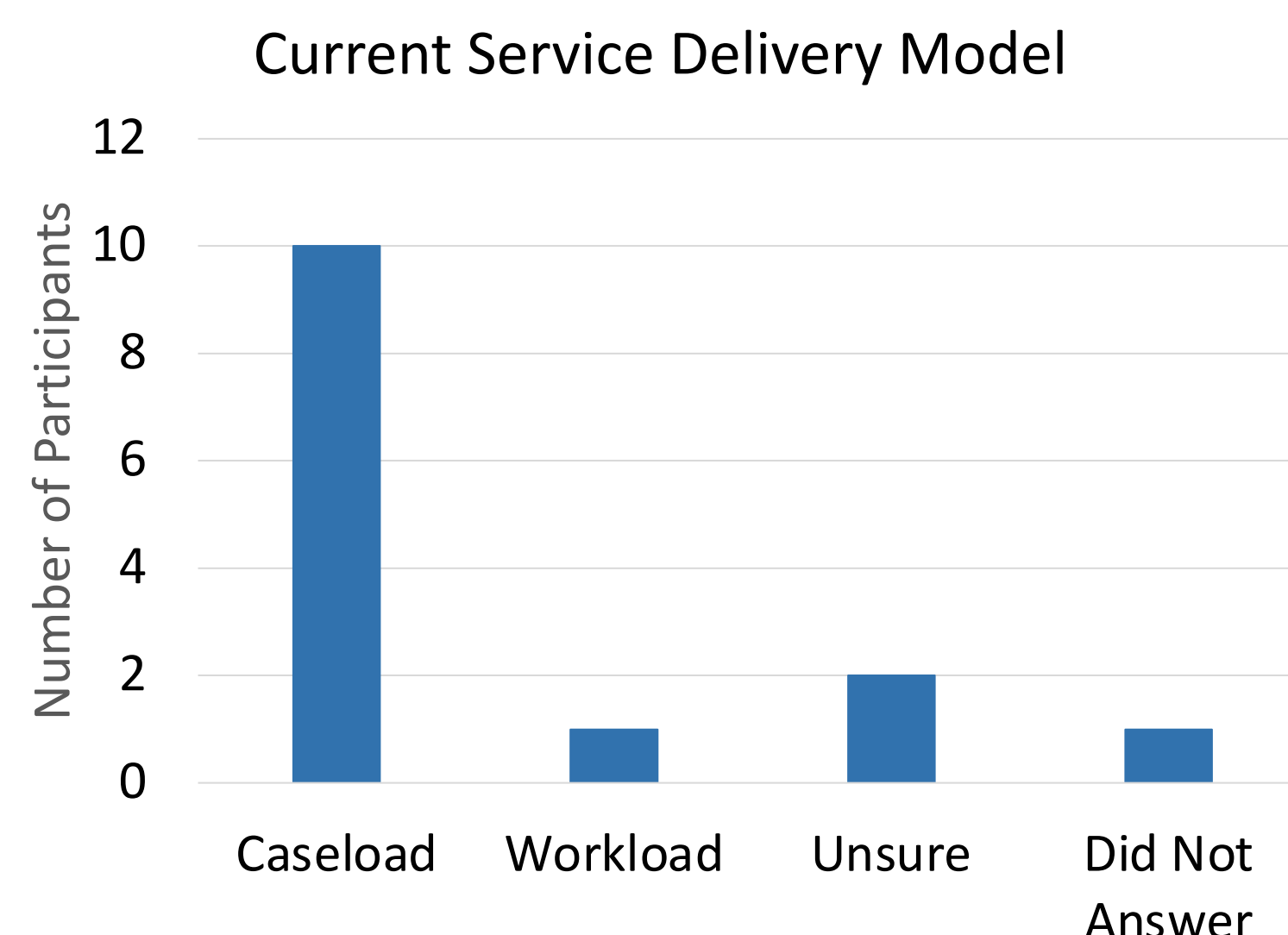
## Results

### Participants

**School-based OTPs (n=14)** working in the United States

- 100% identified as female
- Years of experience ranged from 3 to 32 years—with 57% indicating 20+ years of experience
- Worked with students in preschool through adult transition at age 22

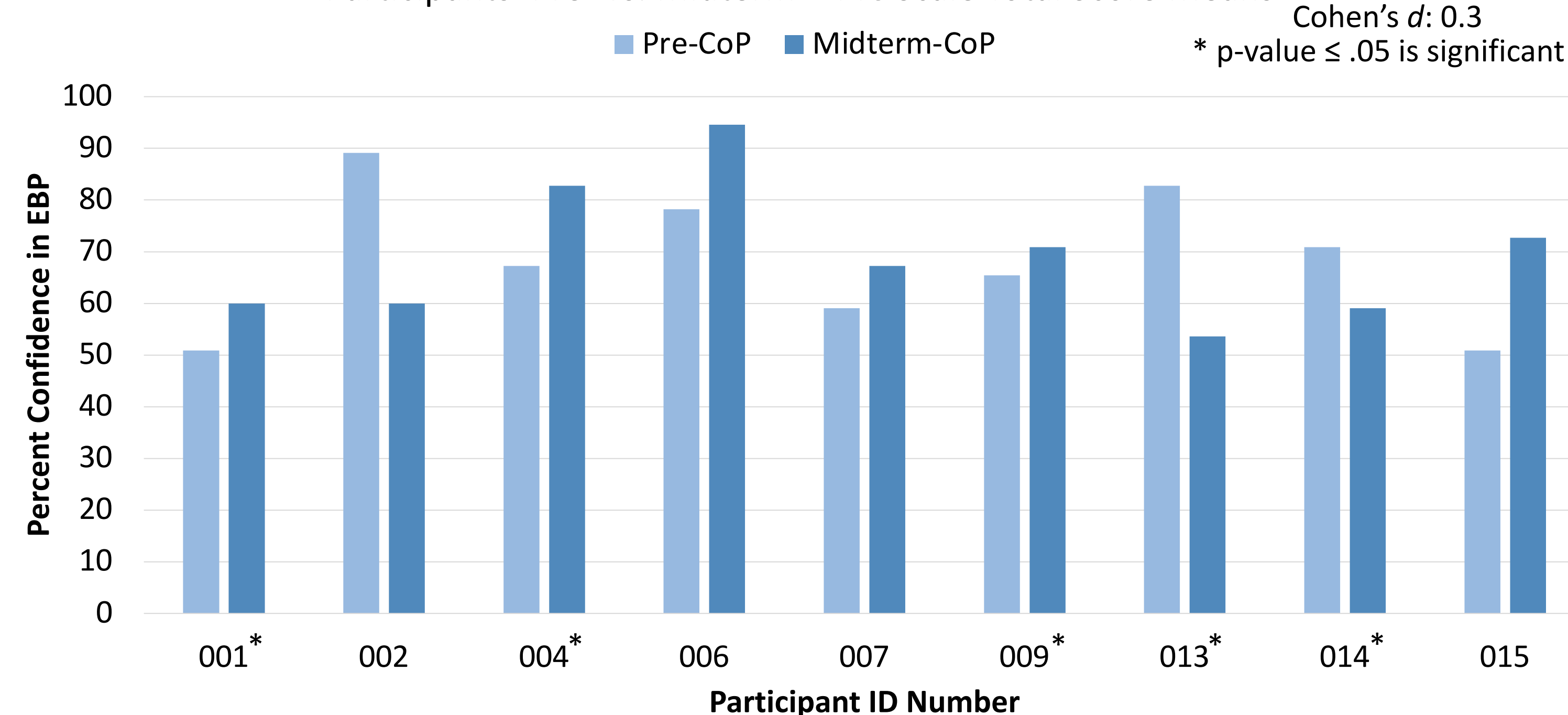
	Total Sample (n=14)
<b>Highest Degree Held</b>	n (%)
Associates	1 (7.1%)
Bachelors (B.A. or B.S.)	2 (14.3%)
Masters in Occupational Therapy	8 (57.1%)
Entry-Level Doctorate	1 (7.1%)
Post-Professional Doctorate	2 (14.3%)
<b>Caseload Size (# of students)</b>	
0-20	2 (14.3%)
21-40	3 (21.4%)
41-60	4 (28.6%)
61-80	2 (24.3%)
>81	1 (7.1%)
Did Not Answer	2 (14.3%)



### Evidence-Based Practice Confidence (EPIC) Scale Scores

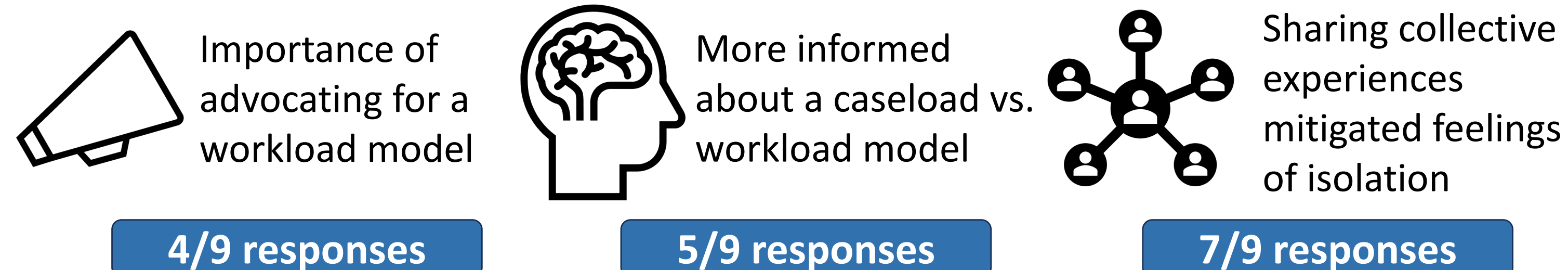
Of the 14 participants, 9 completed both the pre- & midterm-CoP surveys (n=9). Items 1 [identify a gap in your knowledge] & 5 [critically appraise the measurement properties of standardized tests] on the EPIC scale had a medium effect size (Cohen's *d*: 0.5 and 0.6, respectively) but no statistical significance.

Participants' Pre- vs. Midterm- EPIC Scale Total Score Means



### Recurring Themes

Three major themes emerged from the open-ended responses on the midterm-CoP survey:



4/9 responses

5/9 responses

7/9 responses

## Discussion

- Medium aggregate effect sizes seen in EPIC scale item #1 & #5 (Cohen's *d* of 0.5 and 0.6, respectively) indicate participants feel more confident identifying knowledge gaps & appraising measurement properties of standardized tests to evaluate the efficacy of a workload model
- Midterm-CoP EPIC scale total score means show 5 out of 9 participants had a significant difference in their EBP confidence by participating in a CoP compared to pre-CoP EPIC total score means
  - A significant increase indicates participants felt more confident in their ability to read, analyze, & implement EBP related to a workload model<sup>11</sup>
  - A significant decrease likely due to the Dunning-Kruger effect<sup>8</sup> (the more you learn, the less you know) & scores taken at midterm (month 5) opposed to final (month 10) & follow-up (8-10 months post-CoP)
- Small aggregate effect size (Cohen's *d*: 0.3) seen in EPIC scale total scores
  - As participants become more knowledgeable about a workload model through the CoP, they become more confident in their evidence-based practice (increase in EPIC scale scores)
- Positive impacts & calls to action prompted by the CoP are prevalent & led to participants feeling:
  - More informed about service delivery models
  - More in favor of advocating for a workload model
  - Less socially isolated due to engaging with a group sharing similar struggles & experiences alongside a desire to advocate for change
- Limitations: small sample size, attrition, researcher bias

## Conclusion

- CoPs can be effective knowledge translation tools for school-based OTPs to engage in conversation surrounding a caseload vs. workload model<sup>5,10</sup>
- CoPs provide opportunities for school-based OTPs to read literature, share experiences, reflect on practice, & advocate for change<sup>10,15</sup>
- Sharing collective experiences may offer validation & support that buffers against burnout and compassion fatigue<sup>7,15</sup>
- By allowing practitioners the necessary time in their schedule to provide valuable indirect services on behalf of students, OTPs are then able to support teachers & students with evidence-based & student-centered approaches, which honors section 612(a)(5) of the Individuals with Disabilities Act (IDEA)<sup>13</sup>

## Deliverables

**Persuasive letter** sent to AOTA Representative Assembly advocating to send representatives from the CoP to create national policies on workload guidelines

**Workload calculator** developed to systematically break down amount of time spent on direct vs. indirect services

## Acknowledgements and References

Special thanks to all the members of this Community of Practice who took the time to attend & participate in this research study! For references and additional information pertaining to this poster, please access the QR code.

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