



Poster # 12

Title of poster: Exploring the Role of Occupational Therapy in Critical Care: Developing a Scoping Review

F. Aileen Costigan, OT, PhD, Sue Baptiste, OT, MHSc, Jocelyn Harris, OT, PhD, Mark Duffett, MScPharm, PhD (ABD), Michelle Kho, PT, PhD; McMaster University

Abstract

Background. Patients surviving critical care experience residual disabilities, with long term consequences, challenging their return to pre-injury/illness roles. Occupational therapists (OTs) are experts in facilitating recovery from disabling conditions. However, the OT role is inconsistent and infrequent in many critical care settings and not clearly defined. To establish an OT niche on the critical care team and support best outcomes for patients, these shortfalls require in-depth, interdisciplinary exploration. To begin addressing this need, we designed this scoping review to systematically identify and explore reports describing the current and potential OT role in critical care.

Methods. We searched MEDLINE, CINAHL, Web of Science, Scopus, Cochrane Library, ERIC, Social Science Citation Index, and SSRN from inception to November 2013 for all documents discussing the role of OT in critical care. We sought documents (original research (quantitative and qualitative), review articles, practice guidelines, editorials, commentaries) mentioning current or potential OT role(s) of activities involving the care of patients, their families and support of critical care staff, with no language restrictions. An interdisciplinary review team (three OTs, one physiotherapist (PT), one critical care methodologist) examined the citations to select relevant reports. Independently, in duplicate, pairs of review team members screened study titles, abstracts, and full text for eligibility. Similarly, an interdisciplinary team (three OTs and one PT) abstracted data independently in duplicate from included studies. Discrepancies at all review stages were resolved by consensus.

Results. The initial search identified 32,711 citations; thus, practical considerations for managing our yield necessitated modification of our inclusion/exclusion criteria. To focus on the most pressing critical care needs, the review team collaborated to narrow our selection criteria to include citations that suggested a possible OT role only in direct patient care within the critical care setting focusing on interventions. Title screening by four reviewers (90 hrs) identified 3,628 abstracts for further review. Abstract review (37 hrs) identified 1,217 reports for full-text review. To date, 709 full-text documents have been retrieved, and 216 met the revised inclusion criteria. Four reviewers have abstracted data from 173 reports (57 hrs). Preliminary results suggest that reports on OT in critical care are limited in number; varied in document publication type, study design, and methodological quality; and, widely span traditional and emerging OT

roles.

Conclusions. The interdisciplinarity of the review and data abstraction teams have been instrumental in distilling the large volume of citations, defining key concepts, and collegially resolving conflicts to capture the current state and potential contributions of OT in critical care. Preliminary analysis suggests a need for further research into the effectiveness of existing OT roles in critical care (e.g., mobilization) and role expansion to support recovery from disability for patients during and following critical care, emphasizing cognitive and psychosocial services. This dynamic, iterative interdisciplinary process may serve as an exemplar of how other disciplines can describe their role in emerging aspects of health care.

