Master of Occupational Therapy

2022 Critical Inquiry Research Project Symposium

Wednesday, June 22, 2022

Please note that this symposium will be delivered using Zoom conferencing. A schedule with session Zoom links will be shared directly with students and faculty. Guests can receive the links by contacting Lori.Muzychka@umanitoba.ca.

umanitoba.ca/rehabciences

UM | Rady Faculty of Health Sciences

The University of Manitoba campuses are located on original lands of Anishinaabeg, Cree, Oji-Cree, Dakota and Dene peoples, and on the homeland of the Métis Nation. We respect the Treaties that were made on these territories, we acknowledge the harms and mistakes of the past, and we dedicate ourselves to move forward in partnership with Indigenous communities in a spirit of reconciliation and collaboration.

This research symposium, based at the University of Manitoba, is on original lands of the Anishinaabeg, Cree, Oji-Cree, Dakota, and Dene peoples, and on the homeland of the Métis Nation. Students will be presenting and participants will be attending online while on the lands of many Inidigenous nations and treaty and unceded territories across Turtle Island.

Schedule of events

Time	Event
8:45-8:55	**Symposium Welcome** – Lisa Engel
9:00-9:29*	Critical appraisal of measurement property evidence for five financial capability assessments
	Children using adaptive bicycles: Influence on quality of life and social participation
9:00-9:44**	Increasing cultural competence to decrease health inequities
9:30-9:59*	Virtual care and support involvement in rapid access to addiction medicine clinics
10:00-10:29	**Break**
10:30-10:59*	A scoping review of literature guiding rehabilitation professionals' clinical reasoning related to client finance
	Features of bridging programs that contribute to successful workforce integration of internationally educated health professionals
10:30-11:14**	Racism in healthcare clinical education: An educators perspective
11:00-11:29*	Group cohesion in face-to-face and virtual therapy groups: A scoping review
	Strategies to provide support for new graduates during transition to occupational therapy practice in Manitoba
11:30-11:59	**Break**
12:00-12:59	**Keynote Address:** Musings of a Retiring, but Never Diffident, OT - Sharon Eadie, COTM Executive Director
1:00-1:14	**Break**
1:15-1:44*	Identifying and analyzing anti-racist educational interventions: A scoping review
	Aging-in-place in the kitchen for older adults with cognitive impairments: An exploration of occupational therapists' perspective
1:15-1:59**	Video-based microlearning: The social media therapist
1:45-2:14*	Mentorship in support and development of occupational therapy practice in Manitoba: A scoping review
	Feasibility of virtual reality-enabled at-home telerehabilitation program for stroke survivors
2:15-2:29	**Break**
2:30-2:59*	Perceptions on the use of telepresence robots in occupational therapy practice
	Leadership, hierarchy, and power in the context of interprofessional collaboration: A scoping review
	Understanding the experiences of adults with Attention Deficit Hyperactivity Disorder receiving non-pharmacological interventions: A scoping review
3:00-3:45	**Symposium Wrap-up** – Lisa Engel & Leanne Leclair

* 20 minute presentation + 5 minutes questions/answers + 5 minutes for transition to next presentation
** 40 minute interactive session + 5 minutes questions/answers

Keynote Speaker

Sharon Eadie
College of Occupational
Therapists of Manitoba

**Musings of a Retiring, but
Never Diffident, OT**

Sharon Eadie is the current executive director of the College of Occupational Therapists of Manitoba – in fact, she was the inaugural ED and has served in this capacity for over thirty years. Her clinical work as an occupational therapist was in mental health at a variety of settings. In her current OT practice, she works closely with her regulatory colleagues in Manitoba through the Manitoba Alliance of Health Regulatory Colleges, serving additionally in the role of vice chair and as a member of the Building Cultural Safety for Indigenous Peoples Working Group. Eadie was the recipient of the CAOT Award of Merit in 2021.

9:00 – 9:29
Critical appraisal of measurement property evidence for five financial capability assessments
Reagan Croy, Austin Hesselbart, Heidi Kozussek
Advisor: Dr. L. Engel

Introduction: Financial assessment instruments influence clinical decisions regarding financial capacity or capability, which can significantly impact client autonomy. Financial assessment instruments should be evidence-based. There lacks synthesis and critical appraisal of current measurement property (MP) evidence of financial assessment instruments.

Objective: To critically appraise recent MP (i.e., psychometric) evidence for five financial capacity/capability assessment instruments: (1) Lichtenberg Financial Decision Rating Scale (LFDRS), (2) Independent Living Scales (ILS) financial subsection, (3) Financial Competence Assessment Inventory (FCAI), (4) Financial Assessment and Capacity Test (FACT), and (5) Kohlman Evaluation of Living Skills (KELS).

Methods: Researchers electronically searched three Ovid databases (Embase, MEDLINE, and PsycINFO) from 2015 to March 2022 and completed forward citation and backward citation searches. Two researchers independently screened titles/abstracts, selected articles, and extracted data using Covidence. Two researchers used the COnsensus-based Standards for the selection of health Measurement INstruments (COSMIN) Risk of Bias checklist to critically appraise studies.

Results: Of 206 titles found, six studies were included. Two studies examined internal consistency, hypothesis testing, and responsiveness for the ILS. Four studies examined inter-rater reliability, structural validity, hypothesis testing, responsiveness, and criterion validity for the LFDRS. The risk of bias analysis revealed doubtful or inadequate quality of MP evidence methods. No recent articles were found for the FCAI, FACT, or KELS-2016.

Conclusion: Clinicians should use caution when interpreting findings from these financial assessments due to the limited published high-quality MP evidence. Challenges to MP evidence critical appraisal can occur due to the complexity of MP language, methods, and critical appraisal tools.

9:00 – 9:29
Children using adaptive bicycles: Influence on quality of life and social participation
Danella Alvaro, Daniel Amador, Zachary Hubert
Advisor: Dr. Jacquie Ripat

Introduction: Children with neurodevelopmental conditions may experience reduced opportunities for participation in their communities. Adaptive bicycles can increase opportunities for participation for children with these conditions and appear to have many therapeutic benefits, including increased physical function, social participation, and quality of life.

Objective: The objectives of this study were to: 1) gain an understanding of the effects of adapted bicycles on children's social participation; 2) gain an understanding of the effects of adapted bicycles on children's perceived quality of life; and 3) gain an understanding about how the environment contributes to the use of adaptive bicycles for children.

Methods: For this qualitative descriptive study, semi-structured virtual interviews were conducted with three children and their parents to understand their experiences of using adaptive bicycles. Researchers used an inductive approach to analysis to identify codes and categories.

Results: Findings indicated that adapted cycling was an enjoyable experience which increased children's independence and social participation in their home, school, and community life. The impact of the adaptive bikes on children extended to the parents as they reported being proud, surprised, and at times worried about the safety of the child. Many environmental factors impacted the experience of adaptive biking, both positively and negatively.

Conclusion: This study showed that adaptive bicycles are highly valued and enjoyable for children and their parents, and contribute to meaningful occupational engagement. Occupational therapists should consider using adaptive bicycles when appropriate. Communities and government should consider how to address the environmental factors that could support adaptive biking.

9:00 – 9:44
Increasing cultural competence to decrease health inequities
Kelsey Duke, Madelaine Bergman, Elise van der Zweep
Advisor: Dr. Cara Brown

Introduction: Since the introduction of the Truth and Reconciliation Commission of Canada (TRC), reconciliation education in health sciences classrooms has been one strategy to address health inequities. Despite increased efforts for addressing reconciliation, students continue to report limited knowledge of Indigenous content.

Objective: The aim of this project was to better understand if recent graduates of the Master of Occupational Therapy (MOT) program at the University of Manitoba feel that they have adequate cultural competency to work together with Indigenous people and communities to promote reconciliation and reduce health inequities.

Methods: A qualitative description design with semi-structured interviews was used with three participants.

Results: There are four themes in the data. Two describe the tools, or personal skills, attitudes and knowledge that promotes their cultural competency; Students Personal Toolkit and Developing New Tools. Another theme New Grad Supports describes the resources and supporters that the participants rely on as new graduates to be able to deliver culturally competent practice. The final theme Learning Gaps includes strategies that could be implemented in the MOT program to promote cultural competency in new grads.

Conclusion: Comparing and contrasting the participant findings with the student researcher's personal experiences in the MOT program shows that the MOT program continues to evolve to meet the recommendations of the TRC. However, MOT students would benefit from more integration of Indigenous worldviews throughout the program to prepare them for working with Indigenous communities.

9:30 – 9:59
Virtual care and support involvement in rapid access to addiction medicine clinics
Olena Czuba, Anna McGregor
Advisor: Ashley Struthers

Introduction: Rapid access to addictions medicine (RAAM) clinics provide a relatively new model of care for individuals living with substance use disorder (SUD). Involvement of supports can be beneficial during SUD treatment. However, with the onset of the COVID-19 pandemic, many RAAM services shifted to virtual (telephone, email, and/or video conference), resulting in a loss of support involvement.

Objectives: To investigate the impact of the transition from in-person to virtual services on the experience of individuals within RAAM clinics in Manitoba, and on the involvement of supports in SUD treatment.

Methods: A descriptive, qualitative study using semi-structured interviews via telephone or Microsoft Teams was conducted. Six clinicians from RAAM clinics in Manitoba were interviewed and data was analysed using an inductive approach.

Results: Virtual care had the benefit of increased access and continuity of care, but presented challenges to communication/rapport, flow, and physical assessments. Clinicians reported support involvement was substantially less in virtual encounters than in-person. The impact of the involvement of supports was found to be positive if supports were motivating and encouraging. Clinicians emphasized the importance of remaining patient-centered, facilitating support involvement, considering differences between rural/remote and urban experiences, and balancing in-person and virtual services.

Conclusion: Virtual care has benefits and challenges that make it suitable for some patients depending on the person and where they are at in their treatment, though it cannot replace in-person care. Regardless of delivery method or presence of supports, the client must remain the "bus driver" of their treatment process.

10:30 − 10:59
A scoping review of literature guiding rehabilitation professionals' clinical reasoning related to client finance
Jen Caryk, Marie Lashyn, Justin Monton
Advisor: Dr. Lisa Engel, Ellie Jack

Introduction: Client finances are important for rehabilitation professionals to consider due to their bi-directional relationship with health. This social determinant impacts client overall health and well-being, while health and well-being also impacts a variety of client finance factors, including income, class, or employment.

Objective: To chart the recent peer-reviewed published literature guiding occupational therapists'(OT), physiotherapists'(PT), and speech therapists' (SLP) clinical reasoning related to client finances.

Methods: This scoping review followed recommendations by Arksey and O'Malley to identify literature within MEDLINE (Ovid), CINAHL (Ebscohost), Embase (Ovid), and EconLit (Ebscohost) using 68 search terms. Citations were screened, selected, and extracted by two independent reviewers. Data synthesis included quantitative and descriptive/narrative approaches.

Results: Researchers screened 8,791 titles and abstracts with no year restrictions; the selection process was of 248 full-text articles from the years 2020-2022. Nineteen records were included for extraction and analysis (12 were guiding OT, 5 for PT, and 3 for SLP practice). Key results provide evidence that rehabilitation professionals concurrently use multiple types of clinical reasoning, and appear to commonly address client finances by determining the feasibility of treatment based on financial access. Rehabilitation professionals consider client finances in practice, but appear to lack related clear decision making guidelines or education.

Conclusion: The existing literature indicates integration of client finances into rehabilitation professional clinical reasoning processes. Further research is required due to the limited identification of specific finance factors and unclear guidelines available to rehabilitation professionals regarding clinical reasoning processes required to translate knowledge into practice.

10:30 − 10:59
Features of bridging programs that contribute to successful workforce integration of internationally educated health professionals
Lorena Dilim, Shannon Senanayake, Samantha Shpeller
Advisor: Dr. Natalie. MacLeod Schroeder

Introduction: The demand for healthcare workers in Canada exceeds the ability of Canadian institutions to supply trained healthcare workers. One way of meeting this demand is through internationally educated health professionals (IEHPs). While the migration of IEHPs has been facilitated by the Canadian government, IEHPs face several barriers when integrating into the workforce. Bridging programs facilitate the integration of IEHPs, however, there is a paucity of research on which features of bridging programs are beneficial.

Objectives: The aim of this scoping review was to identify the features of bridging programs that contribute to the successful workforce integration of IEHPs and what changes could be made to bridging programs based on IEHPs' experiences.

Methods: Following Arksey & O'Malley (2005) protocol for scoping reviews, 5 databases were searched for relevant articles. Identified literature was screened, selected, and extracted by at least two independent reviewers. Data was then analyzed and qualitative themes were found.

Results: 626 articles were initially identified in the database search, 16 articles met the inclusion criteria for data extraction. Findings from the article related to the study objective were separated into content and structural factors. Content factors include interprofessional collaboration, language and culture, patient-centred practice, clinical reasoning expectations, self-directed learning, and transition to practice. Structural factors included financial security, institutional policies, governmental level policies, and program accessibility.

Conclusion: Findings from this study highlight the importance of bridging programs and suggests recommendations for improving them to better meet IEHP's needs and facilitate Canadian workforce integration.

10:30 – 11:14
Racism in healthcare clinical education: An educators perspective
Gabby Bacon, Tessa Bruce, Sydney Meyer
Advisor: Dr. Cara Brown

Introduction: Racism is ingrained within the Canadian healthcare system and contributes to health injustices and inequalities for Black, Indigenous, and people of colour (BIpoc). Racism affects patients, healthcare workers and students alike. However, the literature is limited when examining the impact of racism during fieldwork placements for occupational therapy (OT) students.

Objective: The aim of this study is to understand the current experience of fieldwork educators in relation to supporting students who may be witnessing or experiencing racism in fieldwork placements.

Methods: Using an interpretive description research design, we conducted individual and group interviews with nine OT fieldwork educators with a minimum of two years experience. Data analysis was completed using inductive thematic analysis.

Results: Racism is prevalent in OT fieldwork education at micro, meso, and macro levels. Educators used strategies to address racism with OT students at the micro level, such as raising awareness, creating open dialogues, and debriefing witnessed incidents of racism. However, educators expressed a need for support at meso levels, such as specific indicators on fieldwork evaluations related to anti-racist practice, and macro levels, like a commitment to anti-racist education from higher level healthcare administration for all health care workers.

Conclusion: This study provides insight into the way fieldwork educators currently support their students and approach racism within their own clinical setting. The results can provide guidance for other fieldwork educators, the University of Manitoba, and the College of Occupational Therapists of Manitoba (COTM) on how to promote anti-racist practice in relation to fieldwork education.

11:00 – 11:29
Group cohesion in face-to-face and virtual therapy groups: A scoping review
Hannah Byczkowsky, Shayna Norris, Caitlyn St. Godard
Advisor: Dr. Pam Wener

Introduction: Group cohesion is a predictor of the outcome of a group therapy intervention. In the past, group cohesion was developed in face-to-face therapy groups. However, due to the COVID-19 pandemic virtual group therapy has also become popular. Therefore, understanding group cohesion in both face-to-face and virtual group therapy is important.

Objective: The purpose of the scoping review is to explore how the peer-reviewed literature describes group cohesion in virtual and face-to-face therapy groups.

Methods: A scoping review guided by Arksey and O'Malley's framework was conducted. Researchers conducted searches in five databases, two researchers independently screened studies for inclusion, meeting weekly to resolve conflicts. Two researchers extracted data from each included study and conducted a quality assessment using the MMAT.

Results: Thirty-two studies were included in this review. Twenty-three studies discussed group cohesion in face-to-face groups, six discussed virtual group therapy, and three studies included both. Group cohesion can be developed in both types of groups, but facilitation strategies may differ between the two methods of delivery. Activities that encourage member to member interaction can be achieved in virtual therapy groups by using breakout rooms, and face-to-face therapy groups by engaging group members in role-play.

Conclusion: Results of this scoping review will provide guidance to group therapy leaders about how to enhance group cohesion. Future research should focus on the development of group cohesion in virtual therapy groups to guide leaders on how to facilitate group cohesion and to engage a broader range of people in group therapy.

11:00 – 11:29
Strategies to provide support for new graduates during transition to occupational therapy practice in Manitoba
Melissa Gunn, Paul Tjaden-McClement
Advisor: Dr. Juliette Cooper

Introduction: Occupational therapists work in a variety of settings. Wide variation in geography, culture, and practice settings contributes to the complexity of occupational therapy practice. Due to this complexity, newly graduated occupational therapists often find transition to practice challenging. The College of Occupational Therapists of Manitoba recognizes that new graduates need further support in their transition to practice; this support must be appropriate and sustainable.

Objective: The objective of this scoping review is to inform the delivery of supervision for newly graduated occupational therapists transitioning to practice in Manitoba.

Methods: Four electronic databases were searched for content related to challenges of and strategies for transitioning to occupational therapy practice. Inclusion criteria were applied, and included articles were analyzed to identify key themes.

Results: In total, 27 articles were included in the review out of 1895 articles screened. Five categories of challenges were identified: decision making and feelings of self-doubt, time management and heavy caseloads, supervision, professional identity, and evidence-based practice. The implications of the challenges were divided into two categories: effects on services provided to clients, and effects on the mental health and well-being of the therapist. Four categories of strategies were identified: supervision, non-supervisory support, professional identity and ethics, and evidence-based practice.

Conclusion: Newly graduated occupational therapists face many challenges in their transition to practice. Findings suggest that organizations need to incorporate strategies to enhance professional identity, discussion of ethics, and support for evidence-based practice to support new graduates in delivering quality occupational therapy services.

1:15 – 1:59
Video-based microlearning: The social media therapist
Jordan Beer, Linda Funk, Nichol Marsch
Advisor: Dr. Reg Urbanowski

Introduction: There is increased reliance on technology for client education in a push for flexible teaching strategies. Microlearning modalities, such as social media videos delivered in 15 minutes or less globally via the internet, can be used to meet this need. However, its use for client education is overlooked in occupational therapy (OT) practice. Are we failing to utilize a vital tool that can increase the accessibility of client education?

Objectives: The goal of this project was to identify appropriate stroke rehabilitation-based videos on the designated social media platforms and use the results to develop a search method to support the development of a microlearning centre.

Methods: A systematic review and analysis was conducted on the social media platforms Instagram, TikTok, and YouTube using hashtags/keywords.

Results: The systematic search retrieved 2,885 videos with 118 meeting inclusion/exclusion criteria. A SWOT analysis identified common trends in strengths, weaknesses, opportunities, and threats. YouTube was the most successful platform with the highest number of relevant results. Instagram was the least successful with the fewest and least relevant videos.

Conclusion: Social media can be an effective way to provide client education. However, OTs need to proceed with caution when recommending its use to clients as there are many limitations. We recommend OTs create and distribute their own microlearning content specific to their clients and context. Social media is oversaturated with videos and general searching returns an overwhelming number of results. Many are irrelevant, require training to interpret, or are not client-centred.

1:15 – 1:44
Identifying and analyzing anti-racist educational interventions: A scoping review
Angela Bhatia, Jade McClure, Clarissa Prigroski
Advisor: Dr. Leanne Leclair

Introduction: Racism and white supremacy are prevalent in Western institutions. Health care professions, including occupational therapy, perpetuate racism and white supremacy throughout aspects of their practice. To address racism in practice, occupational therapy curriculum must include education that enhances anti-racist practice.

Objective: We conducted a scoping review to determine educational interventions used to improve anti-racist knowledge and practice of health profession students.

Methods: Using Arksey and O'Malley's (2005) framework for scoping reviews, we searched six databases for peer-reviewed, English-language literature from 1990 to 2022 using terms related to anti-racism, education, and health care students. We used Covidence to select articles, applying inclusion/exclusion criteria, and created a matrix to chart the data. We used frequencies and content analysis to analyze the data.

Results: We included 25 quantitative and mixed methods studies from a total of 4092 articles. Interventions varied in format, duration, content, were tailored to a wide range of health care students, and targeted students' cultural competency, biases, microaggressions, discrimination, and racism.

Conclusion: While there is no consensus on which anti-racist interventions for health care students impact behavioural change, educators need clear guidelines to provide informed anti-racist health care education. Themes identified in this study are a starting point for these guidelines and include providing students with education about structural inequities and intergroup contact; clear definitions of racism and guiding theories; skills for anti-racism praxis; providing faculty with anti-racism training; considering expert supports; and engaging in reciprocally beneficial community partnerships.

1:15 – 1:44
Aging-in-place in the kitchen for older adults with cognitive impairments: An exploration of occupational therapists' perspective
Micky Mandelbaum, Courtney Richardson, Christine Tran
Advisor: Dr. Jacquie Ripat

Introduction: Many individuals wish to live in their home independently for as long as possible. For individuals with cognitive impairments, aging-in-place can be challenging as it poses safety risks, especially in the kitchen. Although occupational therapists can assist older adults to age-in-place, there is limited research exploring ways that they support individuals living with cognitive impairments in the kitchen.

Objective: The purpose of this study was to understand how occupational therapists facilitate aging-in-place, specifically in the kitchen, for older adults with cognitive impairments.

Methods: Using a qualitative description approach, two focus groups consisting of Canadian occupational therapists (n=8) were conducted via Microsoft Teams between April and May 2022. Using an inductive approach, thematic analysis was used to code and categorize data and to develop overarching themes.

Results: Four themes emerged: 1) It's not a recipe; 2) Sleuthing and solving; 3) Juggling the ingredients; and 4) The kitchen we're cooking in. Overall, the interaction between older adults with cognitive impairment and kitchen use is complex; Occupational therapists reported needing to be 'detectives' while conducting assessments in this sensitive area of practice. Institutional and systemic barriers were found to limit occupational therapists' provision of care.

Conclusion: Further research is needed regarding proactive approaches occupational therapists can take with older adults with cognitive impairments who wish to age-in-place regarding their kitchen use. Best practices for how clinicians should approach this sensitive topic needs to be established. Finally, the provision of earlier interventions for those with mild cognitive impairments should be further explored.

1:45 – 2:14
Mentorship in support and development of occupational therapy practice in Manitoba: A scoping review
Tianna Flett, Leah Gottfried
Advisor: Dr. Juliette Cooper

Introduction: Occupational therapists (OTs) in Manitoba work in a variety of settings that often lack professional support, such as when an individual is the sole OT in an interprofessional team, practice setting, or geographic area. Mentorship has been described as one way to offer support; however, Manitoba currently has no formal mentorship programs for OTs.

Objectives: To identify current research on mentorship in OT, and to examine ways in which mentorship has been delivered and evaluated in OT and similar health professions.

Methods: All published peer-reviewed literature from searches in CINAHL, Embase, and PubMed between 2010 to March 2022 were screened for inclusion. Articles were included if they described mentorship programming in OT, physical therapy (PT) or speech language pathology (SLP). Data were extracted then analyzed descriptively and thematically to identify characteristics of delivery and evaluation of mentorship programs.

Results: Sixteen studies were included with six specific to OT. Four themes emerged: online delivery, group/ co-mentorship, mentorship within continuing education, and duration of mentorship. Beneficial components of mentorship program delivery including scheduled time, reflection, and clear expectations. Few studies were found about evaluation of mentorship programs.

Conclusion: There is currently limited research on OT mentorship; however, clinicians in the studies reviewed identified need and interest for mentorship opportunities. Mentorship would be beneficial for all OTs practicing in Manitoba. Future studies should focus on description and evaluation of mentorship programs in OT, adding to existing research with the overall goal to increase access to mentorship available to OT clinicians.

1:45 – 2:14
Feasibility of virtual reality-enabled at-home telerehabilitation program for stroke survivors
Elizabeth He, Kelly Moslenko
Advisor: Dr. Amine Choukou

Introduction: Stroke rehabilitation is a lengthy procedure, necessary for stroke recovery. However, stroke rehabilitation may not be readily available for patients who live rurally due to barriers like transportation and expenses. This in turn causes health disparity among the rural population. Telerehabilitation is a potential solution for providing stroke rehabilitation in rural areas.

Objective: To examine the feasibility of a technology-enabled at-home telerehabilitation program for stroke survivors living in rural Manitoba.

Methods: A VR setup was established in the home of each participant. A tablet was also supplied for the TR program. Each program consisted of 24 sessions that were to be completed over a 12-week period. Participants were assessed on Day 1 using the Fugl Meyer, the Modified Ashworth Scale, 10-meter walk test, and the Mini-mental status exam. Three questionnaires were also completed which include the Motor Activity Log (MAL), Stroke Index Scale (SIS), and the Treatment Self-Regulation Questionnaire. These assessments were re-assessed at weeks 6 and 12.

Results: Participants found the tablet and its accompanying exercises easy to use with few limitations. The VR system proved more difficult to independently manage by both participants as a lack of comfortability, visual contrast, and technical aspects of the technology created several functional barriers.

Conclusion: Although some limitations with the technology were noted, the information obtained from six weeks of this twelve-week study indicates that telerehabilitation is feasible under certain circumstances when used in conjunction with traditional rehabilitation services.

2:30 − 2:59

Perceptions on the use of telepresence robots in occupational therapy practice

Braden Milani, Kelly Jonasson, Kelsie Robertson

Advisor: Dr. Reg Urbanowski

Introduction: The use of telepresence robots in delivering occupational therapy services is not well researched. The need for delivering healthcare services via telecommunication has accelerated over the past few years in response to the COVID-19 pandemic and social distancing practices.

Objective: The purpose of this study was to assess occupational therapists' perceptions towards the use of telepresence robots and how they may fit within delivering occupational therapy services.

Methods: A qualitative case study design was used and data was collected through semi-structured interviews with two occupational therapists.

Results: Thematic analysis organized occupational therapists' responses into four main themes: perceived benefits of telepresence robots, perceived barriers of telepresence robots, potential application of telepresence robots, and suggested improvements for implementation of telepresence robots in occupational therapy practice.

Conclusion: Results from this study provides insight into where telepresence robots may be most useful, highlights the need for robots to be designed with client-centeredness in mind to ensure successful integration into occupational therapy practice, and highlights the importance of proper training with the robot.

2:30 − 2:59

Leadership, hierarchy, and power in the context of interprofessional collaboration: A scoping review

Jen Leo, Meagan Saunders, Allison Trimble

Advisor: Dr. Pam Wener

Introduction: Across the globe, interprofessional collaboration (IPC) with a flattened hierarchy, collaborative leadership and power sharing amongst team members is considered best practice in health care. However, hierarchy, assigned leadership and a lack of power sharing continues to plague the health care team. A recent scoping review explored hierarchy, power and leadership in the context of the interprofessional team. However, quantitative and mixed method studies were not included in the review.

Objective: To identify and synthesize the peer-reviewed literature that focuses on leadership, power and hierarchy in an IPC context. This synthesis only included quantitative and mixed methods research, from 2005 to 2021.

Methods: Guided by the scoping review framework developed by Arksey and O'Malley (2005), the following 5 databases were searched: PubMed, CINAHL, PsycInfo, Scopus and OvidMedline. Two researchers were randomly assigned to simultaneously apply the inclusion/exclusion criteria to screen study titles and abstracts, followed by a full text screen. Researchers discussed all conflicts and met to reach consensus. Researchers used the Mixed Methods Appraisal Tool to assess article quality.

Results: Twenty-nine articles from 11 countries were identified, themes included: 1) different perception of leadership, 2) collaborative/distributed leadership, 3) power imbalances, 4) respect/trust, and 5) hierarchy impacting contribution.

Conclusion: Physician dominance in health care teams continues to hinder the interprofessional collaboration of health care teams. A review of the current physician competencies and policies that perpetuate these imbalances will inform further research to explore the ways in which team process can be improved through dismantling the current systems of power.

2:30 – 2:59
Understanding the experiences of adults with Attention Deficit Hyperactivity Disorder receiving non-pharmacological interventions: A scoping review
Arielle Keith, Sarah Mahon, Sarah Todd
Advisor: Dr. Natalie MacLeod Schroeder

Introduction: Non-pharmacological interventions are increasingly used to target the effects of attention deficit hyperactivity disorder (ADHD). However, attempts to understand the experiences and perspectives of the adults receiving these treatments is lacking in the current literature.

Objectives: This review examined and synthesized the available literature on the experiences of adults with ADHD who have received interventions that fall within the scope of occupational therapy (OT).

Methods: A scoping review following the JBI protocol was completed. Relevant studies within the databases CINAHL, MEDLINE, Scopus, PsycInfo and ERIC were included. Articles including adult participants with ADHD and considering the experiences of non-pharmacological intervention(s) were deemed relevant. A content analysis was performed on selected articles.

Results: 6,376 articles were retrieved, with 29 meeting the inclusion criteria. Of these, 15 were excluded from the content analysis as they lacked representation of the participant voice, which made them insufficient for answering the research question. The key themes that emerged were relationships, validation, empowerment, and disconnection.

Conclusion: This review expands the knowledge of what components of ADHD interventions are effective to include and why they are effective. This knowledge can be used to ensure the voices of adults with ADHD are being included in the creation, implementation, and evaluation of future non-pharmacological ADHD interventions.