

**OT Competency in ICU: Using  
the Practice Framework**  
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**Learning Objectives**

- Discuss practice framework and how it relates to ICU competencies
- Identify specific competencies for ICU that were developed
- Discuss the performance improvement process used to embrace the practice framework

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**Practice Framework**

- Practice Framework describes the concepts that ground OT practice
- Used to guide OT practice with evidence relevant to OT and occupation
- Provides common language

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## Practice Framework

- Domain-areas in which there is established body of knowledge and expertise
- Process-actions taken to provide services
  - Client centered
  - Focused on engagement

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## Practice Framework

Domain

Process

"Achieving health, well-being and participation in life through engagement in occupation"

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## Domain

Occupations

- ADL's/ IADL's
- Rest and sleep
- Education
- Work
- Play
- Leisure
- Social participation

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**Domain**

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Client Factors

- Values, beliefs, and spirituality
- Body functions
- Body structures

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**Domain**

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Performance Skills

- Motor Skills
- Process Skills
- Social Interaction Skills

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**Domain**

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Performance Patterns

- Habits
- Routines
- Rituals
- Roles

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# Domain

Contexts and environments

- Cultural
- Personal
- Physical
- Social
- Temporal
- Virtual

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# Domain

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# Process

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## Evaluation

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### Occupational Profile

- Goals, values, beliefs
- Activity demands/barriers
- Client factors

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## Evaluation

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### Analysis of Occupational Performance

- Priorities
- Assets/barriers
- Targeted outcomes

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## Intervention Plan

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- Evidence
- Collaborative with client
- Frame of reference and theories

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## Implementation

- Outcome driven
- Client response
- Intervention review
- Review plan
- Review of progress

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## Outcomes

- Program evaluation
- Future actions

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## Process

```
graph TD; A((Occupational Profile/ Analysis of Occupational Performance)) --- B((Collaboration with client and other team members)); B --- C((Intervention Plan/ Implementation/ Review)); C --- D((Outcome Measures/ Applying Outcomes)); D --- A;
```

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## Competence

- Competence refers to an individual's capacity to perform specific duties related to assigned job tasks in a specific work situation

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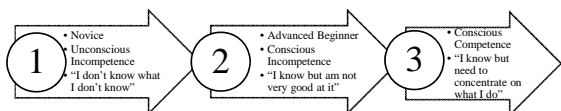
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## Stages of Competency



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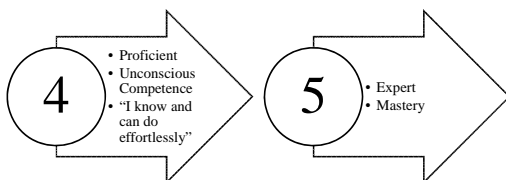
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## Stages of Competency



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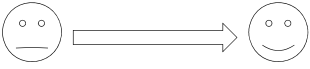
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### Stages of Competency



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### OT ICU Competency

- Why are they needed?
- What should be included?
- Who can assess competency?

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### OT ICU Competency

- OTs evaluate all aspects of the domain and the client within his/her contexts and environments.
- Translating to the ICU environment can be challenging
- Important to recognize the impact of mind/body/spirit

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### OT ICU Competency

- Service Delivery
  - Direct
  - Indirect
- Clinical Reasoning
  - Multiple demands
  - Novice → expert

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### OT ICU Competency

- Activity Analysis
  - Demands within ICU environment
  - Activity challenges related to diagnosis and medical treatment

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### OT ICU Competency

- Occupational profile
  - Patterns of daily living
  - Interests, values, needs
  - Formal and casual conversation
  - Family connection

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### OT ICU Competency

- Therapeutic use of self
  - Client centered
  - Collaborative
  - Empathetic
  - Prioritize focus of intervention plan

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### ICU's addressed

- Cardiac
- Neuro/Trauma
- Liver
- Medicine
- Pediatric/NICU

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### Knowledge

- Medical/diagnoses
- Lines
- Devices
- Clinical reasoning
- Assess and treat

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## Treatment Skills

- Lines
- Devices
- Mobility/occupational activities
- Patient centered care

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## Documentation

- OT based documentation
- Discharge directed documentation

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## Barriers in the ICU

- |                              |                                       |
|------------------------------|---------------------------------------|
| •Position of patient         | •Knowledge of OT                      |
| •Precautions                 | •Prolonged leave of absence from work |
| •Devices/lines               | •Role reversal                        |
| •Cultural attitudes/beliefs  | •Routine affected                     |
| •Cell phone use              | •Decreased enjoyment in activities    |
| •Loss of independence        | •Effect of medication or treatments   |
| •Anxiety regarding diagnosis |                                       |

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### Framework and Competency

Language is too broad

Practice framework was not a focus

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### Framework and Competency

Performance Improvement Process

- Identify issues
- Prioritize main issues
- Analyze based on best practice
- Develop and implement an action plan
- Evaluate plan

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### Framework and Competency

Identify main issues of competency forms and prioritize issues

- Skills driven
- Not OT specific
- Did not incorporate practice framework

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## Framework and Competency

Analyze issues

- Brainstorming sessions/Active engagement
- Identify barriers to implementation
- Survey staff re: knowledge of practice framework
- Educate all OT's regarding the OTPF and how it applies to our ICU care

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## Framework and Competency

Action Plan

- Develop competencies around Practice Framework
- Implement new competencies

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## Framework and Competency

Evaluate

- Observation
- Chart reviews
- Mentorship
- Staff Feedback

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	A - PICU B - MICU C - Neuro ICU D - Cardiac ICU				E - Liver ICU F - All O - Not Applicable		
	A	B	C	D	E	F	
Completes Occupational Profile.							Current concerns related to engaging in activities. What occupations are they currently successful What aspects of environment are supporting or barriers What is the occupational history What are values and interests What are life roles What are priorities and desired outcomes
Assesses and/or treats Occupations appropriate for age such as ADLS Feeding Rest and sleep Work Play Education IADLs							Oriented toward care of one's own body May include, bathing dressing, toileting, swallowing, feeding, functional mobility, meal prep, shopping.
Identifies Client Factors related to spirituality, values, beliefs.							
Able to evaluate and/or treats Performance skills ROM Strength Sensation							Have an implicit functional purpose: Attention, memory, sequencing, consciousness, orientation, vision, hearing, proprioception, reflexes, pain, motor control

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Demonstrates ability to provide education and training to patient, caregiver, family etc.									
Educates team re: OT's role in the ICU									Advocates for patient, promotes occupational justice
Demonstrates the ability consider occupational demands during treatment									Includes relevance, importance, space demands, required actions, body functions and structures.
Demonstrates and documents occupational based outcomes which are measurable									May include increased occupational performance, promotion of prevention, improved quality of life, engagement in activity, modification, maintenance
Can Identify lines and order of importance including risk/benefit to mobilizing patients with femoral lines.									
Demonstrates efficient untangling and layering and securing of lines									

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Challenges	
<ul style="list-style-type: none"> <li>• Time constraints               <ul style="list-style-type: none"> <li>• Institutional demands (productivity, overtime)</li> <li>• Patient care</li> </ul> </li> <li>• Understanding Practice Framework               <ul style="list-style-type: none"> <li>• OTs of various age and experience</li> <li>• How to utilize for ICU</li> </ul> </li> </ul>	

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### Challenges

- Follow through
  - Distribution of work
  - Schedule for meetings
- OT's were comfortable with performance skills although other areas of the domain were less ingrained

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### Assessment of Success

Data Collection

- Observation
- Chart review

Accountability

- Audits
- Mentoring
- Group discussions

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### Assessment of Success

- More thorough evaluations which give OT's a better idea of discharge recommendations
- Patient centered treatments
- ↑ OT focused documentation

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### Next Steps

Sustainability

- New staff training and competency assessment
- Monthly OT meetings for feedback and discussion

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### Next Steps

Future Plans

- COTA competency
- Initial competencies
- Mentoring
- Enhance the Occupational Profile

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### Case Study

53 year old male admitted from 01/2016-08/2016

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graph LR; A[Renal transplant] --> B[Heart transplant]; B --> C[Liver transplant]; C --> D[2nd Liver transplant]; D --> E[↓ right radial pulse & multiple surgical procedures];
```

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### Case Study

- Emergency department
- Liver floor (8N)
- Liver ICU (8ICU)
- Liver floor (8N)
- Liver ICU (8ICU)
- Operating room
- Cardiac ICU (7ICU)
- Operating room
- Cardiac ICU (7ICU)
- Operating room

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### Case Study

- Liver ICU (8ICU)
- Operating room
- Liver ICU (8ICU)
- Operating room
- Liver ICU (8ICU)
- Operating room
- Liver ICU (8ICU)
- Liver floor (8N) → discharged home

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### Case Study

- Lines to manage:
  - Orally intubated (ETT) → trach
  - CVVHD
  - T-tube
  - Rectal tube
  - Pulse oximeter
  - Jackson Pratt (x3)
  - R inferior abdominal drain
  - Dialysis R neck (RIJ)
  - Cardiac Monitor
  - Foley catheter
  - Davol drain
  - Nasal cannula

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**Case Study**

**Occupational Profile of Mr F**  
 Information provided by patient's family due to limited ability for patient to communicate. Patient is a successful attorney, active member of his church and advocate for new attorneys. Has a supportive wife along with supportive adult children; wife is able to assist at discharge. Has always been independent prior to initial hospitalization. Goals include returning to independence with ADL's and IADL's.

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**Case Study**

**Occupational Profile**

- Current concerns related to engaging in activities
- What occupations are they currently successful
- What aspects of environment are supporting or barriers

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**Case Study**

- What is the occupational history
- What are values and interests
- What are life roles
- What are priorities and desired outcomes

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## Case Study

### Occupations of Mr F:

- ADL's: dependent; mobility: dependent; IADL's: dependent; rest & sleep: sleep/wake cycle impaired; social participation: limited due to medical interventions

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## Case Study

### Client Factors of Mr F:

- feeling powerless, mental functioning is impaired, involved in church, supportive family

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## Case Study

### Performance Skills of Mr F

- constant pain, MMT 0/5 bilaterally, decreased endurance, sensory impairments with right hand ischemia, left hand delayed perfusion, multiple system failure, not communicating due to ETT

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**Case Study**

Assesses Occupations appropriate for age

- ADLS
- Feeding
- Rest and sleep
- Work
- Play
- Education
- IADLs

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**Case Study**

Client Factors:

- Related to spirituality, values, beliefs,

Performance skills

- ROM
- Strength
- Sensation, etc

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**Case Study**

Process skills Mr F

- poor sequencing,
- decreased attention,
- impaired decision making

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### Case Study

Performance patterns of Mr F:

- Habits: out of patients control
- Routines: nonexistent, sleep wake cycle off
- Roles: dependent

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### Case Study

Context & environment of Mr F

- cardiac ICU then liver ICU
- continuity of care was interrupted

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### Case Study

Process for Mr F

- Service Delivery model: direct/indirect
- Therapeutic use of self: political conversations- became motivated to return to work and be independent with ADL's as he got better

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### Case Study

Competency

- Demonstrated appropriate use of preparatory methods and tasks
- Demonstrates ability to provide education and training to patient, caregiver, family etc.

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Competency

- Demonstrates the ability consider occupational demands during treatment
- Demonstrates use of occupational based treatment to meet goals

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### Case Study

Final Outcome

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graph LR; A[Discharged to ARU] --> B[Discharged home with wife]; B --> C[Home health PT/OT/SLP]
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## Questions?




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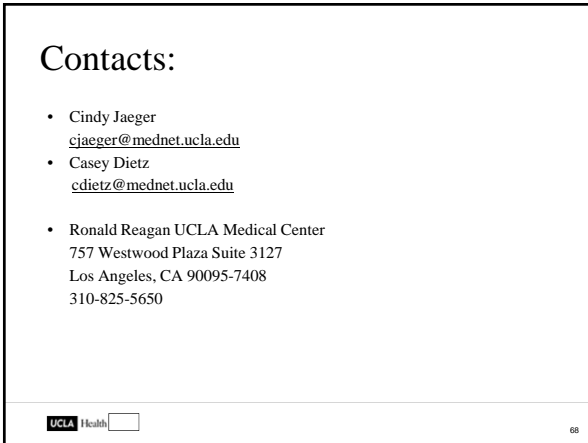
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## Contacts:

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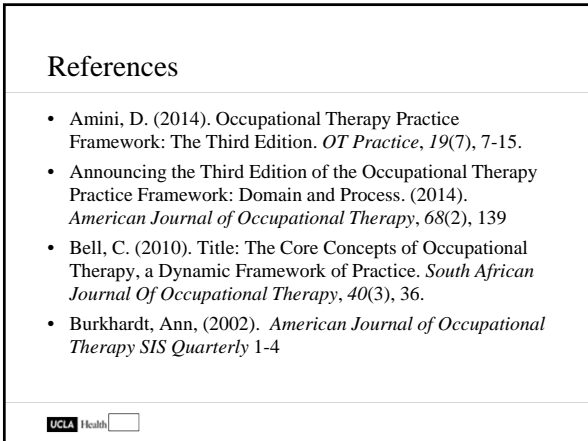
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Thank you



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