Project Title

Vona du Toit Model of Creative Ability (VdTMoCA)

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- Dr Wendy Sherwood

Organisation(s) Involved

Institute of Mental Health

Healthcare Family Group(s) Involved in this Project

Occupational Therapy, Nursing, Healthcare Administration

Applicable Specialty or Discipline

Psychiatry

Aim(s)

To increase a person's ability to form relational contact with people, events and materials, and by his preparedness to function freely and with originality at his maximum level of competence.

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Conclusion

See poster appended/ below

Project Category

Care & Process Redesign

Quality Improvement, Clinical Practice Improvement, Job Effectiveness, Workflow Redesign, Valued Based Care: Functional Outcome

Workforce Transformation

Job Redesign, Upskilling, Workforce Performance, Workforce Productivity

Keywords

Model of creative ability (VdTMoCA), recovery-based model, matching prescribed activity, needs assessment and interventions, upskilling

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Vona du Toit Model of Creative Ability (VdTMoCA)

The use of recovery-based model to guide Occupational Therapy assessment and intervention with persons with mental health conditions.

INSTITUTE of MENTAL HEALTH
National Healthcare Group

LEADS & CO-LEADS:

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Nursing: Ms Radiyah Binte Abdul Wahab, Ms Chen Jinghui, Ms Jurianah Binte Basri

VdTMoCA Foundation (UK): Dr Wendy Sherwood

PROBLEM STATEMENT

Occupational injustices are prevalent in acute inpatient psychiatric settings due to patients' disengagement in meaningful occupations. Lack of therapeutic opportunities for engagement stems from the lack of staff's common understanding of patients' level of ability, that results in the difficulty in matching prescribed activity to patients' level of needs. This could potentially contribute to an increased in institutionalization risk as patients' recovery journeys are delayed. As a result, leading to deterioration of patients' overall health. There was also a lack of common tool and language to assess and communicate patients' functioning levels across different healthcare disciplines.

OBJECTIVE

> To increase a person's ability to form relational contact with people, events and materials, and by his preparedness to function freely and with originality at his maximum level of competence.

INTERVENTIONS

Training of Staff

Occupational Therapists (OTs) in-charge of the acute wards underwent online training that was provided by international Creative Network (iCAN). Subsequently, different batches of OTs, Therapist Assistants (TAs) and selected ward senior staff nurses underwent the online training. Internally, training and supervision guideline was developed to ensure consistency and continued support for OTs, TAs and nurses. Peer supervisions are also scheduled regularly.

Additionally, Occupational Therapy department (OTD) invited Dr Wendy Sherwood, the content expert of the VdTMoCA, in November 2018 and September 2019 to train some OTs and TAs on-site. She went through a series of case study discussions and observed staff in their assessments and interventions sessions. OTD liaison with Dr Wendy Sherwood remained active till today, as we continue to seek advice on the implementation of VdTMoCA in different units.

To raise awareness of VdTMoCA and achieve the common understanding of the concepts and language framework, Dr Wendy Sherwood shared with IMH staff on the recovery model. Respective ward OTs also shared the VdTMoCA principles and terminologies through different platforms such as Continue Professional Education session and Multi-Disciplinary Team meetings.

Standardising assessment and intervention

A standardised template of session planners which included key VdTMoCA treatment principles was developed to provide a structure for all OTs' use when planning interventions. Each trained OTs was scheduled to share the session planners during the scheduled Peer Sharing session. Selected session planners were initially reviewed by Wendy Sherwood and improvised based on the feedback received. These session planners serve as guide for intervention for OTs, TAs and SNs.

Workflow for identification and referral of patients was also developed to facilitate a seamless process of right-sighting patients to appropriate groups and/or activities. Schedules of group/individualised sessions for different levels of abilities were established based on patients' needs in the ward and out-of ward. Activities conducted are based on the session planners.

To maintain the consistency and accuracy of the information presented after an assessment or intervention, documentation templates and guideline for documentations were produced.

Data Gathering

The Creative Participation Assessment (CPA) was used for all wards adopting the model. Pre-post CPA was done to track progress with the interventions done.

EFFECTS OF CHANGE

This practical user-friendly model was found to be applicable to most treatment settings and diagnoses, allowing the department to have a common language used.

Direction and content of treatment was more targeted:

1. With clarity on the definition of motivation by means of action, assessment and intervention was focused.
2. Demands made on the patient interpersonally and socially and in respect of materials handling and activity were more systemized.

Consistent, high quality assessment and interventions were ensured with a set of comprehensive guidelines for intervention at all levels. Adhering to the following treatment principles:

1. Relating to the individual
2. Structuring of treatment
3. Presentation of activity
4. Activity requirements
5. General management
6. Grading and programme content

Patient Settings	Target Change (Anticipated)	Actual Change					
		Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2022	Jul-Dec 2022
Acute Inpatient	50% improvement	54% (n = 151)	60% (n = 178)	55% (n = 195)	44% (n = 284)	52% (n = 231)	40% (n =229)
Long-stay Inpatient	70% maintenance/improvement	Data not collected as VdTMoCA not yet implemented.					91% (n =11)
Forensics	80% maintenance/improvement	Data not collected as VdTMoCA not yet implemented.			94% (n = 93)	89% (n = 116)	93% (n = 117)
Psychogeriatric	40% improvement	40% (n = 60)	33% (n = 24)	36% (n = 56)	47% (n = 33)	50% (n = 103)	38% (n = 107)