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Practice development:
Implementing professional theory to enhance role identity for occupational therapists

Worcestershire **NHS**
Mental Health Partnership NHS Trust

Authors: Heather Fraser, Jo Hobbs, Marina Townend (and all the occupational therapists) and Dr Katherine Wimpenny

Presenters: Jo Hobbs, Marina Townend and Dr Katherine Wimpenny

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Setting the Scene

- Worcestershire Mental Health NHS Partnership Trust Occupational Therapy Service

- A two year plan to explore the contribution of professional theory

- A supported practice development initiative involving colleagues working across education and practice (Recovering Ordinary Lives, COT 2006)

Setting the Scene - Practice Context

- Contemporary practice is fluid and challenging (Higgs et al 2004)

- Practitioners must articulate their specific contribution and make explicit their professional knowledge (Richardson et al 2004, Pettican & Bryant 2007)

- Otherwise they will have it defined for them by their role set (Hughes 2001)

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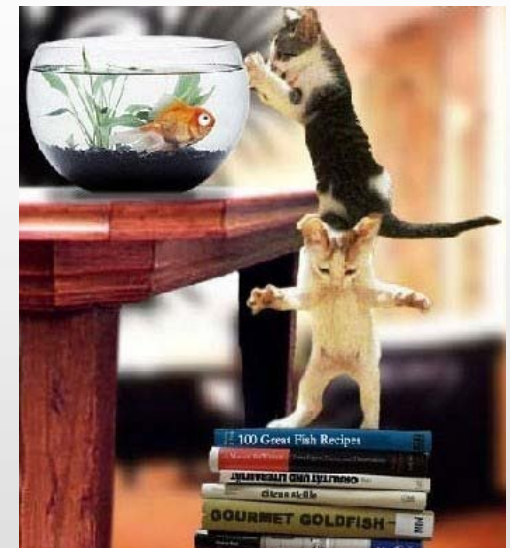
Setting the scene: Policy Context

Not just about
survival
but how to
flourish?

- 10 Essential Shared capabilities (DH 2004)

- Mental Capacity Act (2005)

- ROL (COT 2006)

- New Ways of Working (2007)

- Mental Health Act (2007)

- New Horizons: a shared vision for mental health (2009)

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The Role of Professional Theory

- How do you know you are a competent practitioner? (Richardson et al 2004)

- Making well informed decisions and demonstrating our worth is at the heart of occupational therapy practice (Melton et al 2008)

- Professional theory enables us to review and critically examine our practice perspectives and anchor ourselves within professional domains (Forsyth et al 2005)
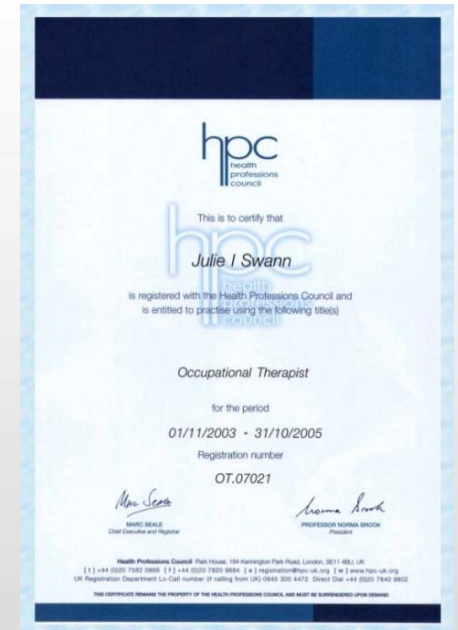
Where do you start?

- Invited a colleague from Coventry University to Trust OT Working Group

- Explored and accessed funding

- Service wide study day

- Supported implementation process

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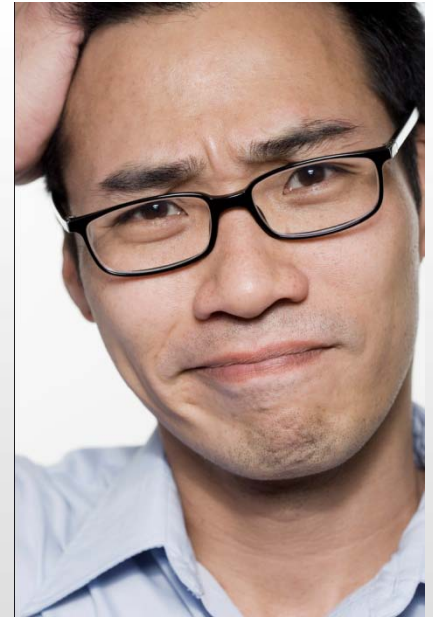
Why MOHO?

- Recognised conceptual model of practice

- Body of research, which continues to evolve

- 'Scholarship of practice' philosophy (Hammel et al 2002)

- A wide range of tools and resources
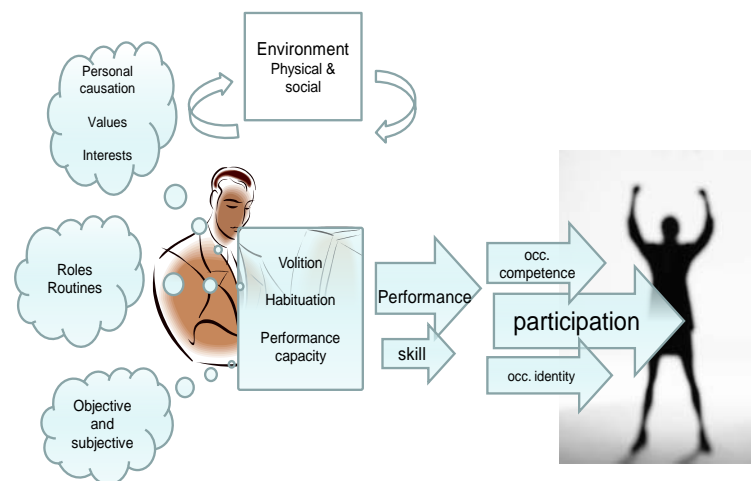
MOHO framework (*adapted* Kielhofner 2008:108 fig 8.4)

How are we doing it?

- MOHO resources in Trust library

- Monthly group supervision

- Individual goal setting

- Using MOHO throughout OT care pathways

- Gradual introduction of a range of MOHO tools

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Who else did we involve?

- Focus group with line managers and team leads

- Focus groups and working party established with services users

- Training for support worker staff to implement a selection of MOHO tools

- Support for Band 5 therapists

Methods (used to gather interim findings for this presentation)

- A working party of occupational therapists brought together

- Questionnaires emailed to all qualified occupational therapists

- 25 occupational therapists responded

- Responses to questions analysed and themes generated

- Contextualised in light of literature

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Interim findings: **Issues of time**

"*the main setback is the time it takes to do something for the first time; having to allow yourself extra time to try something new where it is easier and quicker to do what you have always done*"

"our current service demands make it difficult to put time aside to try and introduce changes to practise"

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Interim findings: **Resources**

"Paperwork has been a major hindrance. We have all the information in the library but are unable to take it away. We are 6 months in and have hardly anything scanned onto the shared drive…it would have been helpful to have had this at the start"

Interim findings: **Tensions**

"I sometimes feel these tools are only about increasing the OT profile and understanding, and can actually be a barrier to the therapeutic relationship"

"*it has been difficult to motivate to change from using the Canadian Model and to invest time and effort into this*"

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Interim findings: **Role constraints**

"I find it very difficult to integrate my learning into practise due to my current [case management] role"

"*what makes it difficult is the other elements of the job, projects on the ward, changes to Trust procedures MOHO can feel like a luxury*"

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Interim findings: **Enthusiasm**

"it's an exciting and daunting opportunity. So far I have found it inspiring"

"This has been a very positive partnership which has helped motivate the team. It has generated a lot of discussion and interest and staff are actively considering how MOHO can be integrated into practise"

"I always come away from the meetings feeling enthusiastic about MOHO and OT!"

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Interim findings:
Evidence for professional worth

"We will also be working towards the key messages in Recovering Ordinary Lives in terms of maintaining our focus on occupation and using evidence based outcomes measures – that's good."

"*I am becoming a more skilful, knowledgeable practitioner. The model, its values and associated tools all are providing my work with focus and I feel I hold a new found enthusiasm*"

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Consistency of service across teams and localities

"*MOHO has the potential to develop consistent and equitable access to, pathways through, responses to and records of OT intervention across the service/ county*"

"The OT Priority Checklist has been a very useful tool in helping us to prioritise our referrals."

"*It gives the benefit of a shared language and methods regardless of length of time in the job*"

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Interim findings:
Increasing levels of confidence

"It has enabled me to evidence my practice [and] feel more confident in discussing my findings with the team"

"I feel more sure of my assessment results and initial screening of service users eligible for OT"

"*I feel that my confidence as a newly qualified practitioner is developing and that the use of MOHO is doing a great deal towards this as it helps me to feel more certain of my role within the team.*"

"following my initial apprehension I now understand a bit of the basics, it doesn't feel so overwhelming"

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Interim findings:
A refocus on occupation

"*I have become more efficient at documenting observations focused on occupation without being clouded by other issues that other members of staff can observe and record*"
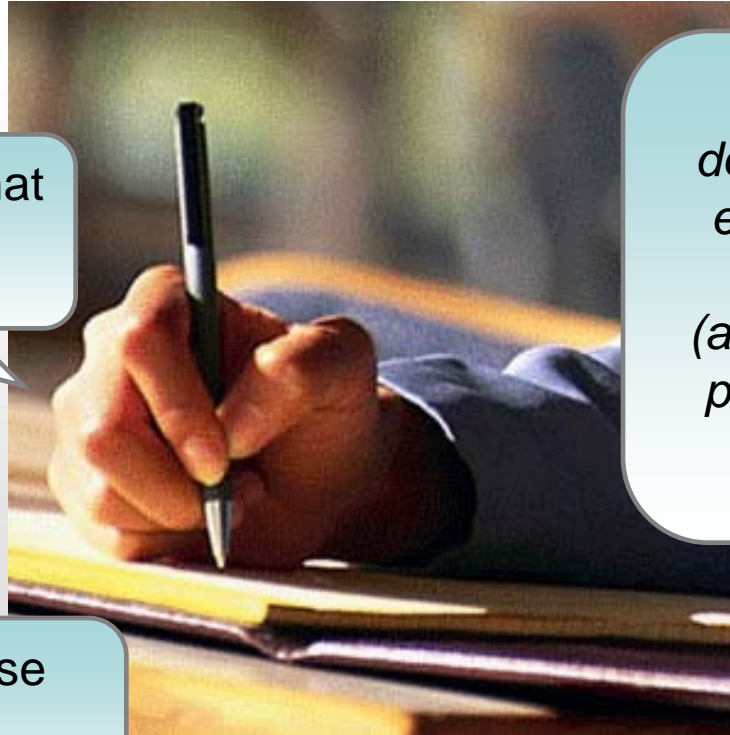
"we have been fighting a long battle in being able to focus on our core skills and strengths. MOHO will provide us with the outcome measures to demonstrate our interventions are important"

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Improved methods for recording and reporting

"It has reduced the time that I take to write reports"

"I'm finding the documentation can be easily understood by other professionals (again adding clarity to process and clarity to role)."

"I have better, more concise information to give my colleagues"

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Interim findings:
An easier role for students to see

"As a student it was really frustrating to go on placement, somewhere like our CMHT, and find no-one really did or could experience the OT role in terms of using models."
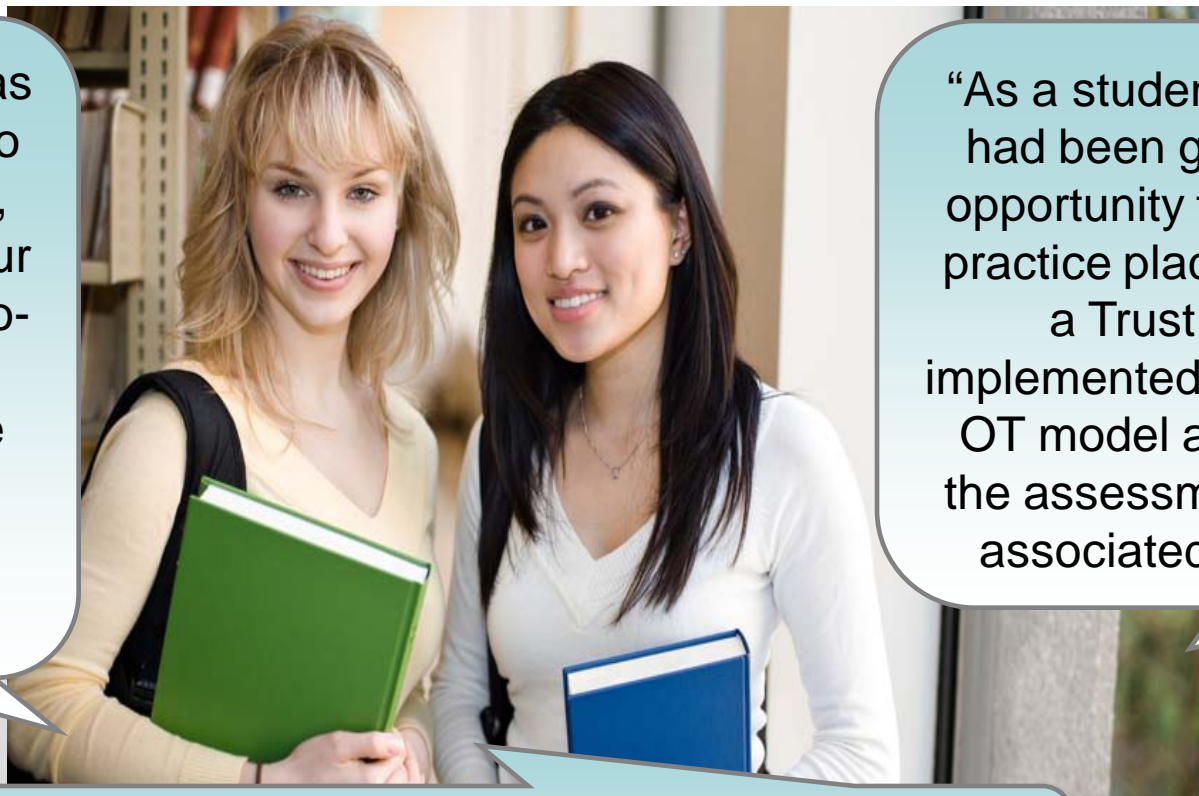
"As a student I wish I had been given the opportunity to have a practice placement in a Trust that implemented a specific OT model and used the assessment tools associated with it"

"*students will hopefully find it easier to identify the role of OT and this could aid transition from university to practice*"

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Choice | Responsiveness | Integration | Shared Care

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Interim findings:
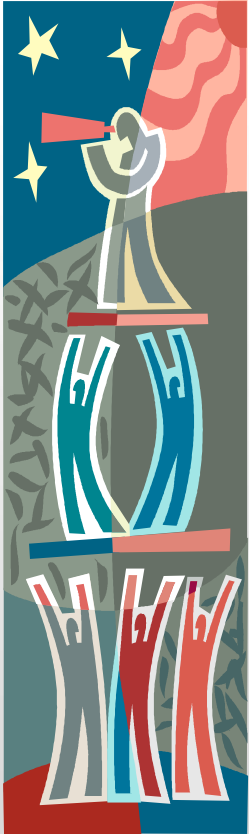# Seen benefits for service users

> *"We are better able to provide an equitable service to patients"*

> ""We can provide a more seamless service with continuity of treatment when patients are moved from one inpatient area to another"

> "it is without a doubt improving my patient's journey through WMHPT OT services"

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Discussion:

Time and resources are both concerns as held up within literature (Rappolt 2003; McCluskey 2003; Cameron et al 2005)

The use of theory conflicts with the client centred philosophy of occupational therapy (IIott 2002; Welch 2002; Cameron et al 2005; Smith 2006) Despite such concerns we are experiencing enthusiasm and renewal in professional perspectives

Role constraints within CMHT work are proving to be a challenge when trying to implement specialist practices (Hughes 2001). However, CMHT OT's in our study are finding MOHO supports promotion of their profession-specific skills (O'Connell & McKay 2010)

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Discussion:
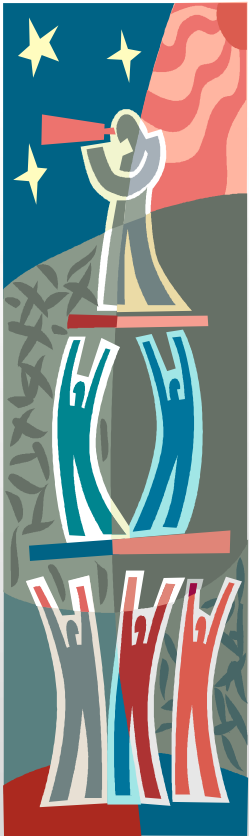
Mainly opinion to date has expressed how implementing an OT model can increase consistency across teams including improved methods for recording and reporting and value for student experience, we are providing evidence that it can

Only limited studies currently identify how implementation of professional theory provides evidence of increased professional worth and stronger professional identity (Melton et al 2008; Forsyth et al 2005; Wimpenny et al 2006, Wimpenny et al 2010 (forthcoming) our work strengthens this claim

ROL (COT 2006) identifies importance on refocus of occupation Evidence to date is seeing impact of how theory can prompt and support this

Discussion:
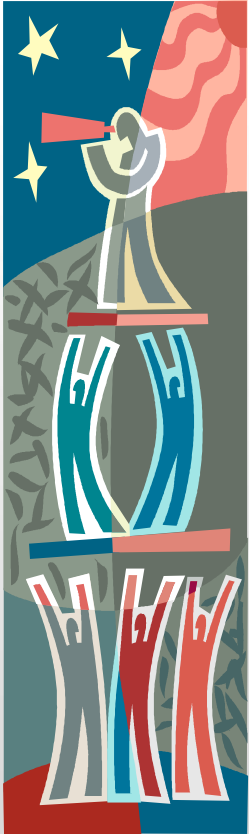
Only limited studies currently provide evidence for **seen benefits of professional monthly group reflective supervision as a means of providing support for implementation of professional theory** (Wimpenny et al 2006; Quick et al 2007; Boniface et al 2008; Wimpenny et al 2010 *forthcoming*) our study strengthens such claims

Evidence distinctly lacking in terms of impact of implementing professional theory and capturing service users experiences & perspectives - we are using collaborative methods to do this

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Summary & conclusion to date..

MOHO is supporting enhanced role identity for the occupational therapists working across the mental health Trust

A 'whole systems approach' is advocated (Wye & McClenahan 2000; IIott 2002; Chard 2006)

Year two of the partnership aims to sustain progress made to date, and build upon this (e.g. training trainers, continued collaborative work with service users and carers)

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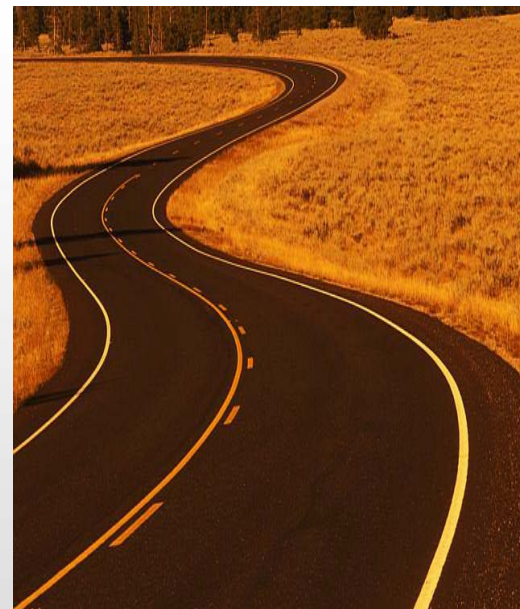
Questions...

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