

## **Initiating an Embedded Therapy Program: Tips and tricks for Joining the Team**

By Emily Bodensteiner Schmitt, MOT, OTR/L

Joining any team requires time and effort on both the part of the newcomer and the established team members, and starting an embedded therapy team is no exception. As a new graduate, I was hired to be one of two founding OTs for an embedded therapy team in mixed medical/surgical/transplant ICU at Mayo Clinic Hospital Rochester. The whole therapy team consisted of six staff entering a well-established team as outsiders with a new agenda. Although the transition wasn't easy, the six of us worked together to enter the larger team. We utilized several strategies to ease this process, and I have outlined six key tips for establishing an embedded therapy team and/or early mobility program in the intensive care unit:

### **1. Summarize the research evidence for early activity and mobility**

There is a wealth of evidence supporting occupational therapy benefits and safety in the intensive care unit. Share this information with staff on the unit! While they may not want to read every paper, summarize the results of a few major ones. Keep printed copies of the full text in your desk drawer and guide staff to read more if they are interested.

### **2. Prioritize and demonstrate safety**

Make a point of verbalizing the steps you are taking to maximize safety each time you treat patient. A statement such as, "before we move, let's double check that all lines are placed safely," can go a long way. If the patient's medical status is a bit tenuous, discuss parameters with nursing upon entering the room. "What is the blood pressure goal and do we have wiggle room on medications if they become hypotensive with activity?" Be proactive in considering potential challenges during the planned activity, and always have a Plan B. Your concern for safety will help develop that trusting relationship with staff, and it will also identify things they should think about when they mobilize without therapy staff present.

### **3. Share effective methods for activity and mobility**

If you find an effective method for activity or mobility for a particular patient, share that information with the nurses. Give them specific recommendations for what and how to do things. More generally speaking, ask nurse managers about presenting activity and mobility basics to nursing staff during professional development time.

### **4. Serve as a coach and resource for activity and mobility-related needs**

Presence on the unit is one of the best things about the embedded model because it affords opportunities for just-in-time education and coaching as staff attempt early activity and mobility. Be their resource, be present on the unit routinely. Recommend appropriate equipment and encourage nursing staff to carry over your suggested activities with the patient and patient's family.

## **5. Develop meaningful relationships**

Never underestimate the value of small talk and personal communication as it pertains to teamwork and culture change. Think about it – you are more likely to make a change if your friend asks you to than if a stranger does. Eat lunch in the unit breakroom, engulf yourself in the nursing and medical community to highlight your holistic role to the team.

## **6. Advocate for the role of occupational therapy!**

Most hospital staff understand the principle role of physical therapy (PT), but often people are unsure about the exact role of occupational therapy (OT). As you enter a team, provide education on the differences between PT and OT, whether this be at a staff meeting, during informal conversation, or by creating educational handouts, posters, and flyers. Let your new teammates know that it is not just physical therapy involved in this new initiative, and highlight your value and unique role to the team.

### **Biography**

*Emily Bodensteiner Schmitt, MOT, OTR/L has been an Occupational Therapist at Mayo Clinic Rochester since 2016, where she currently serves as the Intensive Care Unit Lead Occupational Therapist. Her practice is currently focused in the mixed medical, surgical, transplant intensive care unit as part of an embedded therapy model. She has completed advanced practice training in dysphagia and is a Mayo Clinic Silver Quality Fellow. She is a member of the Mayo ICU Recovery Team, and is participating clinician in a pilot for a Post-Intensive Care Outpatient Follow-up Clinic. She completed her Bachelor of Music at Lawrence University in Appleton, WI. She completed her Master of Occupational Therapy at University of Minnesota. She is currently pursuing her Doctorate of Education at University of St. Augustine School for Health Sciences. Research interests include post-intensive care syndrome and the role of occupational therapy in the ICU.*

We hope you find these suggestions helpful when you consider changing your model of care and advancing the practice of early activity and mobility. Remember, change is always a process, and it may take time to truly feel a part of a new culture. In this issues, there is evidence to support elements of behavior change noted in the literature for early mobility in the intensive care unit. Additionally, a case study on mind-body interventions provides a unique perspective of OT in a specialty setting within acute care. We again, thank you for the support of this journal and please continue to share this knowledge resources with OTs around the world!

Thank you,

*Hannah Oldenburg, EdD, OTR/L*  
Chief Editor and Co-Founder

*Jennifer Bergstrom, MS, OTR/L*  
Co-Editor and Co-Founder