How often have you been enticed by the words “new and improved,” often used by the manufacturing industry to describe the latest formula for a commercial product? Many times the company proclaims “improved” on the packaging not only to make sure that the consumer is aware of the changes, but also to encourage the purchase and use of the product on a regular basis. Although the American Occupational Therapy Association’s (AOTA’s) Evidence-Based Practice (EBP) Project is not manufacturing a consumer item, the specific activities and related products, both online and in print, are designed to meet the needs of occupational therapy practitioners and AOTA members. An important goal of this project is to connect practitioners, researchers, and students with scientific literature, provide easy access to Web-based EBP resources, and ensure that information is updated on an ongoing basis.

Developed in 2003 by Kashala Erby, MSHSA, OTR/L, during an administrative internship at AOTA, the EBP Resource Directory is a means of accessing a wealth of resources on EBP, by providing a “one-stop shopping” site for understanding EBP and efficiently accessing, interpreting, and using evidence for practice, education, and research. Included in the EBP Resource Directory are links to EBP tutorials and information on interpreting the literature, as well as summaries of evidence that is relevant to occupational therapy. To access the EBP Resource Directory on AOTA’s Web site, click on Practitioners or Educators-Researchers, and then on Evidence-Based Practice and Research. You will need to log in as an AOTA member to access this information.

Since its initial launch, the Resource Directory was revised and updated in 2006 through a partnership between AOTA and occupational therapy students at the State University of New York at Buffalo under the direction of Janice Tona, PhD, OTR. Although feedback regarding the EBP Resource Directory has been very positive, we recently received input from occupational therapy practitioners that some of the structure of the site made it difficult to use. In conjunction with the student internship of Madeline (“Mad-die”) Maglio, MS, OTR/L, at AOTA headquarters during the spring of 2008, we scrutinized the structure and contents of the EBP Resource Directory and determined how to make it more user friendly. We began improving the site by checking for links that were no longer operational, and either updated or eliminated them.

The second stage of the improvements involved organizing existing and new sites that have specific implications for occupational therapy into the six broad overarching areas of practice identified through AOTA’s Centennial Vision (i.e., children and youth; health and wellness; mental health; productive aging; rehabilitation, disability, and participation; and work and industry). In addition, the more general Web sites previously housed within the OT-Specific Resources and Rehabilitation-Specific Resources categories were combined into one category titled General OT and Related Resources. With these revisions, we hope to make it easier for members to find more targeted resources related to a specific area of practice and interest.

The third stage of the update is to incorporate access to resources identified through the Evidence Bytes within the EBP Resource Directory. Since 2006, Evidence Bytes have been a biweekly feature in AOTA’s 1-Minute
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empowered to ask the fieldwork educator to step up the pace if it’s too slow, or ask for a time out to catch up if it is difficult to keep up. To help the student reach this point, the fieldwork educator has to establish a tone of acceptance and collaboration. All too often I hear students tell their “war stories” about fieldwork educators who didn’t listen, didn’t invite their feedback, or rejected their input. This attitude can only lead to a student learning to be passive and just doing what they are told to do—no more and no less.

Fieldwork educators are mentors for the students they supervise; they lead by example, provide inspiration, challenge students to think on their feet, encourage when the going gets tough, and demonstrate their commitment to professional excellence and lifelong learning. Christie described the supervision we provide as “a dynamic, empowering process that fosters the integration of theoretical knowledge and application of therapeutic principles with the conscious use of self to enhance the effectiveness of our practice. However, I believe we need to educate ourselves more about supervision; what it means and how to receive and conduct effective supervision using a conceptual model to ensure safe practice” (p. 57).

References

Donna M. Costa, DHS, OTR/L, FAOTA, is a clinical professor in the Occupational Therapy Program at the University of Utah in Salt Lake City. She is the author of Clinical Supervision in Occupational Therapy: A Guide for Fieldwork and Practice, published by AOTA Press.

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Successful applicants have patented specific items, created videos for organizations, and modified community buildings for easier access. Many applicants have submitted specific protocols and forms that they developed to improve the quality of their service delivery or their documentation. Sometimes the evidence may not meet the guidelines in a Quality Improvement category, but will meet the guidelines for Development. Both formal and self-directed learning are often the basis for developing programs and instructional materials.

Evaluation of Performance, Fieldwork Supervision, Formal Consultation, Mentee/Mentor, Peer Review, Team Building, Volunteer Activity

These interpersonal interaction activities often reflect involvement with clients and our ability as clinicians to make changes that have an impact on our ability to develop our skills.

Although 32 different activities can be completed, you only need to use five during the course of creating your portfolio. The broad range of activities is offered to address the many learning styles and skill levels of applicants. The key point to remember is to link your evidence clearly to the indicators to meet the objective of the competency. As your portfolio develops more depth, the links you make will enable the reviewer to understand your approach and methods as an advanced practitioner.

Michelle J. Brown, MOT, OTR/L, BCP, is the former chair of the AOTA Board for Advanced and Specialty Certification (BASC), which is the group that reviews all applications for certifications. She works full time doing school-based practice and continues to serve on the BASC.

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Update electronic newsletter, and are designed to connect members with Internet sites, resources, and information related to the EBP of occupational therapy. Although the Evidence Bytes often focus on sites that are not included in the EBP Resource Directory, they also highlight new features of well-established sites. A complete listing of all the Evidence Bytes can be found in the Evidence-Based Practice and Research Section of the AOTA Web site, but users need to scroll through the chronologic listing by title, summary, and link to find a site of interest. By creating an additional listing the respective resources highlighted in the Evidence Bytes in appropriate categories, members will have easier access to new and useful sites. Also, using bulleted summaries to describe each Evidence Byte site will make it easier for users to determine whether it might provide helpful evidence, and the “Check Out” feature will direct users to the most relevant sections of the Web site.

It is exciting to launch the update to the EBP Resource Directory while supporting the goals and priorities of AOTA’s Centennial Vision, particularly that of developing an evidence-based profession. We invite you to use the EBP Resource Directory and recognize it as an important tool for occupational therapists and occupational therapy assistants involved in the goal of developing projects that build strong linkages between education, research, and practice.

Madeline Maglio, MS, OTR/L, is a recent graduate from Boston University’s Occupational Therapy Program and is a staff occupational therapist at Spaulding Rehabilitation Hospital in Boston.

Marian Arbesman, PhD, OTR/L, is president of Arbesdeas, Inc., and a clinical assistant professor in the Department of Rehabilitation Science at the State University of New York at Buffalo. She has served as a consultant with AOTAs Evidence-Based Practice Project since 1999.

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Michelle J. Brown, MOT, OTR/L, BCP, is the former chair of the AOTA Board for Advanced and Specialty Certification (BASC), which is the group that reviews all applications for certifications. She works full time doing school-based practice and continues to serve on the BASC.