

Dear JACOT Readers,

Our summer issue 2020 arrives in the midst of unprecedented times. We recognize many of our readers are working creatively and innovatively to provide quality acute care occupational therapy services in a complex and fluid health care environment. According to a recent statement by American Occupational Therapy Association (2020), “In the rapidly changing health care landscape, the ability to evaluate, plan, and adapt is vital; occupational therapy practitioners have unique skills to address this challenge.” We echo our agreement that acute occupational therapists are undoubtedly rising to the challenge and representing our profession in exceptional ways.

In these unique and challenging times, we recognize the value of timely, relevant and efficient staff education and training now more than ever before. Staff education and training should look to incorporate the most recent, evidence-based content and practice standards and also meet the learning needs of busy clinicians (Bierma, 2018). The last decade, health professional education has reconsidered traditional methods and began to incorporate new practices related to teaching and learning. This shift in educational approaches touches on several themes and a few are highlighted below.

Be Mindful of Adult Learning Principles

Adult learning, also known as andragogy, suggests that adults approach learning differently than children. Adult learners tend to be intrinsically motivated, ready to learn, self-directed, autonomous and experienced in life and work (Ozuah, 2016). As such, adult learners appreciate experiential “hands on” techniques, learning activities that involve collaboration with others and incorporate relevant problems, group discussions and laboratory activities (Ozuah, 2016). Traditional methods of lecture or readings tend to be less engaging and impactful. When possible, staff training and continuing education offerings should allow professionals to evaluate, reflect on and improve their own performance in an active way (Bierma, 2018).

Personalize Learning

Personalized learning is all about choice and flexibility. Health professional education should incorporate methods that are focused on the learner’s unique needs and abilities. Continuing education and training should offer opportunities to build skills in self-reflection, inquiry and critical thinking. Learning activities should be self-directed and facilitate the development of professionals who are lifelong learners, ready to tackle the demands of a dynamic and complex healthcare system. Multiple methods of demonstrating competency and learning, such as written, demonstration or verbal should also be considered when developing staff education assessment strategies.

Embrace Technology

Interactive continuing educational modules and online platforms can facilitate staff competency in new or changing skills or content areas. Simulation has been found to be particularly effective in training staff and building skills while reducing harm to real patients (Bradley, Whittington & Mottran, 2013). While high fidelity simulation labs certainly create rich and exciting learning experiences, low fidelity simulation tools, such as role play, computer-based clinical scenarios or

case studies and virtual labs can also be engaging and impactful (Bradley, Whittington & Mottram, 2013). Additionally, online and interactive games, quizzes and polling/voting tools while fun and interactive, can generate valuable real time feedback to staff that may facilitate performance improvement and deeper learning.

Make Learning Social

Research suggests that educational methods using social media tools are associated with improved knowledge, attitudes, and skills (Curran, Matthews, Fleet, Simmons, Gustafson & Wetsch, 2017). Social networking connects people who may otherwise be separated by distance and creates opportunities for learner engagement and collaboration (Curran, et al., 2017). For example, evidence-based tweeting, in which clinicians send messages and updates to colleagues across the world regarding events, published works and ongoing research studies can facilitate the sharing information and promote professional development (Curran et al., 2017). Additionally, online discussion boards and virtual groups where clinicians can ask questions, share experiences and communicate information can be helpful for learning as long as confidentiality is maintained.

Summer 2020 Articles

The summer 2020 issue features two articles related to staff education and development. The first article titled “*Occupational and Physical Therapists’ Knowledge and Perceived Confidence Working in the Intensive Care Unit*” highlights the use of an online platform as a method for educating healthcare professionals working the intensive care unit. The second article, “*Delirium in Acute Care: Occupational Therapists’ Perspectives, Experiences, and Practice Implications*” explores perspectives and experiences of occupational therapists working in delirium management. Both suggest there are opportunities for improving staff education while emphasizing evidence-based practice to optimize clinician competency and self-efficacy as well as promote quality patient care.

We thank you for your continued readership, support and submissions. We look forward to continuing to provide our readers with relevant, timely and high quality evidence that amplifies occupational therapy’s role in acute care. Please enjoy our Summer 2020 issue.

Best,

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References

- American Occupational Therapy Association. (2020). Inpatient Occupational Therapy—Decision Guide for COVID-19. Retrieved from <https://www.aota.org/~media/Corporate/Files/Practice/Health/COVID-19-Inpatient-Decision-Guide.pdf>
- Bierema, L. L. (2018). Adult learning in health professions education. *New Directions for Adult & Continuing Education*, 2018(157), 27–40. <https://doi.org/10.1002/ace.20266>
- Bradley, G., Whittington, S., & Mottram, P. (2013). Enhancing occupational therapy education through simulation. *British Journal of Occupational Therapy*, 76(1), 43-46.
- Curran, V., Matthews, L., Fleet, L., Simmons, K., Gustafson, D. L., & Wetsch, L. (2017). A review of digital, social, and mobile technologies in health professional education. *Journal of Continuing Education in the Health Professions*, 37(3), 195-206.
- Ozuah, P. O. (2016). First, there was pedagogy and then came andragogy. *Einstein Journal of Biology and Medicine*, 21(2), 83-87.