Development of a Fidelity Measure for Partnering for Change

Tiffany Clarke, Maija McKibbom, Brittany So, Emily Warren, M.Sc. (OT) Candidates 2015, McMaster University
Supervisors: Wenonah Campbell, Ph.D. and Nancy Pollock, M.Sc. OT (Reg.) On

**Purpose:** To develop a process for measuring the fidelity of the Partnering for Change (P4C) school-based occupational therapy service model. **Methods:** Cognitive interviews were conducted with 7 P4C occupational therapists (OTs) to elicit their interpretation of a list of “core” or essential attributes of the P4C model and their views on how these could be measured in practice. Content from the interviews was used to develop an observation checklist that was subsequently pilot tested during field observations in four P4C schools. **Results:** Analysis of the cognitive interviews lead to the naming of six themes or concepts that needed to be included in the checklist (family support, knowledge translation, OT-teacher partnership, integration into school, what the OT is doing, and evidence of universal design). Field observations resulted in further refinement of this checklist. Data from the interviews and field observations indicated that not all of the core attributes of P4C can be observed. **Conclusion:** P4C is a complex service model that will require multiple components to adequately measure its fidelity. Along with an observation checklist, this fidelity process should also include teacher, parent, and OT questionnaires as well as a documentation review. Prototypes for each of these components were generated using existing P4C quality assurance tools and documentation materials in anticipation of “next steps” in the larger program of P4C research. Additional studies will be required to evaluate the use of these tools to

**Introduction**
Partnering for Change (P4C) is a model for school-based occupational therapy (OT) services that is currently being evaluated. P4C aims to facilitate early identification of students with motor coordination challenges and to build the capacity of parents, teachers, and schools to support these children’s needs (Missiuna et al., 2012b). To ensure the validity of the P4C model, fidelity must be established (Missiuna et al., 2012a). Fidelity examines how closely the implementation of a program matches the theory or intentions behind it, and ensures that interventions are being delivered consistently (Di Rezze et al., 2012). This project builds on a previous study that used a consensus approach to determine a list of “core” or essential attributes that distinguish P4C from the current school health approach (Castle, Hodson, LeBlanc, & Poulton, 2014). The objective of this research study was to develop a process for measuring the fidelity with which the core P4C attributes are implemented in practice.

**Methods**
**Cognitive Interviews.** Modified cognitive interviews were completed with 7 P4C OTs. Cognitive interviewing is a method for evaluating the understandability of survey items and usually is used to pretest questionnaire content (Drennan, 2003; Irwin, Varni, Yeatts, & DeWalt, 2009; Willis, 1999). In this study, it was used to assess how therapists interpreted the list of P4C core attributes and how they thought these attributes could best be measured. Braun and Clark’s (2006) six-step process to content analysis was applied to data from the interviews to aid in the development of an observation checklist.
**Field Observations.** Four full-day field observations in P4C schools were conducted to pilot test the proposed observation checklist. An iterative process was used such that the checklist was revised after each field observation. In total, four versions of the checklist were trialled.

**Results & Discussion**
Seven cognitive interviews were analyzed and six themes were identified of the types of content needed to measure fidelity: family support (e.g., phone calls and visit notes), knowledge translation (e.g., lunch and learns), OT-Teacher partnership (e.g., relationship building and problem solving between the OT and teacher), integration into school (e.g., participating in school-wide events and spending time with staff), what the OT is doing (e.g., the therapeutic activities the OT demonstrates in the schools), and evidence of universal design for learning (e.g., the actions the OT takes to benefit all students in the classroom). From these themes, specific items were generated to include in the checklist. Through the field observations, it became evident that not all P4C attributes are directly observable. It also became evident that while some observations were consistent with the core attributes, others were not (e.g., OT working in context with one student but not with another). Regardless, the observation checklist appears promising as it captures the variability of P4C implementation and features that would not be consistent with P4C (e.g., students being pulled from the classroom). Additional tools would be needed to collect data from other sources (Figure 1). Although not an original objective of this study, the authors constructed prototypes of four other fidelity tools by reformulating existing educator, parent, and OT questionnaires and consulting P4C training materials (e.g., documentation examples from charts and service summary reports). It is anticipated that these tools will more fully capture the complexity and multiple dimensions of P4C, which could be trialled in a future study.
that future research explore the use of a rating scale for the observation checklist. This may provide an overall fidelity score for the OT, rather than one based solely on one incident, time or location. This will also allow the measure to account for these small differences that occur naturally, without hindering the collection of fidelity data. This will contribute to the P4C project by ensuring that therapists deliver the model as it is intended and allow for a greater consistency of services.

Acknowledgements: Thank you to Nancy Pollock and Wenonah Campbell for their time and guidance. And thank you to Sandra Sahagian-Whalen and the participating P4C occupational therapists.

References


