



# My Model of Best Practice

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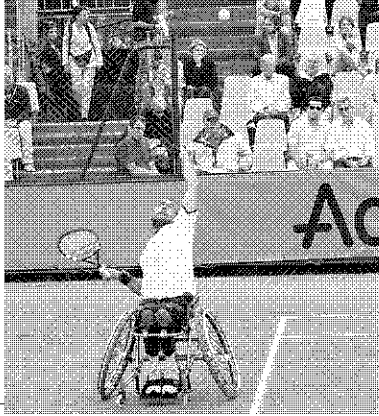
November 10, 2009

## Outline

- Why Present this?
- Different Faces of Best Practice
- Marilyn Wright's Model
- My "Tulip Bulb" Model
- Communication
- Family, College, and Centre Needs
- EBP and Quality Health Care and BP

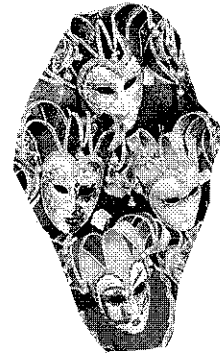
## Why am I presenting about Best Practice?

- To fulfill a recommendation from COTO.
- My work: **Best Practice in Action**
- Results of my surveys were Excellent to Outstanding in all areas.
  - I was the only one who scored myself lower.
- College is seeking to educate Therapists about Best Practice in Action.\*\*\*



**What is  
Best Practice?**

**Best Practice  
has many  
different faces**



Face 1 - What do Clients and Families want?

- Communication
- Help to find out what drives the client or child
- Respect for their goals and dreams
- Creativity – Thinking Outside of the Box
- Help to achieve their dreams.



Face 2 - What do Our Colleges want?

- Survey or evaluation results that indicate Best Practice in action
- All members to strive for excellence.



Face 3 – The Clinician:  
My Definition of Best Practice  
for the Clinician



- Using your resources
  - to achieve optimum level of function for your client
  - as determined by the client (and the client's family).
- When you do well with intervention
  - your co-workers and supervisors will know
  - results of surveys and GAS will also show it.

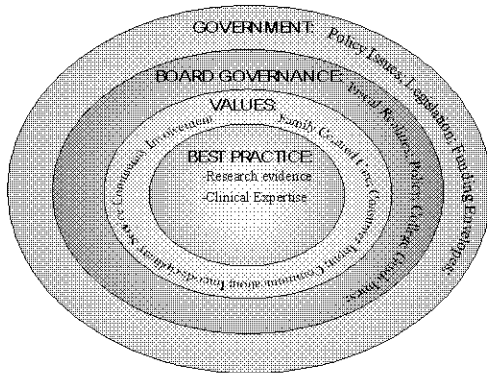
Face 4 -What does Our  
Center want?



Marilyn Wright's Model of Best Practice

- **Organizational or Centre Related**  
**Definition:** "Best practice is not a specific practice per se but rather
  - a level of agreement about research-based knowledge, and
  - an integrative process of embedding this knowledge into the organization and delivery of health care."

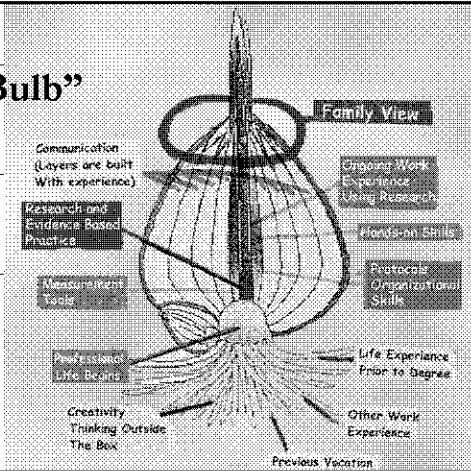
*Marilyn Wright's Model of Best Practice*



*Marilyn Wright's Model of Best Practice*

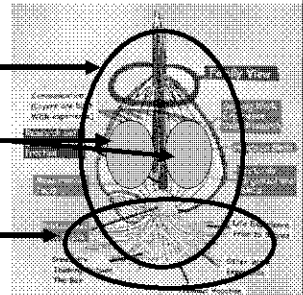
- Shows external forces influencing Best Practice
- Values:
  - Family Centred Care, Consumer Input, Communication, Intra-disciplinary Service, Consumer Involvement
- Most Centres have the above values, but the relationship is often unclear among:
  - Communication
  - Consumer Involvement
  - Research Evidence
  - Clinical Expertise

**My  
“Tulip Bulb”  
Model  
of  
Best  
Practice**



**Therapists bring knowledge and experience to their work via:**

Professional Life  
 Communication  
 Life experience Prior to receiving Degree  
*Nutrients*---)Drive to Build Real EXPERTISE



**Communication**

- Greatest Challenge and Greatest Opportunity
- Focus of work:
  - first and foremost accountable to the client and family
- Used to achieve Positive Change
- Child and Family - Therapist Relationship
  - Therapist: not merely intellectual competence
  - Must be: Effective Interventionist (Handout 2)
- Connective Tissue that holds practice together

**See Handouts 3, 3a**

**■ Communication is a HUGE component of Best Practice.**

## Cumulative Effect of Communication Skills

- It is not just knowing whom to contact
- It is also a matter of
  - How you frame your contact
  - How you speak
  - How you present yourself
  - How you present information (and how much)
  - What is the purpose of that communication
  - What you choose to say
  - When you choose to present critical information
  - Identifying the right time to speak/listen

## What the Family Wants:

- The top ring: **Family View of what you do**
  - Therapist's Top Priority
  - Information that **family** puts into the surveys determines results of Competency and Review Evaluation
- ☺ Are you "tuning in" to the client and family's dreams to enable the child to move forward in therapy and life?
- ☹ Are you "tuning out" details because of professional bias?
  - Research and Protocols are "inside the box"

## What your College wants:

- High levels of competency
  - Communication – an essential skill
- High levels as represented by Flowers in this model.



Handout 6:

What your College wants to see:

Code: Com = Communication  
 ■ = Evidence Based Practice and Research  
 ■■■ = Professional Judgment

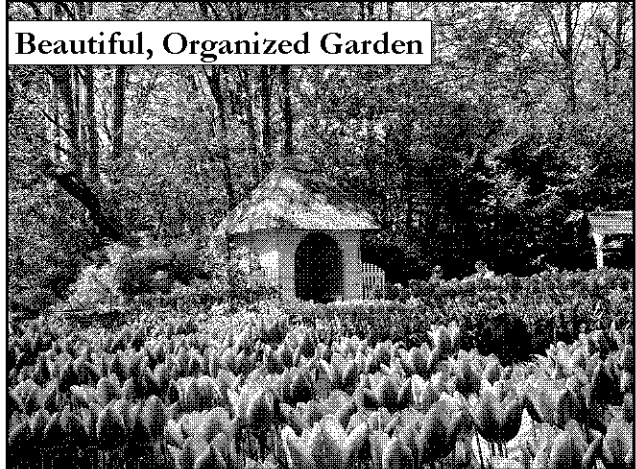
- Areas evaluated by our Colleges:

- Professional Attitudes: Ability (Assess) must be done - Telepresence/ ☺ with client and family
- Review base of knowledge: as BC Code at Centre and ■
- Define Parameters of Practice: Com with client and family
- Use Safe Work Practices: ■■ Care at Centre and Community, and with families
- Apply Systematic Approach
  - Observe, Construct and Theoretical Orientation: ■■
  - Com with other professionals
  - Identify options for choice: Com ■■■ ■■■■
  - Impartial to partnership with Client: Com
  - \* Communication Ethically: Com
    - Identify Key Principles to Com: ■■■■ ■■■■
    - Identify Resources needed for effective communication: Com
    - Comply and Receive Messages: ■■■■ and Com
    - Identify and participate in understanding of communication: Com
  - Identify and address worst or distress situation, effectiveness and efficiency: Com ■■
  - Apply findings to assess: Com

Please Note: All areas require the involvement of Communication skills - Com

**What your Centre or Organization wants:**

- An Organized Garden  
= Excellent Staff Performance
  
- That “level of agreement” about research-based knowledge
  - integrative process of embedding this knowledge into the organization and delivery of health care
  
- The key to the level of agreement:
  - **Excellence in communication**
  - **With clients, families and caregivers, staff, Board Members, and community**



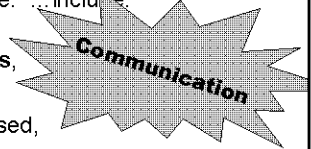
**Why does the Centre support Evidence Based Practice?**

- Ensure use of up to date Therapy Intervention
- Measurable outcomes from therapy intervention
- Avoid Liability issues
- Achieve Quality Health Care

**Characteristics of Quality Health Care**

“...characteristics of quality health care that appear to have stood the test of time. ...include:

- (1) **patient-centred in focus,**
- (2) scientifically-based,
- (3) population outcomes-based,
- (4) refined through quality improvement and benchmarking,
- (5) **individualized to each patient,** and
- (6) compatible with system policies and resources.



## Evidence Based Practice $\neq$ Best Practice

- “the integration of best research evidence with clinical expertise and patient values”
- A Problem of Focus:
  - Patient-centered
  - Client and Family first
  - ➔ then we talk about research and clinical expertise
- EBP is a *component* of Best Practice

Without the  
HUGE Communication  
component,  
Best Practice does not happen

- Implications for Clinicians
- Creativity and communication
  - >> take the clues from research
  - >> make solutions work for individual clients and families
- Implications for Centre

## Why does the Centre support Best Practice Initiatives?

- Excellent Consumer Relations
- Quality Health Care
- Excellence in Staff Performance
- Best Practice includes all of the Values of Evidence Based Practice
- Excellent Centre Reputation
- Creates Potential for
  - Funding from community
  - Funding from government
  - Centre Growth

Best Practice has everything to do with assisting clients and families to achieve their dreams.

