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Introduction

- Despite research evidence, DEC Mission and Key Principles, advocating for EI providers to support caregivers as the agents of change in EI, a research-topractice gap remains (Bruder et al., 2021; Romano & Schnurr, 2020)
- The field can close this gap and promote workforce development with PD that provides (Childress et al., 2021; Dunst et al., 2015; Spence & Santos, 2019):
 - EB information/ examples
 - field-based practice
 - sustained mentorship

We investigated the impact of an evidence-informed PD program on the ability of EI providers to coach with fidelity and explored differences by method of service delivery and provider demographics.

Methods

- Study Design: Retrospective
 Group research design
- Participants: 261 Kentucky
 El providers (Table 2)
- Intervention: 32-week evidence informed PD program
- Measure: Kentucky
 Coaching Adherence Rubric
 Revised (KCAR-R)
- Data Analysis: repeated measure ANOVA: by phase, discipline, years experience,
- method of delivery (in person [n=157] vs. telehealth [n=100] visits).

Professional Development Enhances El Provider Coaching Adherence

Scott Tomchek, PhD, OTR/L, FAOTA; Serena Wheeler, MAE, IECE; & Winnie Dunn, PhD, OTR, FAOTA

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PD Intervention

Figure 2 Professional Development System

Training

Figure 1: Intervention Model

- 32 weeks/ 30-90 min/week outside work
- Providers offered flexibility in cohort enrollment
- PDS supports development of PD plan for sustaining coaching practices
- PDS facilitates monthly group discussions to review content and promote reflection on coaching practices
- Periodic maintenance video submissions to receive performance feedback

Duration, Introduce & Illustrate Content ed a reams Collaborative Teaming Provider Self-Reflection Performance Feedback from PDS

- Syllabus outlines program objectives, activities, resources, and measure
- Asynchronous exemplar video demonstrations of coaching
- Dunn & Pope Coaching eLearning lessons
- Rush & Shelden, (2020) Early Childhood Coaching Handbook
- PDS introduce, discuss, and model coaching practices



- 30 EI providers are assigned a dedicated PDS mentor in teams of 3-6
- PDS facilitates 90-min monthly virtual small group discussion and reflection
- El providers practice and reflect on progress
 El providers video record their sessions and selfassess their coaching practices
- El providers self-reflect on coaching practices via anonymous survey questions responses, eLearning lesson, and journaling activity

• El providers transition to/strengthen embedding coaching practices into sessions.

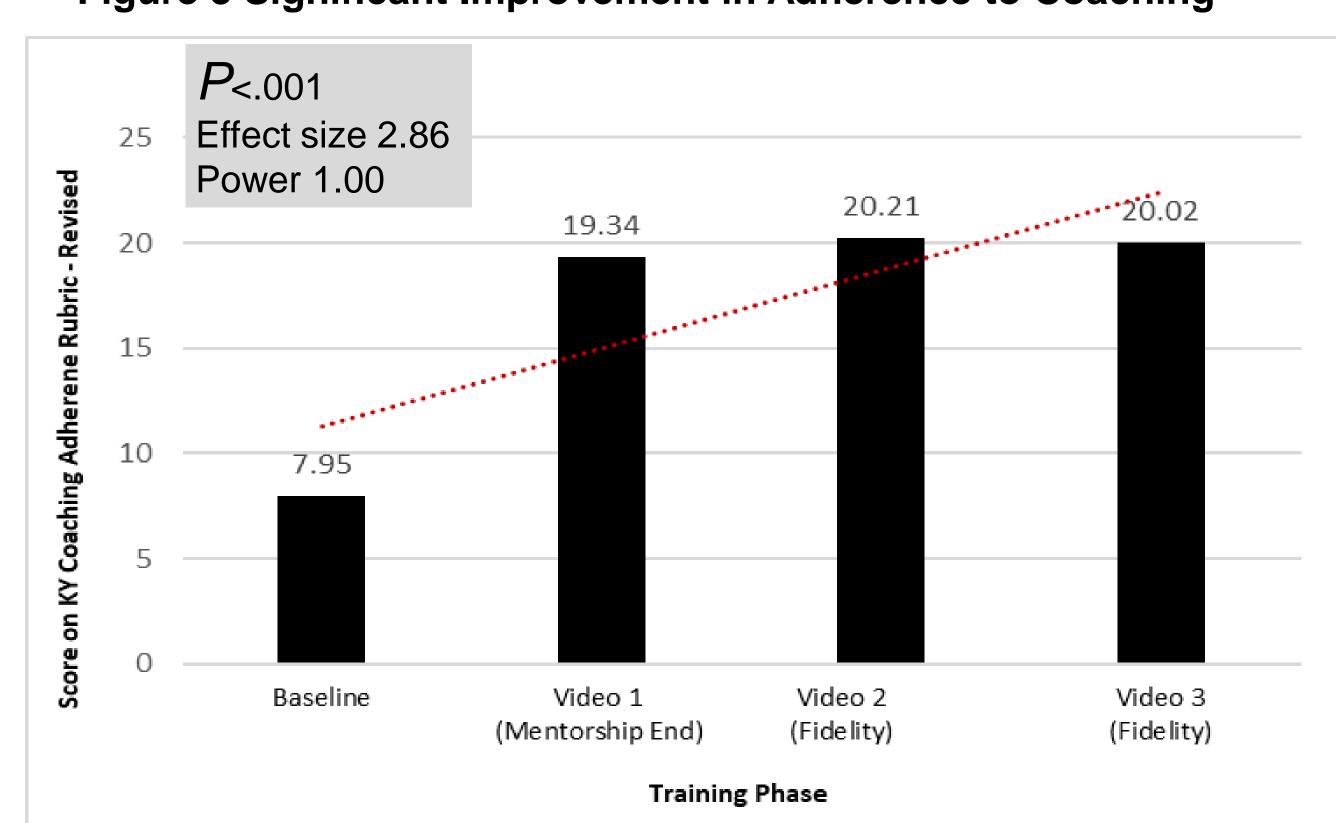
- PDSs offer time-synced written performance feedback on recordings of their EI visits via TORSH
- PDS offers individualized support and feedback throughout CEITMP

Results

Table 1 Adherence to Coaching by Discipline & Years' Experience

Table I Adiletelle to obacining by Discipline & Tears Experience			
Demographic	N	Baseline M(SD)	Fidelity M (SD)
Discipline			
ECSE	82	7.46 (3.86)	18.61 (3.44)
ОТ	48	8.46 (3.94)	19.75 (3.63)
PT	25	9.48 (4.71)	20.20 (3.67)
SLP	106	7.78 (3.99)	19.50 (3.73)
Experience (Yrs)			
Less than 3	68	7.71 (3.93)	18.36 (3.27)
3 - 9	97	7.79 (4.16)	19.79 (3.52)
10 - 19	64	8.41 (4.17)	19.32 (3.88)
> 20	34	8.03 (3.91)	19.67 (3.97)
Total	261	7.95 (4.06)	19.34 (3.60)

Figure 3 Significant Improvement in Adherence to Coaching



- Telehealth was statistically higher than in-person sessions at both baseline and Video 1 time periods (p<.001)
- The PD program was impactful in changing practices regardless of provider discipline or years of experience

Conclusion

- CEITMP leads to significant improvements in coaching practices for all professional disciplines and levels of experience
- Telehealth delivered services had higher adherence to coaching
- Active ingredients of outcomes:
 - strong state-level support
 - collaborative teaming
 - authentic job-embedded practice
 - reflective mentoring
 - performance feedback
 - sufficient duration/ intensity with ongoing follow up support; and multiple opportunities and varied formats for engaging with content

Selected References

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