

AHRQ Grant Final Progress Report

Title of Project: International Conference on Evidence Based Occupational Therapy

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1. STRUCTURED ABSTRACT

Purpose: The purpose of this project was to marshal the efforts of the international community of occupational therapists to enhance dissemination of research information for evidence-based practice and to identify and address gaps in research.

Scope: An international group of occupational therapy scholars and educators was convened, with an agenda focused on the needs of the global occupational therapy community.

Methods: A working conference with 26 participants from 13 countries (Australia, Korea, Brazil, Mexico, Canada, New Zealand, Great Britain, Sweden, Hong Kong, South Africa, Israel, USA, Italy) was held July 11-14, 2004 in Bethesda, MD.

Results: Three major topics were addressed by task groups: critical review and synthesis of the literature, knowledge transfer, and practitioner education. Each group identified one or two priority goals, which included: securing international financial support for an existing evidence data-base currently supported in Australia; facilitating establishment of the World Federation of Occupational Therapy (WFOT) website as an entry point for materials related to evidence-based OT; establishing a web portal for dissemination of teaching materials for educational programs; creating a catalog system for evidence that is based in the ICF and occupation frameworks; and developing standard guidelines for critically-appraised papers and topics. Specific tasks were identified for each goal, as well as timelines for accomplishing the tasks and persons or groups who would assume responsibility for each task. Mechanisms for on-going electronic communication also were identified.

Key Words: evidence-based practice; occupational therapy

2. PURPOSE

Focus of the conference and specific objectives

Occupational therapy, like other health professions, has responded to recent challenges to improve the effectiveness and efficiency of services through increased integration of research evidence into clinical decision-making. This effort has been international in scope, with a variety of activities including participation in critical reviews, database building, and instructional workshops for clinicians and academic faculty reported in several countries including Canada, Australia, Great Britain, and the United States. None of these countries has a sufficiently large pool of occupational therapists or sufficient resources to undertake the range of activities needed for optimal support of evidence-based occupational therapy. However, we envision that the collective expertise of the international community could be organized in a systematic, collaborative effort towards this common goal. We can create mechanisms to maximize global access to health-related scientific evidence while supporting independent local decision-making. Accordingly, we proposed an international conference on evidence-based occupational therapy with the following objectives:

1. To identify a set of priority initiatives that are needed to facilitate efficient and effective evidence-based practice in occupational therapy
2. To identify current efforts to address these needs as well as areas where new initiatives are needed
3. To design a collaborative structure that could support efforts directed at priority initiatives
4. To generate consensus guidelines for evaluating and reporting research evidence to ensure high quality, consistency, and accessibility to the primary users (practitioners, health care service administrators, and consumers).
5. To set specific target outcomes for the next year directed toward the priority needs identified.

These objectives were directed at enhancing dissemination of research information to an important group of health services providers and to marshal the efforts of the international community of occupational therapists to identify and address current gaps in research information.

The conference was held on July 11-14, 2004, in Bethesda, MD, with results reported below.

3. SCOPE

A. Background

In response to member needs and external demands for information from the scientific literature to demonstrate the value of occupational therapy services, The American Occupational Therapy Association (AOTA), has sponsored a number of evidence-based literature reviews of occupational therapy's effectiveness for specific health conditions. AOTA took as its mission the task of finding a way to provide members with easy access to research findings that they then could combine with clinical reasoning and expertise to deliver more efficient and effective services. The Evidence Briefs, a series of user-friendly summaries of selected articles on specific literature review topics, are available on AOTA's website. More recently, sponsored reviews are being organized to answer, from an evidence-based perspective, specific questions related to a priority topic. Also available on AOTA's website is an Evidence-Based Practice Resource Directory. This provides members with an annotated list of Web sites useful to therapists interested in the evidence-based perspective in health care in general and in occupational therapy specifically. Additional AOTA efforts include continuing education articles in *OT Practice*, the Evidence-Based Practice Forum in *AJOT*, and program sessions at annual conference.

The American Occupational Therapy Foundation (AOTF) contributed to these AOTA efforts through a series of workshops and consultations focused on curriculum revision and faculty development. New Standards for the education of occupational therapists were adopted in 1998, and AOTF undertook to provide support for educational programs needing to make significant changes in their curricula. Evidence-based practice was identified as a curriculum element that was unfamiliar to a majority of educators, and so it became one of the focal points in the curriculum workshop series. Three modules were prepared by an expert in adult education, and made available through the AOTF Website. All educators participating in the workshop series were asked to familiarize themselves with these modules prior to attending the 2nd workshop in the series, in order to be ready to learn on site additional concepts of EBP and methods of integrating them into curricula. More than 100 faculty members from 22 different educational programs participated in this learning series.

B. Context

Through these AOTA and AOTF programs it became clear that too many occupational therapy faculty had neither the desired readiness to engage in teaching evidence-based practice, nor the resources necessary to do so easily and effectively. Research is not strongly integrated into OT programs, and faculty found this new challenge to be overwhelming.

At the same time, however, there was increasing availability of information through the internet that provided occupational therapy practitioners the means to access current health care research. Efforts to use this information have highlighted several important limitations of these current sources for occupational therapy. Among these are:

1. The greatest amount of information (e.g., in critical review databases) addresses questions related to acute medical conditions and impairment-oriented medical interventions. Occupational therapy's primary focus is on the impact of health conditions on Activity and Participation (as these are defined by the International Classification of Function and Disability (ICF)). Our intervention methods focus primarily on functional skill building and adaptation of tasks and environment to support meaningful participation in daily life.

2. A number of occupational therapists believe that strict application of the Levels of Evidence developed for medicine by Sackett, (Cook, DJ, Guyatt, GH, Laupacis, A, Sackett, DL, Goldberg, R.J. (1995) Clinical recommendations using levels of evidence for antithrombotic agents. *Chest* 108(4 sSuppl);227S-230S), is inappropriate for occupational therapy. Two major issues have been raised: first, that exclusive reliance on randomized controlled trials negates the value of other types of evidence that may provide information that is more directly applicable to a particular client, and second, that the heavy emphasis placed on study design may lead to neglect of other crucial elements of critical analysis such as the validity of the outcome measures used or the value of those outcomes from the client perspective.

3. Information addressing rehabilitation-related questions often addresses broader questions that have relevance to many services, for example the effectiveness of home care service programs in general. This format may not provide the occupational therapy practitioner with specific evidence related to the aspects of service he or she provides.

4. Information relevant to occupational therapy is scattered. The domain and practice of occupational therapy are multifaceted and potentially relevant literature may be found in a variety of medical, educational, psychological and other social science sources. Currently there is no discipline-specific clearinghouse or central site that can direct practitioners efficiently to the most relevant and highest quality evidence. In contrast, physical therapists embarking on a search for research information can turn to PEDro - the Physiotherapy Evidence Database and be directed from there to a variety of resources.

In response to these shortcomings, the professional communities in several nations have initiated efforts to critique, synthesize, and disseminate research evidence specific to occupational therapy. In the United States, the American Occupational Therapy Association has undertaken an Evidence-based Literature Review Project that has resulted in several published research syntheses. In Australia, a collaborative group based at the University of Queensland has initiated the "Occupational Therapy Evidence Collaboration" (OTEC) and has undertaken to build a web-based evidence resource. Researchers in Canada have formed an Evidence-Based Practice Research Group at McMaster University. Members of this group have expertise in conducting systematic reviews following procedures of the Cochrane Collaboration. They have also studied methods to assist in the implementation of service strategies such as client-centered practice and to identify barriers and supports for evidence-based practice. The Canadian Occupational Therapy Foundation funded eight systematic reviews of occupational therapy interventions. Occupational Therapists in the United Kingdom have produced a website, "OT direct", with resources that include literature search facilities and on-line journals that are useful in searching for the evidence.

An international conference sponsored by the World Federation of Occupational Therapy (WFOT) was held in Stockholm in June, 2003. It was apparent throughout the meetings of this organization that EBP was an issue that demanded attention. Contacts were made with leaders in this movement, and many of these persons became active contributors to the conference supported by AHRQ in July, 2004.

We proposed to sponsor an international conference that would bring together leading scholars and educators in the international occupational therapy community for the purpose of exploring how we might work together to overcome some of the major barriers to evidence-based occupational therapy. Our effort was guided by the position articulated by John Eisenberg that global access to health-related scientific evidence must coexist with respect for local decision-making regarding how best to use this evidence (Eisenberg, JM. (2002). Globalize evidence, localize the decision: evidence-based medicine and international diversity. *Health Affairs (Millwood)*, 21,166-8). Thus, the emphasis of this meeting was on creating mechanisms to maximize access to useful information without assumptions about how local practitioners or health care systems should apply the information in their decision-making.

C. Settings

The conference was held at the Bolger Center in Bethesda, MD. This is a large, well organized facility with all necessary support systems to ensure a smoothly operating conference. From local transportation to meal services, from office supplies and AV equipment to gracious service and relaxing, beautiful environmental settings, this was the ideal place for this conference. We were able to mix work with our need to get better acquainted with people who had traveled far to join us. The opening night featured opportunities for socialization as well as a presentation by Dr. Margaret Giannini, Director of the HHS Office on Disability. Another evening the group was entertained at the home of the AOTF Executive Director, along with additional guests representing local health care professionals. A lunchtime event included the exchange of culturally-relevant gifts, each presented along with a story of how and why this was typical of the region it represented. We believe that these opportunities for exchanging cultural and personal perspectives will help to promote on-going commitment to the work that needs to be done in the future.

D. Participants

Members of the Planning Committee were recognized as having a variety of expertise across the domain of EBP. The Principal Investigator and the Co-chair of the group are academic scholars who have published and presented on a variety of topics related to evidence-based practice; two other members of the planning committee are staff persons at AOTA and AOTF, largely responsible for programs described above; the fifth member of the committee is a highly valued consultant who has collaborated with AOTA on the development of its EBP activities during the past 4 years.

Conference participants were selected according to the following criteria:

1. peer reviewed publications reflecting consistent, in-depth commitment to EBP,
2. presentations at major national and international conferences on EBP topics,
3. expertise to cover all conference content areas and topics
4. broad international representation,
5. representation from developing countries who may not have met the criteria noted above but were purposefully included to facilitate the dissemination of the conference outcomes and to collect information regarding the need for resources and educational programs in their countries.

Because the primary expense of the conference was international travel and lodging of conference participants at the conference center, the maximum number of participants was

estimated to be thirty. As we worked to balance these criteria we identified potential representatives from these countries:

2	Australia	1	Korea
1	Brazil	1	Mexico
4	Canada	1	New Zealand
2	Great Britain	1	Sweden
1	Hong Kong	2	South Africa
2	Israel	5	USA
1	Italy		

Additional US representatives included the two staff members and the consultant mentioned as members of the planning committee, a representative from AHRQ, a facilitator from the CDC who guided some plenary sessions, a reference librarian skilled in the development and management of data bases, and three representatives from donor agencies who provided support for the conference. (The two scholars on the Planning Committee are represented in the US and Canadian figures, above.)

A list of participants is included in Appendix 1.

4. METHODS

Design

Structure of the Conference: The Planning Committee designed the conference to provide maximum opportunity for debate and discussion around the three major conference topics: critical review and synthesis of the literature, knowledge transfer, and practitioner education. Participants were asked to identify in advance task group preferences based on their expertise and interest. All participants were assigned to the group of their first choice (which, unexpectedly, produced three groups of almost identical size.)

Working sessions alternated between Task Group assignments and deliberations, and Plenary Group sessions where task groups reported back on the direction of their discussion, giving tentative goals and procedures that were under consideration. The feedback provided through the plenary sessions allowed each group to remain focused, but also produced recognition of areas of overlap where collaboration would be essential. A conference agenda is provided in Appendix 2.

Guidelines for Task Groups: The following guidelines were developed to help structure the work of the three task groups, and to insure some compatibility between the recommendations that emerged from the three groups.

1. Based on the overviews presented in the first session and on the survey summaries what are the major gaps or needs in the area to be studied by your group, in order of priority?
2. Are there new developments in the broader arena of EBP that could be helpful/useful to us? (For example, are there new directions or methods or models that might guide our own activities in OT?)
3. What will need to be done to address the priority needs or gaps for your assigned topic (i.e., what kinds of actions will need to be undertaken?)
4. Given the proposed actions, what are major barriers that need to be addressed?
5. What action steps (strategies) do we propose as most feasible and effective to address these barriers?

6. Are there specific actions or things or people that we should capitalize on in overcoming barriers and accomplishing the proposed actions? (i.e., are there specific systems or individuals who could be especially helpful in achieving our goals?)

7. What are some effective ways to involve other members of the international OT community in these activities? (This includes ensuring access as well as recruitment of additional participants in planned activities.)

When working to identify priority needs, groups were asked to keep in mind that there are (at least) four audiences to consider: policymakers; consumers; practitioners; and students. For any particular action being recommended, the specific target audience should be identified, if possible.

Data Sources/Collection

In preparation for the conference, participants completed a pre-conference survey designed to solicit information about the organized evidence-based practice activities in each nation related to the three focused areas of the conference: critical review and syntheses of the literature, knowledge transfer/data bases, and practitioner education. The information collected from the surveys about each nation was synthesized into a pre-conference Workbook, which was disseminated to all conference participants prior to the conference. The purpose of the Workbook was to educate participants about the full range of evidence-based activities, nation by nation, in the three areas noted above, as well as the macro-system factors that influence evidence-based activities (barriers and opportunities). Collecting and disseminating this information in advance of the conference allowed all participants to be “on the same page,” and to focus the presentations and discussions on identifying and prioritizing the major tasks and next steps in each of the three areas.

Key features of the globally *shared* contexts identified by the surveys include:

Finances: The cost of producing peer reviewed evidence reviews on OT topics is high and funding for these reviews is low. The small amount of available funding has limited the capacity of research-trained occupational therapists to conduct evidence reviews.

Human Resource Capacity: Although the capacity is increasing, the number of research-knowledgeable (scientists and consumers) occupational therapists is relatively low.

Workplace Demands: Workload demands and lack of incentives can discourage occupational therapists from evidence-based practice.

Multiple Target Audiences: A number of groups have vested and different interests in information and evidence about the effectiveness of OT services. These include practitioners, patients/clients, administrators and payers.

Multiple Perspectives on Evidence: There are several points of view about what constitutes the “best evidence” for OT, as well as the methods and formats for critical appraisal.

OT-Specific Peer-Reviewed Journals: The major journals in the developed and developing nations have published articles that articulate the concepts and processes of evidence-based health care.

Key features of locally *diverse* contexts identified by the surveys include:

Variation in Health Care Delivery Systems: The delivery of OT services is significantly affected by variations in the structure, eligibility criteria, and resources of different nations’ payment systems. Services may be funded by public, private sources and often a mixture of both.

Cross-Cultural Variation: The vast majority of studies about the effectiveness of OT interventions are from more developed nations. These results are not always applicable, or need to be culturally translated, for use in developing nations.

For a complete copy of the workbook, see Appendix 6.

Limitations

The primary limitations to this conference were the relatively limited budget and the time factor. Bringing an international group together across many miles and time zones requires considerable sacrifice on the part of the participants from the other side of the globe; it also induces considerable fatigue, which we tried to take into account as we designed the conference. Additional funds, had we been able to raise them, would have allowed us to extend the working days of the conference to include a full week, which everyone agreed would have allowed considerably more progress towards our goals.

Additional funds will be needed to implement many of the recommendations of the conference, as well. As noted in the Results (Outcomes) section below, several major tasks will need to be accomplished over the next five years if we are to achieve our goals. Members of each Task Group pledged to help seek additional funds from their national organizations and universities, and the conference organizers have pledged to continue to seek funds from external sources to help implement some of the plans. We believe that having identified the necessary tasks will make it easier to approach funding agencies and national associations with specific requests.

5. RESULTS

The conference outcomes are summarized below according to the recommendations of each of the three task groups. They are presented in outline form, followed by charts which indicate the nature of the tasks required to achieve each goal. They also suggest timelines for accomplishing these tasks and identify persons or groups who are expected to do this work.

Group 1: Critical Review and Synthesis

The group identified and discussed the following key issues:

1. How can we best identify and link ongoing efforts to review and synthesize evidence to avoid duplication of effort?
2. What structure or framework would be most effective to classify or catalog existing evidence to facilitate maximum access?
3. Given the multiple audiences and purposes for occupational therapy evidence, which areas should receive priority attention for future review and synthesis efforts?

The group's consensus with regard to each key issue was as follows:

1. Identifying and linking ongoing efforts
 - a. Given that the Australian *OTseeker* is already a well-established evidence distribution mechanism that benefits all countries, we should seek support from the international OT community to ensure its continuation and to enable it to expand its review and synthesis efforts. See Appendix 3.
 - b. As the international professional body for occupational therapy, WFOT is potentially the most appropriate group to work with around improving access

to OT evidence-related materials.

2. Identifying a classification framework
 - a. There is a significant need for a functionally-based EBP library cataloging system to organize existing evidence reviews and syntheses in our own as well as related fields. Absence of such a system is a major barrier to locating evidence on OT-relevant questions.
 - b. A classification system that integrated the ICF and the OT concept of occupation would be of benefit to the larger health care community, given the increasing focus on achieving participation and quality of life outcomes.
3. Priority areas
 - a. One strategy is to adopt a broader health perspective, i.e. to focus on the questions of greatest importance to the clients and of greatest potential benefit to society. This perspective is reflected in the AOTF core research questions.
 - b. There is a significant need for rating systems or guidelines for qualitative research and mixed method research, which represents an important source of evidence in occupational therapy.

Tasks and action steps

Key Issue	Task	Action steps	Assigned to
1. Identifying and linking ongoing efforts	1. Secure support to maintain and expand OTseeker	1. Clarify willingness of OTseeker to take on this broader role. 2. Seek proposal from OTseeker developers	Brought to larger group for consideration.
	2. Create linkage with WFOT	1. Clarify WFOT willingness and capacity to serve as EBP liason. 2. Specify liason role. 3. Evaluate available and needed resources.	Brought to larger group for consideration.
2. Identify classification framework	1. Develop an evidence library cataloging system	1. Develop a concept plan 2. Investigate whether NACC or other ICF group is working on such a system. 3. Review OT/MeSH thesaurus as potential base. 3. Develop funding proposal to develop and	Taylor (UK) Coster (USA) Coster & group Task group

		test a system using OTseeker	
3. Priority areas	1. Identify questions of major societal as well as professional importance	1. This task requires major further discussion and planning.	Conference planning group.
	2. Identify or develop guidelines for critical reviews of other forms of evidence	1. Follow up on report that a Cochrane group may have undertaken this task.	

Group 2: Knowledge Transfer

The group focusing on knowledge transfer issues in evidence based occupational therapy centered our discussion on issues of the production, dissemination, and utilization of evidence in occupational therapy practice.

The group identified and discussed the following key issues:

1. What are the most effective methods to make evidence available and easily accessible to occupational therapists around the world?
2. What standards or guidelines could be developed and used to guide the production of occupational therapy knowledge transfer materials?
3. What methods would assist in making evidence based practice information “a living and meaningful story” for occupational therapy practitioners around the world?

The group’s consensus regarding each issue was:

1. Methods to ensure the availability and accessibility of evidence
 - a. There is a need to develop a Web portal site, hosted by the World Federation of Occupational Therapists Web site, which will serve as a one-stop place to access evidence based occupational therapy information. The Web portal will hold general information and resources about evidence based occupational therapy. Web links from this site can link occupational therapists to other evidence based practice resources worldwide. The site needs to be accessible at no cost to users.
 - b. Understanding the factors that help or hinder evidence based occupational therapy practice in different areas of practice and different countries/cultures around the world is important.
2. Standards/guidelines for the production of knowledge transfer materials in occupational therapy
 - a. The development of standard guidelines for CATs, CAPs, and Brief Summaries will help improve the utility of knowledge transfer materials.
 - b. Information about knowledge transfer and definitions of terms is needed.
3. Bringing evidence based occupational therapy to “life”
 - a. Development and dissemination of success stories in implementation of evidence based occupational therapy is needed.

Tasks and action steps

Key Issue	Task	Action steps	Assigned to
1. Methods to ensure the availability and accessibility of evidence	1. Develop and launch EBP OT Web Portal	<ol style="list-style-type: none"> 1. Plans for web portal structure and content (completed Oct 04) 2. Submit funding proposal to Canadian Association of Occupational Therapists for support of web portal development costs (completed Nov 04) 3. Develop web portal (aim to launch by end of 2005) 	Mary Law (Canada) and Sally Bennett (Australia), along with other members of Group 2
	2. Develop EBP OT Standards	<ol style="list-style-type: none"> 1. Consult with WFOT standards advisory group and education task group 2. Provide support to WFOT group as required 	WFOT to establish an advisory group and tasks for developing and monitoring implementation of new curriculum
	3. Investigate factors supporting and hindering EBP OT	1. Survey therapists and organizations about culture and positive predictive indicators for organizational EBP support. (a) Survey (involve students in process) (by end of 2006) (b) cross cultural research about EBP support (by 2008)	Needs further discussion by conference planning group
2. Standards/guidelines for the production of knowledge transfer materials in occupational therapy	1. Develop Standard guideline for CATs, CAPs, Brief Summaries, etc	<ol style="list-style-type: none"> 1. Develop document standards and guidelines (completed Oct 04) 2. Write to national/international OT journals to encourage publication of evidence based practice materials (by Jan 05) 3. Submit standard guidelines for CAPs, CATs and Brief summaries to editors for their use (by June 05) 	Annie McClusky (Australia), Deborah Lieberman (US), Noomi Katz, Shula Parush (both from Israel)
	Develop materials defining and discussing knowledge transfer	<ol style="list-style-type: none"> 1. Materials developed (by end of 2004) 2. Materials posted on web portal (by end of 2005) 	Susan Rappolt (Canada) and Sally Bennett (Australia)

3. Bringing evidence based occupational therapy to "life"	1. Promote collaboration re: key themes and gaps in OT research (a) Identify key people; (b) Provide opportunity for collaborative discussions at WFOT 2006	1. This task requires major further discussion and planning.	Conference planning group.
	2. Develop EBP OT success stories	1. Publish/disseminate implementation ideas and success stories in different formats (e.g. video, web, paper based) (dependent on funding) (by 2007)	

Group III: Practitioner Education

The initial conclusion of this task group was that resources and manpower would never be adequate to attack directly the problem of practitioner education with regard to integrating evidence into practice, either in economically advanced nations or in the developing world. Instead it was concluded that our efforts should be directed towards strengthening the educational materials used in occupational therapy curricula, and expending considerable resources towards faculty development in the realm of research and evidence-based practice. The Key Issues discussed below are based on this primary decision.

Key issues in educating faculty and students with regard to incorporating evidence-based practice into their educational systems included the following:

1. Providing systematic access to educational materials that give faculty the resources they need, allowing them to integrate EBP instruction appropriately within their curricula.
 - a. educators in some countries lack information systems that can access materials otherwise available to them.
 - b. language barriers are recognized as posing particularly difficult problems in sharing educational materials; ideas for using students as translators are appealing

2. Establishing a shared funding mechanism through WFOT memberships that would permit hiring a Director of an International EBP Education Center.
 - a. the lack of real awareness of the immediate urgency for EBP suggests this will be a major problem, since most national organizations lack substantial amounts of uncommitted money.
 - b. role of the Educational Director to include: (1) design and oversee the preparation of educational materials that support the use of and valuing of evidence-based practice and education; (2) design programs that assist faculty to use and develop critical reviews, educational materials, single case studies, etc., for their own programs and for the international education pool; (3) provide leadership in establishing (collaboratively) guidelines for engaging

students and clinicians in asking questions that lead to the discovery process, and promote the use of EBP in the clinic

3. Achieving international agreements that permit the exchange of information and access to publications, and that promote policy which supports higher achievement in the education process for faculty, students and practitioners.

a. the varied regulations concerning certification and other organizational systems barriers must be addressed

b. issues of protective copyright patterns must be explored across nationally-based publications

4. Acquiring funds for an international program that brings together OT educators from developed and developing countries for the purpose of sharing educational strategies and resources in order to lessen the gap between those who have and those who do not have adequate resources (including faculty competence and experience) in teaching and using EBP.

a. on-line methods offer great potential, but many national communications systems could not support such an effort

b. lack of strong leadership, lack of funding, and significant language barriers will need to be addressed through some long-range efforts

c. utilize a discovery learning format which allows experienced educators to mentor those for whom this is a new experience

d. insure adequate consideration of cultural and linguistic differences throughout the program

Please see Appendix 3 for additional recommendations from this Task Group.

Tasks and Action Steps

Key Issue	Task	Action steps	Assigned to
1. Provide systematic access to educational materials	1. Collect existing teaching materials and make available through a single source.	Ongoing beginning 11/04	AOTF
	2. Publish article providing rationale for occupation-based interventions	July 05	
	3. Develop communities of academics & clinicians who collaborate on documentation of best-practice evidence	Ongoing	All nations, as culturally appropriate
	4. Establish internationally accepted competencies that faculty must demonstrate in teaching	2008	

	5. Target authors and editors to establish guidelines for subject reviews, and for conducting updates in the literature	2006	
2. Hire Director of International EBP Education Center	1. Involve WFOT structure in promoting importance of this goal, recruiting support for it.	Ongoing	WFOT IAG
	2. Develop formula for assessing member countries to support this program.	2010	WFOT IAG
3. Work toward international agreements on publications and policy	1. Establish standards for measuring EBP within certification process of each country.		WFOT, each country as appropriate
	2. Establish faculty competencies for educators responsible for presenting material on EBP		WFOT, each country as appropriate
	3. Editors of OT journals to collaborate in establishing guidelines for publication of EBP articles		
	4. Define characteristics of student applicants suitable for EBP-graduates; redirect recruitment processes accordingly		All countries, as culturally appropriate
4. Convene international program for OT educators to promote equal exchange of resources & competencies	1. Promote this program actively urging educators & fieldwork personnel to obtain funds in order to attend	2007	All WFOT organizations
	2. Seek funding from agency(ies) to cover expenses for program organizers, senior faculty presenters,		With AOTA & AOTF leadership

	conference development & on-site costs, and handouts & on-line resources		
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Ongoing Communication

One of the key interests expressed by all conference attendees was to build upon the momentum generated at this meeting and to work toward accomplishing the goals and tasks outlined in this report. Faced with the challenges of maintaining communication among all conference participants, and providing and soliciting updates, the planning committee has decided to utilize online survey software, Zoomerang, to facilitate ongoing work of the conference Task Groups. Zoomerang is an easy to use, Internet-based survey tool that can create professional, customized surveys. Conference participants will be asked to respond on a periodic basis to these online surveys regarding activities in their individual countries as well as any international efforts related to evidence-based occupational therapy practice. Through Zoomerang, reports will be automatically generated to assist the group with real-time results analysis and to provide a mechanism to keep on task and to foster ongoing communication and collaboration.

In addition, the Planning group will investigate use of a platform such as Blackboard to establish a mechanism for easy exchange and storage of information related to ongoing activities of the project. These platforms support a variety of functions, including an organized means to post files of important materials, bulletin boards to post questions to reminders, or to conduct on-line discussion.

Significance/Implications

Occupational therapists in the international community, like their colleagues in other disciplines, have begun to express their commitment to establishing the principles and methods of evidence-based practice within our discipline. We view commitment to utilize the best available evidence in clinical decision-making as a fundamental element to ethical practice. At the same time, we recognize the many barriers within and outside the profession to acquiring and using the skills necessary for evidence-based practice. This conference represented a collaborative response by representatives from around the world to try to address those barriers collectively.

The results of this conference speak to the strength of the collaborative partnerships forged between occupational therapists from many different countries. This gathering enabled a lively and exciting discussion of the development and promotion of evidence based occupational therapy from a more global perspective. Within the three discussion groups, specific doable priorities and tasks have been developed. Timelines and responsibilities have been assigned for each of these tasks to ensure that the momentum that was established at the conference continues. It is clear from reports received since the conference that several of the tasks are already on their way to completion (e.g. development and funding for an evidence based occupational therapy Web portal). Conference participants have committed to return to their countries and facilitate other occupational therapists to participate in these activities.

Through the funding provided by AHRQ, we have been able to bring together a group of occupational therapists who are committed to serve as the seeds of a larger collaborative effort to improve resources for evidence based occupational therapy education and practice. We

began by documenting what has been accomplished to date in evidence based practice by occupational therapists worldwide; these accomplishments are already impressive. Through the conference follow-up activities, consensus guidelines will be developed for evaluating, systematically reviewing and reporting research evidence to guide practice and policy. An international, freely accessible Web portal will be developed to house evidence based occupational therapy resources and to facilitate ongoing discussion about the development and implementation of evidence based practice. All of the conference's work was guided by the framework of the International Classification of Functioning, Disability and Health, reflecting the occupational therapy community's support for this framework as the international language for discussion and action on issues related to disability and health. The language and thinking of the ICF will continue to guide all of the task groups' subsequent activities.

The conference planning group is also committed to working with colleagues around the world to facilitate implementation of the priorities identified at conference. It is our belief that these activities have substantial potential to improve the implementation of evidence into occupational therapy practice over the next several years.

Evaluation of project outcomes

The major objective of the conference - to identify a set of priority goals and develop an initial action plan to work collaboratively toward those goals was accomplished, as detailed above. In addition, as planned, we conducted a survey evaluation at the conclusion of the conference to determine the extent to which our objectives had been met for participants. Results indicated a high level of satisfaction with the conference, and significantly positive views with regard to the work still ahead. (Please see Appendix 5.) The Planning Group will undertake subsequent evaluations, focused on achievement of tasks and evidence-based practice accomplishments/activities within the participating countries, in January and July 2005. We will employ Zoomerang (described above) to obtain information in a systematic way so that it can be readily compiled for review.

6. LIST OF PUBLICATIONS AND PRODUCTS

This conference was organized as a collaborative work group focused on planning future actions. Therefore, no formal conference proceedings are planned as a product. As individual tasks (identified in tables above) are accomplished, the appropriate dissemination mechanisms will be employed, which may include web-based announcements, publications in professional journals and newsletters, or mailings.