

# **A journey of shared re-definitions during the COVID-19 pandemic: The Kawa Model and a telehealth approach to occupational therapy fieldwork practise**

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## **Abstract**

### **Background:**

The ongoing COVID-19 pandemic has led to further exploration of healthcare service delivery models that differ from traditional face-to-face care. As a result, numerous calls have been made to broaden insurance coverage for telehealth services across the globe. Similarly, prominent healthcare professional associations have released statements explicitly recognizing telehealth as a legitimate service provision mechanism.

In order to meet the shifting needs of public health during this time, academic institutions, affiliated clinical education sides, and students, must actively find ways to broaden their scope and format of clinical education as well. With the use of innovative telehealth technologies, students can continue to engage in the occupational therapy (OT) process through remote fieldwork practises. This allows the field of occupational therapy to continue providing essential care that is responsive to social issues, and which will improve and maintain the function of our clients throughout the pandemic and beyond.

### **Methodology:**

Telehealth service delivery primarily occurred through the use of “Temi”, an autonomous personal artificially intelligent (AI) robot. Remote connection via its mobile app allowed for video calling and environmental navigation remotely. This is made possible via temi’s numerous sensors which allow for fully-autonomous navigation safely, and is supplemented by features such as face-tracking, location saving and AI learning that streamlines and continues to improve the user-experience. Other technology including video conferencing and secure shared drives were also used to support the telehealth experience.

### **Results:**

Temi was used to facilitate a 12-week occupational therapy (OT) fieldwork practise in a residential home for older adults with visual impairments remotely. Temi was used for 30 min-1hr sessions at least biweekly via remote app connection, video calling and navigation. Temi was able to support the entirety of the OT process with help from nursing home staff to safely complete assessments (e.g. FIM, MoCA-VI, GDS-15, sensory testing), observations (walking, dressing, teeth brushing, IADLs), and interventions that facilitate engagement in meaningful occupations such as ADLs, card-playing, socializing, and radio/music. Improved outcomes were found in quality of life, mood, and increased occupational performance in the areas of socialization and hobby engagement.

### **Conclusion:**

The use of telehealth technologies such as “Temi” presents as one viable alternative to traditional face-to-face care. This has positive implications on healthcare provision and OT fieldwork practise both throughout the duration of the pandemic and onwards. Pioneering the use of the personal robot “Temi” in telehealth practice is just one way to step beyond the existing, conventional practices of healthcare service delivery. This is how we as healthcare professionals can continue to evolve our practice and provide a *vision of possibility* to truly meet the needs, desires, hopes, and dreams of older adults with vision loss.