

# Leading Change: How Occupational Therapists Support Healthcare Teams in Implementing Person-Centered Care



**Beth Pyatak, PhD, OTR/L  
(presenting author)**

**&**

**Jesus Diaz, OTD, OTR/L  
(contributing author)**

**University of Southern  
California**

**Los Angeles, California,  
United States**

# REBOOT *diabetes*

(formerly known as Coyot1 Care)

**Toolkit for clinics who care for young adults with diabetes**



Toolkit introduction video by Jennifer Raymond, MD

This presentation will illustrate how OTs can facilitate a healthcare team's transition to person-centered care by examining the CoYoT1 (Care of Young Adults with Type 1 Diabetes) to California (CTC) study.

# Background



- From its inception, occupational therapy was intentionally designed as an occupation-based and **client-centered** profession, emphasizing participation, meaning, and collaboration rather than disease-focused care (AOTA, 2020).
- The *Occupational Therapy Practice Framework* defines client centered care as an:
  - "Approach to service that incorporates respect for and partnership with clients as active participants in the therapy process. The approach emphasizes a clients' knowledge and experiences, strengths, capacity for choice, and overall autonomy" as cited in Schell & Gillen, 2019, p. 1194.
- As healthcare systems increasingly prioritize person-centered approaches to improve clinical outcomes, OTs are uniquely positioned to lead interprofessional implementation efforts, translating patient-centered principles into concrete, teachable clinical practices (Mroz et al., 2015).

# Barriers to effective communication



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**Time:** Short appointments create a perceived barrier to person-centered communication during visits

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**Training:** Physician training rarely includes sufficient time learning effective communication skills and patient centered care

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**Incentives:** Physicians get little positive reinforcement when patients feel heard and understood, or negative reinforcement when they do not

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**Culture:** Professional norms and expectations often reinforce an expert-driven model of care, where physicians are expected to lead with solutions

# CoYoT1 study person-centered care training

- Training consisted of:
  - Co-designing shared decision-making tools (appointment agenda setting and action planning worksheets)
  - Didactic instruction about person-centered care and motivational interviewing
  - Role-playing and practice using the shared decision-making tools and MI strategies
  - Review of videotaped visits with structured feedback
- Lessons learned:
  - Structured tools provide helpful scaffolding for changing communication style
  - Clinicians are hesitant to practice in front of others
  - Scheduling constraints make synchronous training challenging
  - Structured feedback is a highly effective learning tool, but time consuming to provide

**CoYoT1 to California (CTC) — Telemedicine to Engage Young Adults with Diabetes**  
*Donaghue Foundation (RGA011022-A)*

# Reboot Diabetes

[sites.usc.edu/rebootdiabetes](https://sites.usc.edu/rebootdiabetes)

**Beyond CoYoT1: Expansion of Patient-Centered Virtual Care**

*Helmsley Charitable Trust (R-2003-04279)*

## Reboot Diabetes

[About](#) [Person-Centered Care](#) [Virtual Peer Groups](#) [Clinic Logistics](#) [Feedback](#)



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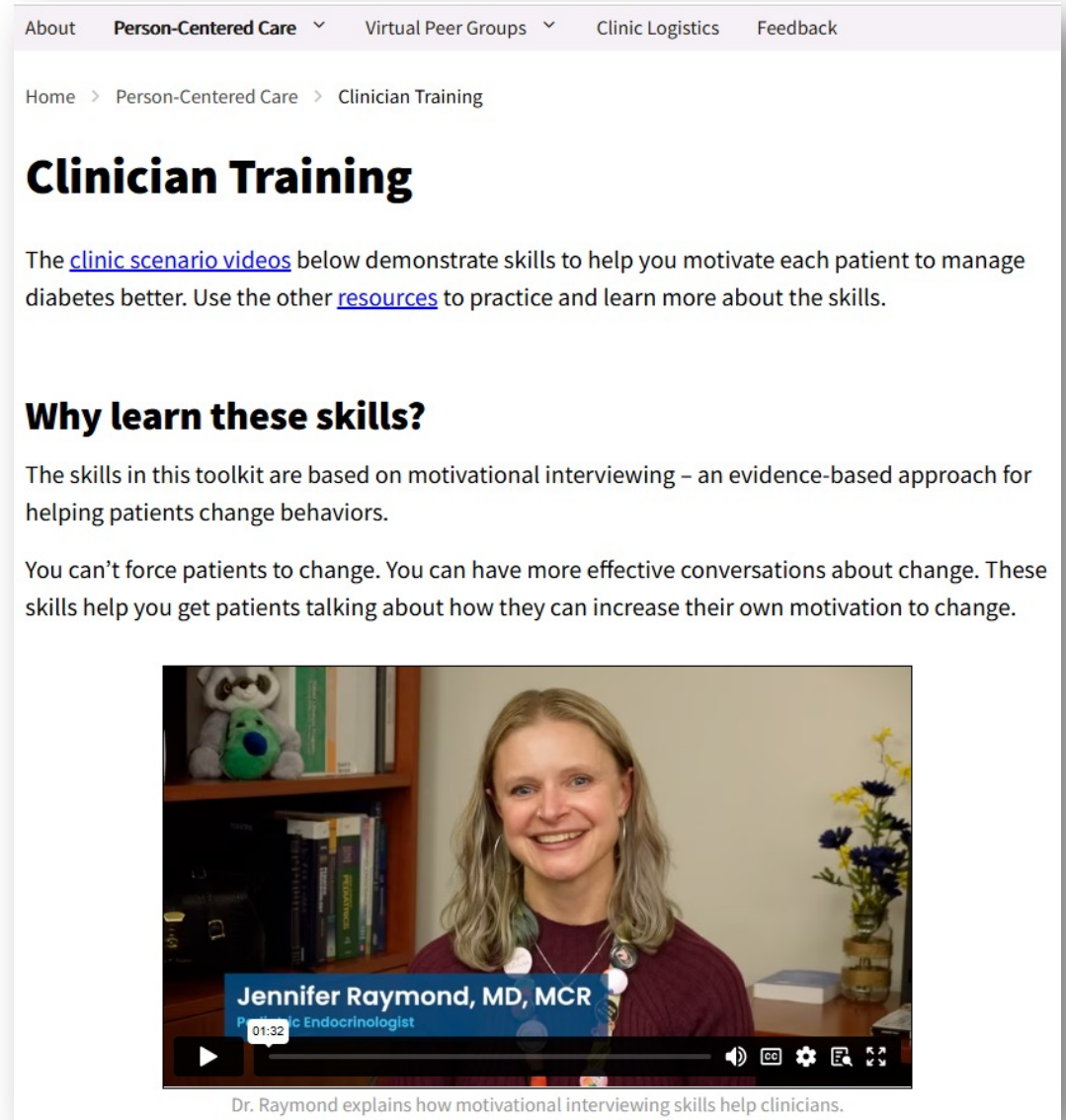
Toolkit introduction video by Jennifer Raymond, MD

# Reboot Diabetes Toolkit

Open-source, downloadable, customizable resource designed to train healthcare teams in person-centered care

Toolkit contents:

- Clinic scenario videos
- Interactive practice
- Practice exercises
- Downloadable tools
- Quick reference sheet



The screenshot shows the website's navigation menu with options: About, Person-Centered Care (dropdown), Virtual Peer Groups (dropdown), Clinic Logistics, and Feedback. The breadcrumb trail is Home > Person-Centered Care > Clinician Training. The main heading is **Clinician Training**. Below it, a paragraph states: "The [clinic scenario videos](#) below demonstrate skills to help you motivate each patient to manage diabetes better. Use the other [resources](#) to practice and learn more about the skills." A sub-heading **Why learn these skills?** is followed by two paragraphs: "The skills in this toolkit are based on motivational interviewing – an evidence-based approach for helping patients change behaviors." and "You can't force patients to change. You can have more effective conversations about change. These skills help you get patients talking about how they can increase their own motivation to change." A video player shows Dr. Jennifer Raymond, MD, MCR, a Pediatric Endocrinologist, smiling. The video player includes a play button, a progress bar at 01:32, and icons for volume, closed captions, settings, and full screen. Below the video player, a caption reads: "Dr. Raymond explains how motivational interviewing skills help clinicians."

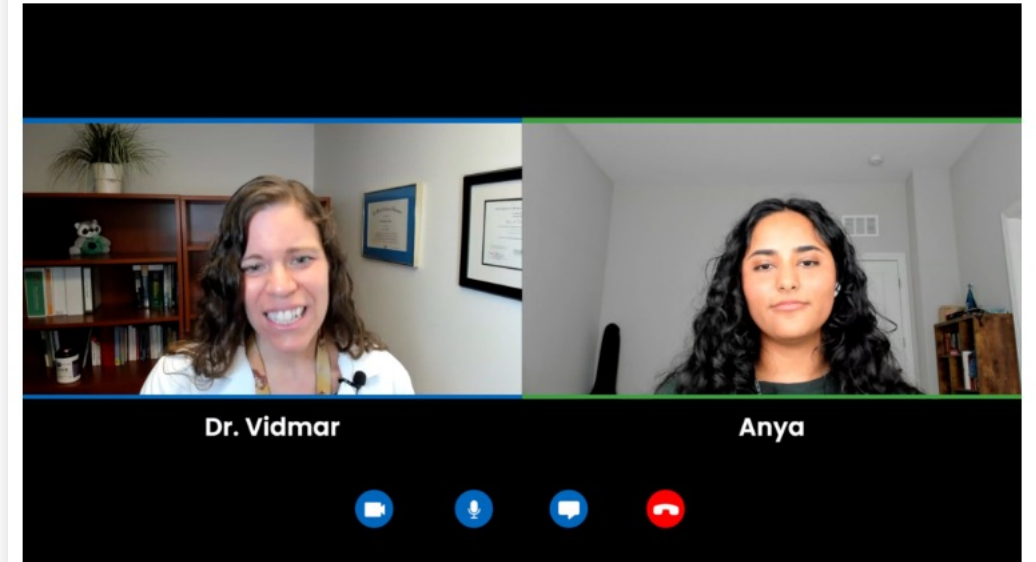
# Clinic scenario videos

- Three videos (3-5 minutes each) per “clinic visit”
- Each video demonstrates a core skill and explains how that skill helps enhance person-centered care
- Each video is followed by a simple quiz question for viewers to check their understanding

[sites.usc.edu/rebootdiabetes](https://sites.usc.edu/rebootdiabetes)

## Clinic Scenario

See how endocrinologist Alaina Vidmar, MD uses these skills when talking with a young adult with diabetes.



### Visit 1

**Dr. Vidmar demonstrates:**

- Resisting the fixing reflex
- Open-ended questions
- Simple reflections

### Visit 2

**Dr. Vidmar demonstrates:**

- Affirmations
- Change talk
- Sustain talk

### Visit 3

**Dr. Vidmar demonstrates:**

- Complex reflections
- Summaries
- Elicit-provide-elicit

# Interactive Practice

- “Clinic visit” scenario with decision prompts to try out different communication strategies
- Provides insight on how a patient may respond if the clinician speaks to them using:
  - A more person-centered approach
  - A more hierarchical approach

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The appointment begins.

You: “Hello, Tristin! Nice to see you. How are you today?”

Tristin: “Hi. I’m ok.”

You say:

**"Great. Let's figure out together what we should talk about today."**

Or

**"Great. Can we start off by talking about trying a Dexcom?"**

You: “Great. Can we start off by talking about trying a Dexcom?”

Tristin: “I don’t want to talk about that today.”

You decide to back up and start the conversation over using the Topic Choice Tool.

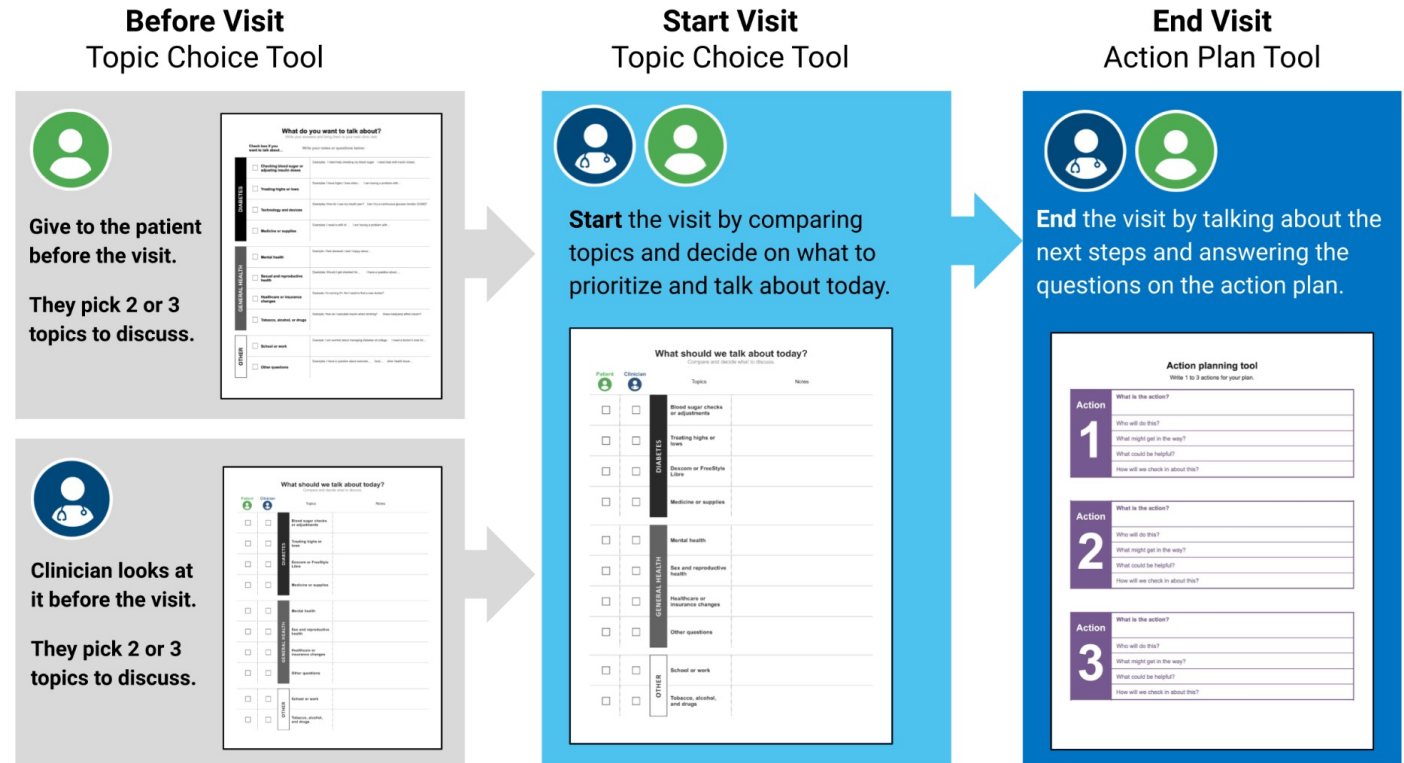
You say:

**"Great. Let's figure out together what we should talk about today."**

Restart game

# Downloadable tools

- Topic Choice Tools
  - Completed separately by clinician and patient before visit
  - Compare versions and set agenda at the start of the visit
- Action Plan Tool
  - End the visit with clear next steps for both the patient and clinician



# Next steps

- Pilot testing by clinical sites
- Surveys and focus groups to evaluate usability
- Evaluate strategies for long-term dissemination



# References

- American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (3rd ed.). *American Journal of Occupational Therapy*, 74(Suppl. 2), S1–S87.
- Mroz, T. M., Pitonyak, J. S., Fogelberg, D., & Leland, N. E. (2015). Client centeredness and health reform: Key issues for occupational therapy. *The American Journal of Occupational Therapy*, 69(5), 6905090010p1-6905090010p8.
- Schell, B. A. B., & Gillen, G. (2019). Glossary. In B. A. B. Schell & G. Gillen (Eds.), *Willard and Spackman's occupational therapy* (13th ed.) pp. 1191–1215. Philadelphia: Wolters Kluwer.

# Thank you

Beth Pyatak [beth.pyatak@chan.usc.edu](mailto:beth.pyatak@chan.usc.edu)

Jesus Diaz [jesusdia@usc.edu](mailto:jesusdia@usc.edu)

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