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Choosing Wisely®:

Conquering Habit to Achieve Excellence

Teresa Fair-Field, OTD, OTR/L

Learning Outcomes

1. Identify the 5 things targeted for de-implementation and the rationale behind their removal from OT practice.
2. Describe the role of habit in the selection of treatment tools and activities.
3. State effective methods of inserting new learning and evidence into daily practice patterns.

Development of the Choosing Wisely® Initiative

- Seeded in 2010
  - Howard Brody, M.D., Ph.D.
  - Proposed a challenge to specialty societies:
    - identify '5 things'
    - that were overused
    - did not provide meaningful benefit
- Launched in 2012
  - American Board of Internal Medicine (ABIM)

Specialty Society Partners

- 75+ participating specialty associations
  - American Occupational Therapy Association (AOTA)
  - American Physical Therapy Association (APTA)
  - American Geriatrics Society
  - American Academy of Pediatrics (and associated sections)
  - American Academy of Hospice and Palliative Medicine
  - American Academy of Nursing
  - American Academy of Physical Medicine & Rehabilitation
  - AMDA-The Society for Post-Acute and Long-Term Care Medicine

Occupational Therapy's 5 Things

1. Don't provide intervention activities that are non-purposeful
   (e.g. cones, pegs, shoulder arc, arm bike).

- Purposeful activity is the core value of occupational therapy.
- Purposeful activities are inherently motivating.
- Promote engagement, attention, endurance, and pain tolerance towards a meaningful reward.
- Non-purposeful activities fail to motivate.

2. Don't provide sensory-based interventions to individual children or youth without documented assessment results of difficulties processing or integrating sensory information.

- Assessment needs to drive individualized sensory interventions.
- Blanket provision of sensory tools may be ineffective or harmful.
- Diminishes the value of client-centered, customized intervention.
- Includes provision of ASI®, weighted vests, sensory diets, and listening programs, etc.

3. Don't use physical agent modalities (PAMs) without providing purposeful and occupation-based intervention activities.

- Stand-alone PAMs are *not* occupational therapy.
- OT provides direct application to occupation with a *functional* component of treatment.

4. Don't use pulleys for individuals with a hemiplegic shoulder.

- "too aggressive"
- potential for harm to delicate structures affected by stroke
- see also item #1

5. Don't provide cognitive-based interventions (e.g. paper-and-pencil tasks, table-top tasks, cognitive training software) without direct application to occupational performance.

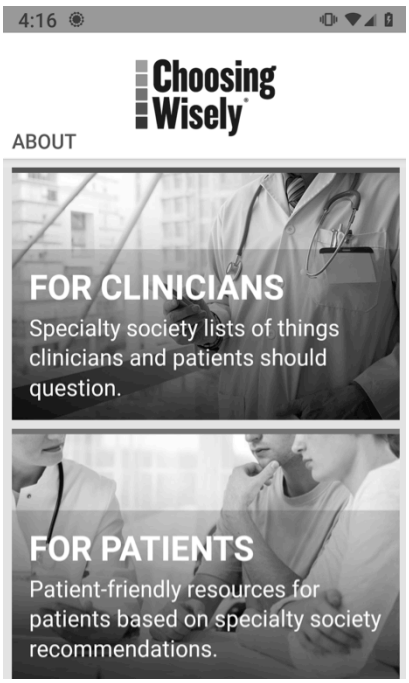
- See also, item #1
- Interventions should seek to
  - increase awareness
  - develop strategies
  - support functional task skills
  - provide environmental or task modification
  - assistive technology

meaningful
purposeful
value-added
client-centered

occupation

Clinical Resources

Consumer Resources

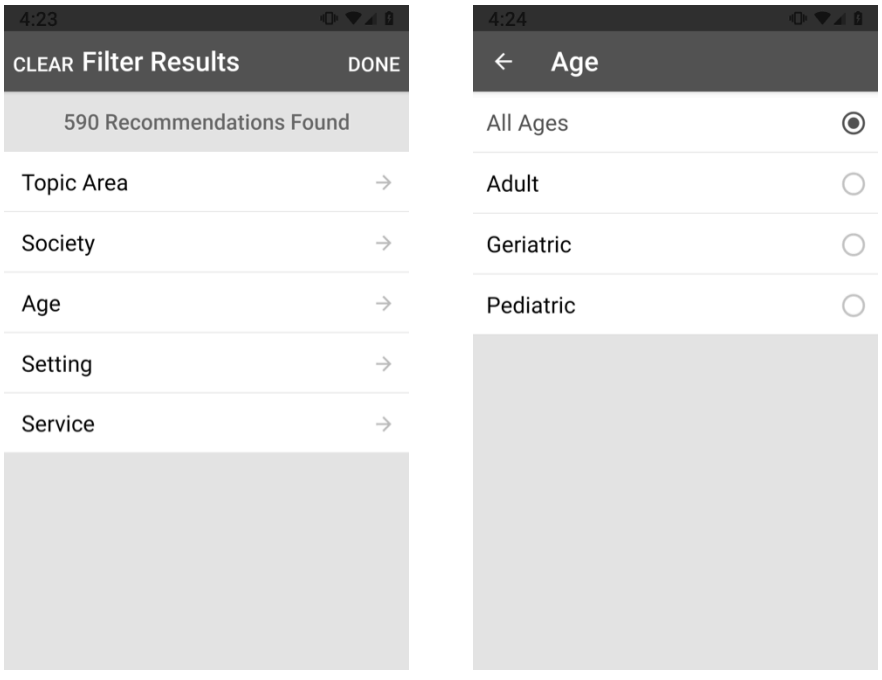


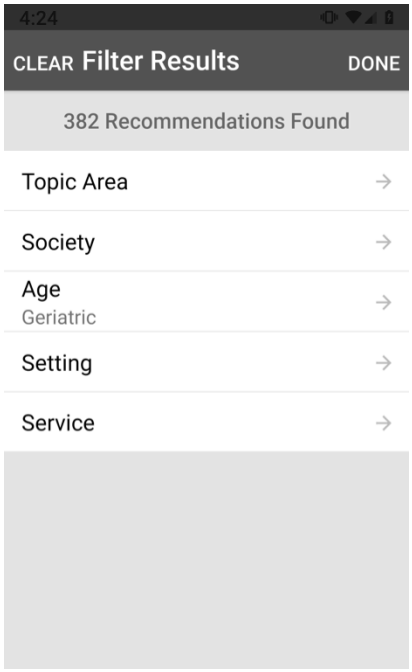
CONTINUED

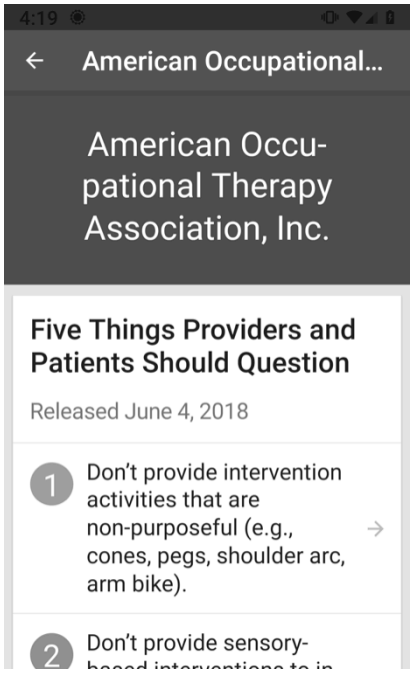
Patient Empowerment Movement

- Promoted by World Health Organization (WHO)
- Multi-modal strategy to improve hand hygiene
- Spain n=337 (Sande-Meijide, 2018)
  - 49.9% were willing to remind health care workers (HCW)
  - 31.6% of providers supported their participation
- USA n=108 parents or adult patients, n=89 physicians and residents
  - 71.9% of parents of hospitalized children
  - 65.4% of adult patients
  - 65.5% of residents agreed vs. 49% of attendings

(Lastinger, 2017)




4:24
CLEAR Filter Results
DONE
382 Recommendations Found
Topic Area
Society
Age
Geriatric
Setting
Service


4:19
American Occupational...
American Occu-pational Therapy Association, Inc.
Five Things Providers and Patients Should Question
Released June 4, 2018
1
Don't provide intervention activities that are non-purposeful (e.g., cones, pegs, shoulder arc, arm bike).
2
Don't provide sensory-


4:19
American Physical Ther...
American Physical Therapy Association
Five Things Physical Therapists and Patients Should Question
Released September 15, 2014; updated November 18, 2015
1
Don't use (superficial or deep) heat to obtain clinically important long term outcomes in musculoskeletal conditions.

The Role of Habit:

Assessing our own performance patterns.

AOTA Practice Framework

Performance patterns:

- Habits, routines, roles, and rituals used in the process of ~~engaging in occupations or activities~~ delivering occupational therapy tx
- Can support or hinder performance

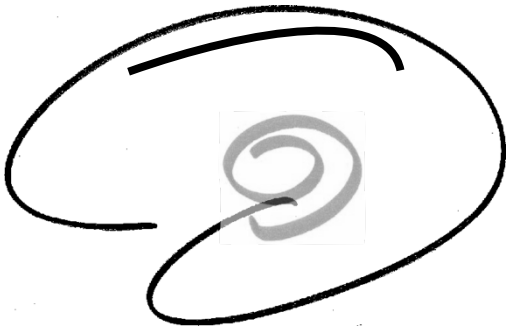
"All our life, so far as it has definite form, is but a mass of habits—practical, emotional, and intellectual—systematically organized for our weal or our woe, and bearing us irresistibly toward our destiny, whatever the latter may be."

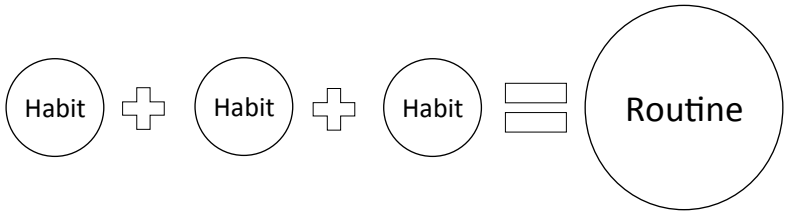
~ Henry James, 1892

What is a habit?

- "Learned sequences…triggered by the environment to produce behavior, largely outside of people's conscious awareness" (Neal et al., 2012, p.492)
- "Acquired gradually as people repeatedly respond in a *recurring context*" (Neal et al., 2012, p.492, Wood & Neal, 2007)

Where is a habit formed?





Why doesn't new learning create new habits?

- "When habits are formed, control over the behavior gradually shifts away from being guided by our intentions, to being automatically triggered by cues in the environment…Once formed, habits…are difficult to break with goal-oriented intentions"

(Ersche et al., 2017, Wood & Neal, 2007)

Steps to Implementation

1. Reflection

- Reflecting on our own practice habits, we can begin to set goals and contingencies that better align with our 'implementation intentions.'

(van't Riet, 2011)

Identify Habit-Driven Practice

- When we have difficulty integrating new learning
  - from a course
  - from a conference
  - from an article
  - or from an EBP finding

Identify Habit-Driven Practice

- When we notice we are selecting the same treatment activity over multiple persons, sessions, days, or times of day.
- We are delivering a treatment out of habit not intention.

Identify Habit-Driven Practice

- When we reflect that we are spending more time on 'prefunctional' activities than 'functional' activities.

(Gillen, 2013, p.644)

2. Vulnerability

…is the birthplace of innovation, creativity, and change." (Brown, 2011)

3. Identify Triggers

- physical locations
- other people
- internal states
- preceding actions in a sequence (Wood, 2017, p. 392)
- sensory input
- temporal component

Physical Locations

- the gym
- a client's room
- treatment closet

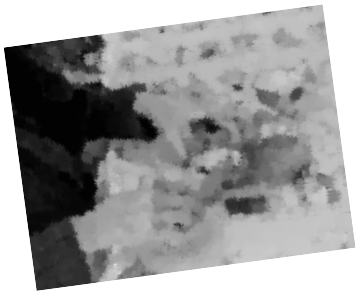
Other People

- team members
- the client
- common dx

Internal States

- hungry
- dehydrated
- tired/fatigued
- stress
- poor sleep/deficit
- emotions
- distracted/competing thoughts

Preceding Actions in a Sequence



- re-entering the treatment area after a meeting after lunch
- going to rooms/floors/sections/areas in a similar sequence
- specific motor patterns
- 'precursors'

4. Insert Intentional Habits

- Staged Removal
- Replacement/Substitution
- Change the context or environment
- Change the time or sequence
- Build an intentional routine, rooted in evidence and current technique.

Removal

- Tag non-purposeful items for removal. (Item #1)
- Consider the relevance of cognitive tasks to the individual (Item #5)
- Red box it.

Replacement/Substitution

- Replace items with intention.
  - Are items purposeful?
  - Are they culturally relevant?
  - Does it meet the clinical need?
  - Is it evidence-based?
  - Can it be used in more than one way?
  - Was my client engaged in the choice?

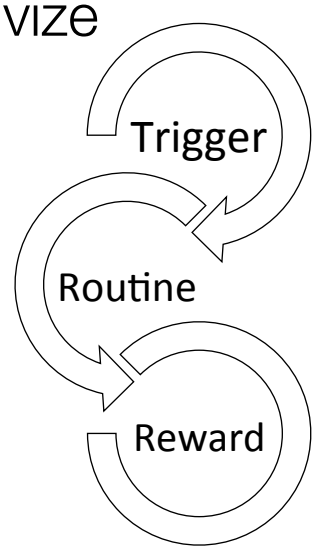
Context/Environment

- perform tasks in context
- modify the environment where treatment occurs
- move treatment tools
- create visual or cognitive barriers or alerts

Time & Sequence

- Disrupt the impact of time associations
- Change your order of operations
- Walk a different path
- Build and change your time chunks
- Identify ‘precursors’

5. Incentivize



6. Examine our Self Care

- Sleep hygiene
- Hydration and Toileting
- Fitness
- Stress management

activate a blue light blocker 2 hours before bed

charge your phone 50 feet away from the bed!

Go to bed 15 minutes earlier on night one, 15 minutes earlier than that on night two, 15 minutes earlier than that on night three, and 15 minutes earlier than that on night 4 until you = 1 hour earlier every night!

turn your themostat down to 65° in the room(s) where you sleep

Steps to Implementation

1. Reflection
2. Vulnerability
3. Identify triggers
4. Insert intentional habits
5. Incentivize
6. Examine our self care

Discussion & Limitations

- Habits can either support or hinder performance. Some OT practice habits are important for yours and others safety.
- This course material is meant to provide a platform for personal insight and professional development.
- While the habit science presented here applies to a range of habits, the scope of the course is the development of practice patterns that improve the adoption of evidence-based and client-centered treatment delivery.

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Resources:

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