



Student Volunteers Supporting Inpatient Breakfast Groups: A Mixed Methods Evaluation

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INTRODUCTION

The Breakfast Group (BFG) provides a valuable opportunity for Occupational Therapy (OT) staff to assist subacute inpatients regain independent living skills required for discharge home.

OTs at McKellar Inpatient Rehabilitation Centre (IRC) run 12 BFGs per week across 3 wings in this 100 bed facility. However unskilled tasks such as setup, pack up and portering was hypothesized to impact on OT and OT Allied Health Assistants (OT AHA) time, group duration, number of patients seen and subsequently OT service efficiency.

This pilot study aimed to evaluate the effectiveness of implementing an OT student volunteer program to assist with these less skilled BFG tasks and improving OT service efficiency for a more sustainable workforce.

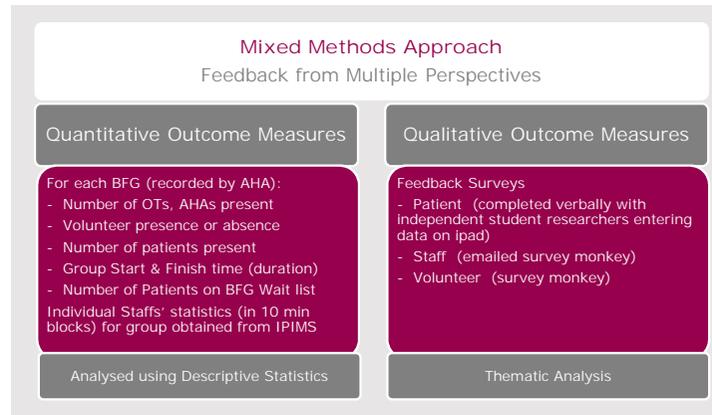
METHOD

Convenience Sample

- All patients attending BFG were invited to complete survey during their BFG treatment program during the 5 week evaluation period.
- All OTs and OT AHAs working in the IRC were emailed invites to complete the staff survey-monkey
- All OT student volunteers rostered to the BFGs were emailed invites to complete the volunteer survey-monkey

Intervention

OT students in 2nd-4th years recruited through Barwon Health's Volunteer Services who had completed tailored structured orientation & training program and rostered to BFGs



RESULTS (Quantitative)

Results from 109 BFGs indicated no clinically significant change in group duration (- 3 minutes), total staff time spent (- 6 minutes), patient numbers (< 1 patient) or waitlist (< 1 patient) in each BFG when volunteers were present:

	Staff	Volunteer	Number of BFGs (n=109)	Mean Total OT time (mins)	Mean Total AHA time (mins)	Mean Group Duration (mins)	Mean Patient numbers	Mean Waitlist
Central (GEM)	2 OT	Absent	13	184	57	97	4	0.2
	1 AHA	Present	25	198	64	94	6	0.4
		Difference		-8	-3	-3	1	0.2
North (Neurology)	1 OT	Absent	31	134	67	67	7	0.3
	1 AHA	Present	13	138	68	68	6	0.0
		Difference		-2	1	1	1	0.3
South (Ortho/Trauma)	2 OT	Absent	8	137	66	66	7	0.1
	1 AHA	Present	19	126	63	63	7	0.7
		Difference		-6	-3	-3	0	0.6
Total IRC	5 OT	Absent	59	153	77	77	6	0.2
	3 AHA	Present	57	158	75	75	6	0.4
		Difference		-3	-2	-2	0	-0.2

RESULTS (Qualitative)

Staff (n=11) reported satisfaction in their BFG therapeutic interventions prior to volunteers commencing, but dissatisfaction in relation to the duration of the group and its impact on other duties. Staff reported that volunteers' presence increased the efficiency and operation of the BFG, and survey results indicated improved staff satisfaction from 29% to 100% with volunteers. However, staff also noted reduced opportunities to observe patients ambulating and identified need to further encourage greater volunteer-patient social interaction when they were present.

Patients (n=29) were also satisfied when volunteers assisted with BFG, with improved social atmosphere and more focus on quality of interventions

Patients valued opportunity to socialize with people other than health professionals during the group

Patients enjoyed the opportunity to make more independent decisions about their activities of daily living through participation in the BFG.

Patients view the BFG as an opportunity for additional therapy during their stay on the ward.

However, some patients did not perceive the BFG to be relevant to their goals (e.g. as it wasn't an activity they usually undertook)

Volunteers (n=4) valued gaining exposure to a healthcare setting, practicing communication skills and providing meaningful assistance to staff. However, they expressed uncertainty about their role, and observed there was a lack of tasks for them to complete during the group

CONCLUSION

- OT student volunteers assisting with inpatient rehabilitation BFGs may not make a quantifiable difference to service efficiency; however their presence was perceived positively by staff, and patients, improving the satisfaction and quality of this therapeutic experience.
- OT student volunteers further valued experience in the health care setting
- Several methodological improvements to data collection processes (eg accuracy of recording group duration and staff time) and data analysis have been identified to be implemented in future

