**Population-based Session Protocol & Reflection Outline**

Adapted from: Cole, M.B. (2012). Group dynamics in occupational therapy: The theoretical basis and practice application of group intervention (p. 330- 331). (4th ed).Thorofare, NJ: SLACK Incorporated. Modified with permission from M. B. Cole on 6/25/14.

**Session # 3**

**Session Name**

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| Client Bill of Rights |

**Session Intervention Approach (education, training, advocacy, resources, adaptive/accommodations)**

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| Advocacy |

**Session Purpose**

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| To advocate for client’s rights and ensure clients utilizing VLP services know and can see their rights. |

**Targeted Population Participant Description and Size**

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| All clients utilizing VLP services (roughly 3,200 a year) |

**Session Goal(s)**

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| OT students advocated with staff members and encouraged the development of a client’s bill of rights. Staff developed a site-specific bill of rights that was included with the intake process and displayed in the waiting area next to the check-in kiosks. |

**Equipment and Supplies**

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| Computer |

**Space and Set-Up**

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| VLP office |

**Specific Implementation Methods**

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| Collaboration with VLP staff |

**Outcome Criteria**

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| Amount of clients that complete the intake process and amount of clients that check-in the waiting room area at VLP after development of client bill of rights |

**Goal Attainment**

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| Bill of rights has been created and prominently displayed at check-in area |

**Session Reflection**

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| Staff seemed open to developing the bill of rights, and were receptive to our explanation of why it was necessary and what it should include. |

**Future Session Modifications/Considerations**

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| Client bill of rights should continue to be updated by VLP staff as the program continues to grow and change |

***Population-based Session Protocol & Reflection Outline Instructions***

**Group Name***: Name of population based intervention***.** *Create a name that reflects the intent of the intervention.*

**Session Intervention Approach:** *Identify the intervention approach that you will use to guide the session and the type of occupational therapy intervention (OTPF) that describes the session. Connect it with an occupation-based model and/ or psychosocial approach that supports the choice of this population-based intervention. How does this intervention express and/or is supported by one of the theories? How do you see this intervention through your “occupational lens”?*

**Purpose:** *State the overall intent of the population based intervention and how it will meet the occupational needs of the participants (OTPF 3rd Edition).*

**Targeted Population Participant Description and Size:** *State the inclusion and exclusion criteria for the targeted population for the intervention. Indicate the target number of participants and if participation will be open or closed.*

**Session Goal(s):** *Identify a minimum of 1 goal for achievement by the population based intervention. The goal(s) should be written using the COAST format.*

**Equipment and Supplies:** *Identify any tools, supplies, and equipment that is required for carrying out/participating in the population based intervention.*

**Space and Set-Up:** *Identify the physical space or temporal components required for implementation. Include a description of the set-up including how population access intervention and the leader(s) role in the physical and temporal aspects of space and set-up.*

**Specific Implementation Methods:** *How is the intervention implemented? Identify the component and phases of the implementation approach. Discuss possible strategies to facilitate peer exchange and personal reflection in order to facilitate collective identity and/or supports for community aspects of the population.*

**Outcome Criteria:** *Describe how you will measure the observable behavioral results, and/or feedback from participants including self-assessment of growth/impact from participation. Provide tools used to collect qualitative and quantitative data/information related to the outcomes of the population based intervention.*

**Goal Attainment:** *Describe the degree to which the goal(s) were/were not met and how that determination was made. Provide an explanation for goals not met.*

**Session Reflection:** *Review**the population based intervention after its completion. Did it go as you had anticipated? Did anything happen that you did not expect? How did the participants respond? Identify aspects of the intervention that you perceived to go particularly well as well as those things that did not result as you had planned. Describe the circumstances/conditions/ occurrences that you think contributed to both.*

**Future Session Modifications/Considerations:** Identify and provide a rationale/explanation for any modifications/changes that could enhance the process and/or the outcomes of the population based intervention.

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| Supporting Evidence for Implementation # |  |
| APA Reference  Lohman, H. (2003). Critical analysis of a public policy: An occupational therapist’s experience with the Patient Bill of Rights. *American Journal of Occupational Therapy*, *57*(4), 468–472. https://doi.org/10.5014/ajot.57.4.468 |  |
| **Level of Evidence:**  American Occupational Therapy Association. (2011). AOTA Journal Club Toolkit. Available online from<http://www.aota.org/DocumentVault/EBP/Journal-Club-Toolkit_1/Journal-Club-Toolkit.aspx?FT=.pdf> (p.9**)**  **Level V** narrative review, consensus statement, descriptive case report (description of what was done with outcome(s) for one or a few individuals) |  |
| **Summary:**  The author of this article states her views on the importance of occupational therapists advocating for public policy on a national level for a patient bill of rights. She points out an instance in history where patients felt a lack of control in their care, limited freedom of speech and limited right for justice. The government affairs division of AOTA highlighted anti-discrimination and comprehensive services as target areas for policy change - indicating the prevalence of issues in these areas in the care of clients. In our fieldwork setting, advocating for a Client Bill of Rights was important the reasons stated in this article. | |

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| Supporting Evidence for Implementation # |  |
| APA Reference  Dehghan, L., Dalvand, H., Haghgoo, H. A., Hosseini, S. A., & Karimlou, M. (2013). Occupational therapists and patients’ rights: Their level of clinical knowledge. *Journal of Medical Ethics and History of Medicine*, *6*. |  |
| **Level of Evidence:**  American Occupational Therapy Association. (2011). AOTA Journal Club Toolkit. Available online from<http://www.aota.org/DocumentVault/EBP/Journal-Club-Toolkit_1/Journal-Club-Toolkit.aspx?FT=.pdf> (p.9**)**  **Level IV** experimental single case studies (with at least marginal manipulation of the independent variable) |  |
| **Summary:**  This study involved a cross-sectional survey of 125 occupational therapists that was designed to determine the level of knowledge occupational therapists have on patient rights. This four-part survey asked questions about the therapists’ level of education, years of experience, practice area, and knowledge on patient rights. The results of the survey demonstrated occupational therapists have a high level of knowledge of patient rights, regardless of experience and education. This article supports occupational therapists’ role and competence in patient rights. | |