

## Ziembowicz, Megan DEC Expanded Results

### Descriptive Statistics

#### Community of Practice (CoP) Participant Demographics

| Total Sample (n=14)                   |            |                                       |            |
|---------------------------------------|------------|---------------------------------------|------------|
| Gender                                | n (%)      | Region of Employment*                 | n (%)      |
| Male                                  | 0 (0%)     | Northeast                             | 11 (78.6%) |
| Female                                | 14 (100%)  | North Central                         | 1 (7.1%)   |
| <b>Position</b>                       |            | South Atlantic                        | 0 (0%)     |
| Occupational Therapist (OTR)          | 13 (92.9%) | South Central                         | 0 (0%)     |
| Occupational Therapy Assistant (COTA) | 1 (7.1%)   | Mountain                              | 1 (7.1%)   |
| <b>Highest Degree Held</b>            |            | Pacific                               | 1 (7.1%)   |
| Associates                            | 1 (7.1%)   | U.S. Territories                      | 0 (0%)     |
| Bachelors (B.A. or B.S.)              | 2 (14.3%)  | <b>Service Delivery Model</b>         |            |
| Masters in Occupational Therapy       | 8 (57.1%)  | Caseload                              | 10 (71.4%) |
| Entry-Level                           | 1 (7.1%)   | Workload                              | 1 (7.1%)   |
| Doctorate                             |            | Unsure                                | 2 (14.3%)  |
| Post-Professional                     | 2 (14.3%)  | Did Not Answer                        | 1 (7.1%)   |
| <b>Years of Experience</b>            |            | <b>Caseload Size (# of students)^</b> |            |
| 2-5 years                             | 3 (21.4%)  | 0-20                                  | 2 (14.3%)  |
| 6-10 years                            | 0 (0%)     | 21-40                                 | 3 (21.4%)  |
| 11-15 years                           | 1 (7.1%)   | 41-60                                 | 4 (28.6%)  |
| 16-19 years                           | 2 (14.3%)  | >61                                   | 3 (21.4%)  |
| >20 years                             | 8 (57.1%)  | Did Not Answer                        | 2 (14.3%)  |
| <b>Employment Type</b>                |            |                                       |            |
| Part-Time (under 35 hours)            | 1 (7.1%)   |                                       |            |
| Full-Time (35-40 hours)               | 13 (92.9%) |                                       |            |

\*Regions are based on the 2019 American Occupational Therapy Association's (AOTA) Workforce & Salary Survey (AOTA, 2021)

^For participants who provided a range, a median was taken to calculate caseload size

## EPIC Scale Pre- to Post-CoP Results Expanded

Table 1

| Scale Item Number  | N | Pre   |       | Post  |        | t     | p value | Cohen's d |
|--|---|-------|-------|-------|--------|-------|---------|-----------|
|  |   | Mean  | SD    | Mean  | SD     |       |         |           |
| <b>1. Identify a gap in your knowledge</b>   | 9 | 0.725 | 0.189 | 0.844 | 0.222  | 1.51  | .085    | 0.504     |
| <b>2. Formulate a question to guide a literature search</b>  | 9 | 0.700 | 0.215 | 0.844 | 0.186  | 1.98  | .059    | 0.659     |
| <b>3. Effectively conduct an online literature search</b>  | 9 | 0.700 | 0.222 | 0.844 | 0.176  | 1.89  | .042    | 0.630     |
| <b>4. Critically appraise the strengths and weaknesses of study methods</b>  | 8 | 0.586 | 0.266 | 0.713 | 0.169  | 1.67  | .048    | 0.592     |
| <b>5. Critically appraise the measurement properties of standardized tests</b>                                       | 9 | 0.575 | 0.196 | 0.711 | 0.212  | 2.36  | .023    | 0.790     |
| <b>6. Interpret statistical procedures such as t-tests or chi-square tests</b>                                       | 9 | 0.538 | 0.229 | 0.689 | 0.318  | 1.78  | .056    | 0.594     |
| <b>7. Interpret statistical procedures such as linear or logistic regression</b>                                     | 9 | 0.375 | 0.234 | 0.522 | 0.477  | 0.629 | .273    | 0.210     |
| <b>8. Determine if evidence applies to your patient or client</b>  | 9 | 0.750 | 0.119 | 0.844 | 0.192  | 1.21  | .130    | 0.405     |
| <b>9. Ask about patient needs, values, treatment preferences</b>   | 9 | 0.863 | 0.176 | 0.944 | 0.0707 | 2.83  | .011    | 0.943     |
| <b>10. Decide on an appropriate course of action based on integrating the research, evidence, clinical judgment,</b> | 9 | 0.838 | 0.126 | 0.878 | 0.087  | 1.16  | .141    | 0.385     |

|  |   |       |       |       |       |       |      |       |
|--|---|-------|-------|-------|-------|-------|------|-------|
| and client preferences   |   |       |       |       |       |       |      |       |
| 11. Continually evaluate the effect of your course of action on your client's outcomes | 9 | 0.825 | 0.161 | 0.856 | 0.136 | 0.244 | .407 | 0.081 |

**NVivo Qualitative Thematic Results Expanded**  
**Total Codes: 966**

| Main Theme   | Subtheme                          | % of Total Codes | Key Insights   |
|--|-----------------------------------|------------------|--|
| <b>1.2 Organizational-Level Factors (26.6% of all codes)</b> | 1.2a Culture and Education        | 10%              | <ul style="list-style-type: none"> <li>• Expectation in district to work beyond contractual hours</li> <li>• Lack of access to administration</li> <li>• Misperception of OT scope</li> <li>• Increased success with workload model w/ buy-in from teachers and other RSP*</li> <li>• Overall collaborative environment between colleagues beneficial for coaching, consultation, and MTSS* to be effective</li> <li>• Providing in-service/education on scope of OT beyond direct services</li> <li>• Environments for collaboration, advocacy [Union, PD*, huddles, etc.]</li> </ul>     |
|  | 1.2b Logistics                    | 9.1%             | <ul style="list-style-type: none"> <li>• Staffing shortages &amp; lack of general funding</li> <li>• Lack of understanding of long-time financial feasibility of workload</li> <li>• Increased students qualifying for special education without increase in resources</li> <li>• Lack of scheduling flexibility; assemblies, IEP* meetings etc., affect student access to direct services and OTPs ability to provide range of indirect services</li> <li>• Flexible documentation styles improve time management [multidisciplinary evaluations, simple data collection etc.]</li> </ul> |
|  | 1.2d Regulatory and Legal Factors | 4.3%             | <ul style="list-style-type: none"> <li>• Inefficiency of systems [IEP, Medicaid, etc.]</li> <li>• Unionization and collective bargaining as facilitators to change initiation</li> <li>• Legal staffing ratios, requirements, funding ratios not sufficient for success</li> </ul>   |

|   |                                   |        |  |
|---|-----------------------------------|--------|--|
|   |                                   |        | <ul style="list-style-type: none"> <li>• Department of Education, IDEA*, federal policies can have serious implications for funding/RSP jobs</li> <li>• The role of professional organizations in advocacy, influence on legislature to generate changes in funding, workload caps, etc.</li> </ul>  |
|   | 1.2c Curriculum                   | 3.1%   | <ul style="list-style-type: none"> <li>• More desired involvement in MTSS or RtI*</li> <li>• Groups are very beneficial &amp; being used frequently</li> <li>• OTPs role in evidence-based curriculum planning for all students alongside data collection to assess effectiveness</li> </ul>   |
| <b>1.1 Interpersonal-Level Factors (17.2% of all codes)</b>         | 1.1c School Staff                 | 8.5%   | <ul style="list-style-type: none"> <li>• Direct supervisor awareness/support but inability to be change agent</li> <li>• Collaboration level with colleagues correlates with strength of relationships and perception of success of alternative delivery models</li> <li>• Lack of access or connection to administration</li> <li>• Creating mini-CoP with colleagues</li> <li>• Expectations of working outside of school hours</li> </ul>   |
|   | 1.1a Individual                   | 6.9%   | <ul style="list-style-type: none"> <li>• Positive Character Traits: communicator, problem-solver, creative, advocate</li> <li>• Feeling isolated/overwhelmed/guilt in desire for change in district</li> <li>• Frustration at administration</li> <li>• Belief that school systems are set up for failure financially</li> <li>• LOVING being an OTP!</li> </ul>   |
|   | 1.1b Family, Caregivers, Students | 1.75 % | <ul style="list-style-type: none"> <li>• Working on similar goals with other children in groups setting</li> <li>• Parents rigidity on service provision and misperceptions of OT role in schools</li> <li>• Parental stress during evaluations, IEP, etc.</li> <li>• How to reach 'grey area' students pre-referral</li> </ul>  |
| <b>2.2 Synthesis and Knowledge Translation (13.9% of all codes)</b> | 2.2c Usability                    | 6.1%   | <p><u>Ease of Instituting Change:</u></p> <ul style="list-style-type: none"> <li>• Teacher's desire and willingness to collaborate</li> <li>• Compromising w/ administration</li> <li>• Buy-in from other OTPs/RSPs</li> <li>• Decreased documentation</li> </ul> <p><u>Difficulty of Instituting Change:</u></p> <ul style="list-style-type: none"> <li>• Administration financial challenges that affect compensation/staffing</li> <li>• Time it takes to use advocacy tools [time study, workload calculators etc.]</li> </ul> |

|   |                                 |  |  |
|---|---------------------------------|--|--|
|   |                                 |  | <ul style="list-style-type: none"><li>• ‘Traditional’ teachers, admin, OTs and buy-in</li></ul>  |
|   |                                 |  | <u>Demonstrates Need for Change:</u> <ul style="list-style-type: none"><li>• Current service delivery models do not encompass full range of services</li><li>• Admin focus on IEP minutes, direct treatment time</li><li>• Too many students in need of services and not receiving them</li><li>• Burnout, staffing shortages across professions</li><li>• Giving up direct services, lunch, PD, weekends, meetings for documentation</li><li>• Unnecessary/frivolous/outside of scope referrals</li></ul> |
|   |                                 |  | <u>Demonstrates Lack of Need for Change:</u> <ul style="list-style-type: none"><li>• Long-stand culture of collaboration, flexibility, autonomy of practice at smaller districts</li></ul>   |
| 2.2a Suitability 5.0%   |                                 |  |  |
| 2.2b Adaptability 2.8%  |                                 |  | <ul style="list-style-type: none"><li>• Access to more students with less support needs than formal services</li><li>• Multiple students receiving services at once [MTSS]</li><li>• Flexible scheduling allowing meetings and administrative tasks to NOT interfere with student service provision</li><li>• Co-treating w/ SLP*/PT*/teachers/aides to work on educational goals</li></ul>  |
| 3.2<br>Implementation<br>Policies and<br>Practices<br>(12.9% of all<br>codes) | 3.2b Current Structure 8.0%     |  | <ul style="list-style-type: none"><li>• Large part of work responsibilities are evaluations</li><li>• Expectation of management of COTA* caseload</li><li>• Benefits of small groups</li><li>• Increased time for consultation, collaboration, coaching w/ teachers, aides, RSPs, etc</li><li>• Increasing efficiency of documentation for evaluations, sessions, data collection</li></ul>  |
|   | 3.2c Future Considerations 3.6% |  | <ul style="list-style-type: none"><li>• Increasing involvement in MTSS</li><li>• Proposed implementation of new staffs and anticipation of impact</li><li>• Concerns about school system amid federal/state political state</li><li>• State/AOTA* advocacy for consistent workload legislation and caps</li></ul>  |
|   | 3.2a Previous Structure 1.3%    |  | <ul style="list-style-type: none"><li>• Reductions in staffing without decrease in caseload</li><li>• Stagnancy in progress when negotiating for changes</li></ul>   |

|   |                                      |      |  |
|---|--------------------------------------|------|--|
|   |                                      |      | <ul style="list-style-type: none"> <li>• COVID's negative impact on progress towards alternative service delivery</li> <li>• Extremely high caseloads [80-100+]</li> <li>• Not being able to adhere to IEP minutes</li> </ul>  |
| <b>3.3 Implementation Climate and Efficacy (10.9% of all codes)</b> | 3.3a Practitioner Level              | 6.6% | <ul style="list-style-type: none"> <li>• Personal-professional boundaries on contractual hours, breaks, and job responsibilities</li> <li>• Data collection of own practice</li> <li>• Professional identification as an advocate for self and others in school district</li> <li>• Developing, implementing, sustaining programming</li> <li>• Increased collaboration and increased efficiency</li> </ul>  |
|   | 3.3b School/District Level           | 2.9% | <ul style="list-style-type: none"> <li>• Access to "grey area" students through MTSS/RtI, Screenings, Tier 1 Interventions</li> <li>• Preventative measures, decreased unnecessary referrals/evaluations</li> <li>• Changing to workload approach</li> <li>• Change in administrator/teacher buy-in and perception of scope of practice</li> <li>• Overhaul of current service delivery models, implemented flexibility</li> <li>• Hiring more Staff [ranges from 1 part-time OTP to 12 RSPs]</li> </ul> |
|   | 3.3c Student/Family/ Caregiver Level | 1.4% | <ul style="list-style-type: none"> <li>• MTSS Tier 2 gives children time to develop skills lacking even if they don't qualify for full school-based services</li> <li>• Socioemotional benefits for ALL Students</li> <li>• Increased carryover with push-in and coaching-based models</li> </ul>  |
| <b>3.1 Adoption of Change (9.8% of all codes)</b>                   | 3.1b School Readiness                | 5.6% | <p><u>Facilitators:</u></p> <ul style="list-style-type: none"> <li>• Group organization, Unions/collective bargaining</li> <li>• Direct supervisor's role as supportive mediator</li> <li>• Relationship strength</li> </ul> <p><u>Inhibitors:</u></p> <ul style="list-style-type: none"> <li>• Focus on finances,</li> <li>• Systemic staffing shortages,</li> <li>• Increasing # of children needing services,</li> <li>• Lack of admin knowledge of special education</li> </ul>                      |
|   | 3.1a Practitioner Readiness          | 4.1% | <p><u>Agents of Change:</u></p> <ul style="list-style-type: none"> <li>• District support for PD,</li> <li>• Independent initiative to address efficiency of service delivery prior to CoP,</li> </ul>   |

|   |                                   |        |  |
|---|-----------------------------------|--------|--|
| <b>2.1 Support System (8.7% of all codes)</b> |                                   |        | <ul style="list-style-type: none"> <li>• Desire to/history of providing education to stakeholders</li> </ul> <p><u>Barriers to Change:</u></p> <ul style="list-style-type: none"> <li>• Time,</li> <li>• Status quo of working beyond contracted hours,</li> <li>• Feeling lack of control over challenges,</li> <li>• Feeling admin does not/will not listen</li> </ul> |
|   | 3.1c Student/Support Readiness    | 0.21 % | <ul style="list-style-type: none"> <li>• Family rigidity on service delivery</li> </ul>  |
|   | 2.1b Collaboration and Engagement | 3.5%   | <ul style="list-style-type: none"> <li>• Feelings of decreased isolation, increased support</li> <li>• Mutual goals/themes/mindset</li> <li>• Collectivism versus individualism</li> </ul>   |
|   | 2.1c Tools for Advocacy           | 3.0%   | <ul style="list-style-type: none"> <li>• Value in resources provided, knowing they were valid/reliable</li> <li>• Using calculator, time study, position paper as supportive change agents</li> </ul>  |
|   | 2.1a Education and Training       | 2.1%   | <ul style="list-style-type: none"> <li>• Value of evidence-based practice</li> <li>• Exposure to literature, reinvigoration in power of research, EBP*</li> <li>• Understanding HOW to use research as a clinical reasoning/advocacy tool</li> </ul>   |

*\*Note: AOTA = American Occupational Therapy Association, COTA = Certified Occupational Therapy Assistant, EBP= Evidence-based Practice, IDEA= Individuals with Disabilities Education Act, IEP= Individualized Education Plan, MTSS = Multi-Tiered Systems of Support, PT= Physical Therapist, PD= Professional Development, RSP = Related Service Provider(such as COTAs, PT, SLP, Social Work, Psychology etc.), RtI = Response to Intervention, SLP = Speech-Language Pathologist*

## Qualitative Results Mind-Map

