# **SPOTS Model** A model for the creation of Sustainable, Population-based, Occupational Therapy fieldwork Sites

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### **Objectives and Sections**

By the end of this presentation, attendees should be able to:

- 1. Define the SPOTS Model and understand its purpose and how it was created
- 2. List steps taken to implement the model as a newly-created population-based course at Touro College
- 3. Apply this knowledge to a fieldwork (FW) site generated from the SPOTS Model

- I. Introduction to the SPOTS Model
- II. Population-based occupational therapy (OT) course
- III. Appalachian Mountain population in Kentucky, USA
- **IV. Future plans**
- V. Questions



# Introduction to the SPOTS Model

### Contextual climate & birth of the SPOTS Model

- Need for implementation of services to underserved populations
- Dearth of FW sites
- Creation of new OT programs
- Advent of distance learning opportunities
- Following AOTA Visions 2017, 2025
- Evidence-based OT service delivery models in emerging practice areas



## Introduction to the SPOTS Model

### **Definition & Purpose**

An OT educational model in population-based service delivery that guides students through the process of creating their own FW sites, which may be used for future FW placements, potential jobs for OTs, and the provision of OT services to underserved populations.

As described by the originator, Pat Precin



# Implementation: Population-based course OT650-PB

#### **General Information**

- 3-credit elective
- Master's and OTD standards
- Classical, hybrid & 100% asynchronous
- Instructor: Pat Precin
- "Population" as client

### **Getting Started**

- Select a population
- Complete all course assignments/the FW experience
- Select an agency
- Contact the agency
- Evidence-based practice and theoretical service models (Brownson, 2001)



### **Elements of OT650-PB**

**Prior to FW:** Cultural sensitivity assignment; Needs assessment; Intervention planning; Program creation; Develop outcome measures

**During FW:** Needs assessment; Program implementation; Measure outcomes; Termination by current students

**After FW:** Analyze program outcome data; Create and implement a 10-step sustainability plan; Discuss leadership skills; Discuss strategies leading to societal response; Discuss OT promotion; Create and deliver an interdisciplinary oral presentation; Construct, conduct, and analyze a survey



### **Overview of Population**

\*Onsite needs assessment was performed by AFWC prior to student involvement

#### Diagnoses

- Diabetes (Type II)
- Chronic low back pain
- Cardiovascular (HTN)
- Mental Health (e.g. Substance abuse)
- RA
- Other

#### Lifestyle

- SES: Majority lower class
- Religion: Christianity
- Education Level: HS Diploma
- Majority unemployed

#### Barriers

- Lack of transportation
- Lack of knowledge
- Limited acceptance



### **Logistics and Resources**

#### **July 2016**

- CDL licensed driver with commercial van to drive 10 hours to University of Pikeville dormitory
- One van to drop off and pick up for both clinics
- Stayed in dormitories offered by University of Pikeville
- Food on own- grocery shopping and stored in lounge of dormitory
- fundraising

#### **July 2017**

- Air travel as group to Louisville, KY, and rented two cars for 4 hour drive to Pikeville
- Two faculty members drove assigned students to each clinic
- Stayed in hotel- three economy suites
- Food on own, including Kosher food which students brought
- fundraising



### Division of staff at BSHC clinics

#### Eula Hall Health Center

- 2016: Virginia Koenig, OTD, MSA, OTR/L
- 2017: Shifra Leiser, OTD, OTR/L
- 13 staff members
- Average 35-40 patients
- 3 students>5 students

### Shelby Valley Clinic

- 2016 & 2017:
  Beth Chiariello, PhD, OTR/L
- 18 staff members
- Average 50-100 patients
- 2 students>4 students

### Interventions

#### Public Health

- Promotion of health and prevention of disease
- Improvement of medical care
- Control of the environment

(Scaffa & Reitz, 2014)





### **Outcomes: General**

#### General

- 37 evaluations
- 5 home assessments
- 44 individual treatment sessions
- 3 follow-up treatment sessions
- Additional OT service recommendations for 33 patients



### **Outcomes: Clinic**

Post-Intervention Staff Survey (N = 40)	Staff
Staff familiar with OT services prior to visit	25%→8 0%
Staff familiar with OT services post-visit	100%
Patients who received OT services understood the benefits of OT post-tx	100%
OT services promoted education about health enhancing behavior, injury prevention, healthy lifestyles, increased participation in meaningful activities, and disease prevention	100%
OT services helped improve patients' awareness of medical care with diabetes	100%
OT services improved patients' awareness of balance due to neuropathy	75%
OT services improved patients' goal setting	75%
OT services helped improve education about symptom management (48%), weight management (55%), self-care (60%), and ambulation (60%)	56%
OT services resulted in patient improvements in the awareness of managing high blood pressure and shortness of breath, healthier eating habits, safer wheel chair positioning, increased ROM, and decreased anxiety, depression, heart disease, and COPD	33%



### **Outcomes: Student**

Average overall score on the Level I FW Student Evaluation Form (N=14)	96%
Students rated their overall learning experience at BSHC as "Excellent" (N=14)	54%
Students rated their overall learning experience at BSHC as "Very Good" (N=14)	40%
Students rated the Population-Based course as "Exceptional" or "Very Good" (N=14)	78%
Students rated the Population-Based course as "Good" (N=14)	22%
Interest Survey of OT & PT students at Touro	
Thought the SPOTS Model was interesting and would be beneficial to them both personally and professionally (n=63)	98%
Would be interested in starting their own level I FW site with a different population (n=58)	71%
Would be willing to participate in a similar FW experience in KY (n=58)	61%



#### THANK YOU!

#### References

- Brownson, C. A., & Scaffa, M. E. (2001). Occupational therapy in the promotion of health and the prevention of disease and disability statement. *The American journal of occupational therapy:* official publication of the American Occupational Therapy Association, 55(6), 656-660.
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- Scaffa, M. E., & Reitz, S. M. (2014). *Occupational therapy in community-based practice settings*. Philadelphia: F. A. Davis.

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