

Mental Health Annual Conference

Session no 2.1

Recovery: whose is it?

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The seminar aims to look at the concept of 'recovery' from three perspectives: Personal recovery – the experience of the individual; Professional recovery – occupational therapy recovering its occupational focus; Working together in recovery – the collaboration of the individual and occupational therapy.

Over the past few decades the concept of recovery has been growing and is now recognised as a right for all individuals who experience mental distress. It allows individuals to work towards their own personal recovery goals; to regain a sense of hope and control; and to experience a better quality of life despite what may remain of their condition. Just as the experience of recovery has helped individuals, so too has it been the catalyst that has enabled the occupational therapy profession within mental health services to recover its position. Occupational therapists (OTs) in mental health frequently cite loss of professional identity, erosion of core skills and the struggle to maintain an occupational focus, as multidisciplinary teams (MDTs) move towards more generic working (COT 2006). With the shift away from the traditional medicalised approach to mental distress, towards one that focuses on recovery, occupational therapy is well placed to demonstrate just how its own values and principles mirror those of recovery. This is helping OTs to reclaim their professional identity and skills and to evidence just how effective they can be in helping to facilitate the individual's personal recovery. Working collaboratively on a Recovery Education Programme is a prime example of how OTs and those individuals with a lived experience of mental distress are working together to help those just starting on their own recovery journey. This seminar will provide an opportunity to explore and discuss these journeys.

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Presenters' CVs

Linda is an experienced mental health OT; passionate about connecting recovery orientated practice with occupational therapy and putting those with lived experience at the centre.

Louise contributes to the development of recovery orientated practice amongst clinicians using her lived experience to inform their understanding, training and development.

Keywords

Recovery and rehabilitation, Mental health, Community, Partnerships

Session no 2.2

Been there, done that? Recovery orientated practice in mental health occupational therapy

Lawson J, Morgan P, Dorset HealthCare University NHS Foundation Trust

The concept of personal recovery is of growing importance in mental health services (Department of Health 2011). Core

components of recovery orientated practice include working in partnership with people towards their individualised goals, including addressing power imbalances (Slade 2009).

With the 2006 College of Occupational Therapists document 'Recovering Ordinary Lives' approaching 6 years in age, is recovery orientated practice genuinely new to Occupational Therapy (OT) or inherent to our practice already?

In Dorset, the NHS Trust leads for Recovery in mental health services are Occupational Therapists, despite the position being open to other professionals. The co-leads have questioned whether their professional background is merely a coincidence? Or whether recovery genuinely reflects the core values of the profession and therefore Occupational Therapists are best suited to the position.

A challenge to embedding recovery is clinicians who believe "we're doing this already" (Slade 2009), who are unwilling to recognise the cultural shift that a focus on recovery requires. It is acknowledged there are many Occupational Therapists who have embraced the concept of recovery; however, there remain others who merely state "we've been here already, this is OT!".

This oral presentation will present the core principles of recovery, encouraging audience discussion and debate around its application to the profession.

By the end of the session, participants will:

- Be able to articulate the principles and philosophy of recovery.
- Educate others in the concept of recovery and propose changes to practice that promote the philosophy.
- Have knowledge of the challenges the application of recovery presents to OT.

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Presenters' CVs

Jackie is a senior Occupational Therapist passionate about working within mental health and promoting the concept of personal recovery within services and occupational therapy practice.

Phil is the Mental Health OT lead in West Dorset and the co-Lead for Recovery, an inspirational and innovative practitioner promoting the profession and recovery.

Keywords

Mental health, Recovery and rehabilitation, Service evaluation

College of Occupational Therapists Annual Conference

Session no 5.1

The development of theory to guide employment interventions in mental health services

Lee, J, Manchester Mental Health and Social Care Trust

Research demonstrates the superiority of individual placement and support above other vocational rehabilitation models in secondary mental health care and it is now the recommended intervention (Perkins and Farmer 2009). The majority of this population however are unemployed and job retention is poor (Cimera 2009). This research aims to develop theory to improve employment interventions and outcomes for a wider population. Grounded research was used to analyse data and develop theory from in depth interviews with community staff and service users who are both in and out of employment. The design ensured data protection and confidentiality, participant capacity, addressed the possibility of distress and provided necessary support. Ethical approval was gained through NRES. The analysis showed that people develop fearful beliefs about themselves and others within an environment of stigma and discrimination and mixed messages about mental illness and employment. This impacts on work access and performance. Factors were identified which were believed to facilitate employment; the work ethic, valuable skills, a match between job requirements and the individual's skills and values and a supportive work environment. The model of human occupation assessments consider all these areas, including self-efficacy and expectation of success. The study suggests the need to also understand the individual's perception of environmental threats and beliefs about self. Social change to eliminate stigma and to create accessible pathways to employment is needed. Interventions should address the impact of stigma on the beliefs and behaviour of individuals. Funded by Manchester Mental Health and Social Care Trust. NRES reference: 11/NW/0708.

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Session no 5.2

'I mean if you said "liver" to people what would they say?...."and onions!'"

Elliott, C, Newcastle Hospitals NHS Foundation Trust

Recent studies have shown that functional difficulty is significant in people with chronic liver disease (CLD) and associates with symptom burden; specifically orthostatic problems, cognitive difficulty and fatigue (Elliott et al 2011, 2013). CLD remains the only one of the top 5 UK killers on the increase; and is the only one of these diseases to be without official UK guidelines or good practice documentation (Elliott and Newton 2009). A dearth of literature is available to inform clinicians of the functional ability, symptom burden and empirical experience of people with CLD, resulting in the provision of an expedient, yet lacking service. This study aims to explore further the daily experience of people with CLD to better understand this patient population. Methods This is a follow-on, qualitative

pilot study of people with alcoholic liver disease (ALD) (n = 8) and non alcoholic fatty liver disease (NAFLD) (n = 4). Using semi structured interviews in the context of the Canadian Occupational Performance Model (COPM), participants were asked to describe their daily experience of living with CLD; their functional difficulties and symptom burden. Results People living with ALD and NAFLD are disengaging with daily activity due to the constellation of functional difficulty, symptom burden, and impact of lifestyle. Interestingly results also demonstrated the lack of understanding people with CLD have of their disease and its symptom burden. Conclusion CLD is an increasing problem set to impact heavily on health resources in the UK. Those with CLD, undoubtedly as a result of expedient but lacking services, are struggling daily yet possess a staggering lack of awareness to their condition, its cause and its management. Public awareness campaigns, better patient information and improved Occupational Therapy strong services are required urgently to stem the catastrophic impact of the functional difficulty and symptom burden experienced by this patient group.

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Session no 5.3

Valuing active life in dementia (VALID): community occupational therapy in dementia

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This five year research programme builds on Graff et al.'s work (2006, 2008). The development phase (MRC, 2008) aims to adapt the Dutch community occupational therapy in dementia (COTiD) programme to maximise its suitability and feasibility for UK use. COTiD-UK will then be evaluated in a multi site randomised controlled trial. The translated materials were reviewed by an expert reference group and amended. Forty five occupational therapists are being trained and putting the intervention into practice. Fidelity is tested by assessing video recordings of the intervention sessions. Process evaluation includes: collecting views from participating occupational therapists, people with dementia, family carers, managers and referrers through focus groups and semi structured interviews; qualitative analysis of the occupational therapists' experience; and costs. A national on-line survey will identify current UK occupational therapy practice in this area. A consensus event and process will be used to finalise COTiD-UK. Ethical issues include: seeking informed consent from participants who may lack capacity; and the security and transfer of research data, namely video recordings. This paper will describe progress of the above activities. Preliminary results of the survey will be presented. Approximately 800,000 people live with dementia in the UK – due to rise to 1 million by 2021 – and 670,000 family members provide support (Alzheimer's Society, 2012).

This study will increase the evidence base for occupational therapy provision to people with dementia and their family carers in the future. VALID is funded by the National Institute for Health Research (NIHR) Programme for Applied Research (RP-PG-0610-10108).

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Session no 5.4

Participants' perspectives of a home-based trial of upper limb training after stroke

Longley V, Turton A, University of the West of England

As part of an ongoing feasibility randomised controlled trial (10/H0102/83) stroke participants' views of intervention and outcome assessments of upper limb function are collected. Participants are within 12 months of stroke and have a wide range of arm function. The intervention comprises 14 visits from a therapist over 6 weeks plus independent practice of an hour a day to train reach-to-grasp movements. Assessments are: The Action Research Arm Test (ARAT) (Lyle, 1981) and Wolf Motor Function Test (WMFT) (Wolf et al., 2001). ARAT assesses reach to grasp, grip and pinch; WMFT addresses a greater range of movements and tasks. Participants are also asked to rate their amount of use and movement quality for 28 tasks using the Motor Activity Log (MAL) (Uswatte et al., 2006). So far 14 participants have completed intervention and on average reported practising for 36 minutes a day. Twelve reported the intervention made a difference in their ability to use their arm and 13 felt the improvement in their arm/hand was worth the amount of work. Ten participants evaluated the assessments: seven preferred the WMFT as an assessment of change in their arm function; three could not do any of the ARAT. All participants found the MAL questionnaire acceptable and gave qualitative feedback about rating their arm use with the MAL. Participants' opinions are important for determining the feasibility of interventions both for a larger trial and ultimately for implementation in service provision. Funding source: Stroke Association (ISRCTN no: 56716589)

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Session no 5.5

Maternal Stress in probable Developmental Coordination Disorder: parent and child factors

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Previous research has qualitatively identified high demands and occupational adaptation on mothers of children with Developmental Coordination Disorder (DCD) (Stephenson 2008, Novak 2012). This study looked at maternal stress in families referred to the DCD pathway. In keeping with the Leeds consensus statement (Sugden 2006), families of children with Autistic Spectrum Disorder were not excluded. Possible DCD was identified either through the Developmental Coordination Disorders Questionnaire or developmental assessment by Community Paediatrician. Maternal stress was measured through the Parent Stress Index and was then compared with child factors (motor skills and sensory processing) and maternal factors (family support and coping strategies). Initial findings suggest high levels of maternal stress, greatest in those with an Autistic Spectrum diagnosis, but also high in those without co-morbidity. Analysis of parent and child factors is currently underway and will be available for the conference.

IMPLICATIONS FOR PRACTICE: Paediatric Occupational Therapists receive high levels of referrals for children with DCD (Dunford 2003). This group has high co-morbidity, risk of educational and social/ emotional challenges. Occupational Therapists play a key role in identifying and meeting the occupational needs of these children. Intervention does improve function but a proportion of children continue to face functional and performance challenges (Green 2011). This study quantifies the experience of mothers and will guide further study and clinical innovation by exploring parent and child factors through correlation and regression analysis. Funding Support: Royal Berkshire Hospital Ethical Approval: Berkshire Research Ethics Committee.

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Session no 5.6**The use of mobile devices to support learning on practice placement****Bradley H, Cooper H, Humphries R, University of Derby**

Mobile devices are ubiquitous and multifunctional and their use in clinical settings is gradually increasing. The limited evidence of benefit in educational terms (Luanrattana et al. 2012; Clay, 2010) suggests that supporting students on placement with mobile technology has tangible benefits for developing clinical reasoning skills that will contribute to their employability. This collaborative project between Coventry University and the University of Derby aims to investigate whether providing students with iPads promoting 'learning on the go', through increased access to learning resources, impacts on their clinical reasoning skills. This presentation will illustrate the ways in which iPads are currently being used and the associated challenges. The project has adopted a participatory action research approach with the rationale that the 24 OT and physiotherapy students involved work as co-researchers throughout a series of phases. To date students have engaged well with the iPads; their comments demonstrate impact on the learning experience. It seems that certainly from the students' perspective, skills, knowledge and understanding have been enhanced, suggesting that the use of the iPads can inform clinical reasoning processes. Benefits to students have been noted in terms of immediacy of access to information and the ability to organise information. Further work is needed to gain educator perspectives during the remainder of the project. Students report varied use including in direct patient contact, however there are practical, professional and organisational culture challenges to be overcome. The project is funded by the Higher Education Academy through its Teaching Development Collaborative Grant Scheme.

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Session no 6.1**What is health promotion? A survey of occupational therapists in the United Kingdom****Draper L, Leeds Metropolitan University**

Introduction: The definition of health promotion and its role within occupational therapy practice remains uncertain (Scriven and Atwal 2004), despite its inclusion within occupational therapy education. The purpose of this study was to establish occupational therapists' views of health promotion in the United Kingdom.

Method: A survey research method was used, with data collected through a self-completed online questionnaire. A mixed methodology research design was utilised allowing collection of both demographic and qualitative data (Creswell 2009), with convenience sampling used to recruit participants. Ethical approval was gained through Leeds Metropolitan University's Rehabilitation Sciences research ethics committee.

Results: All 71 participants felt health promotion was important. The majority stated health promotion was part of their role

(86%) and was consistent with occupational therapy philosophy (92%). However, barriers to promoting health were identified by over half (55%) of participants. Eleven themes were identified from three qualitative questions. Health promotion was perceived as a wide-ranging term, with diverse examples of health promoting practice given by participants; this highlighted occupational therapists' ability to tailor their practice to clients' needs and promote health through meaningful occupation (Wilcock 2006).

Conclusions: Occupational therapists currently engage in health promotion through their use of occupation. By presenting themselves as realistic role models and focussing on client-centred practice, occupational therapists can empower clients to promote their own health.

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Presenter's CV

Lisa is undertaking a pre-registration Masters qualification in Occupational Therapy at Leeds Metropolitan University. She has previously worked in intermediate care and learning disability services.

Keywords

Health and wellbeing, Research

Session no 6.2**How occupational therapists view their occupations****Corr S, Bayes N, Knight J, Stuart K, Singlehurst-Mooney H, The University of Northampton**

The aim of occupational therapy is to enable individuals to do 'what they need to do, want to do and are expected to do' (Law 2005); although assessment tools often focus on occupations in categories of self-care, work and leisure rather than the importance of the occupations to the individual. Little research has been done in relation to occupational therapists as occupational experts and the aim of this study was to gain insight into the range of occupations that occupational therapists engage in, and how they view their occupations. A pragmatic inductive study with ethical approval involved 56 occupational therapists who identified three occupations each: one they needed to do, one they wanted to do, and one they were expected to do. Participants indicated their perceptions of these occupations in terms of rest, work, self-care, and leisure, and their utility of them within their practice. The identified occupations were mapped using the Eurostat (2004) hierarchical coding. The majority of occupations that participants needed to do fell within household and family care (n = 25) or employment codes (n = 15) as did occupations they were expected to do (n = 28 and 13 respectively). Leisure occupations (especially hobbies) were what participants wanted to do most (n = 13). The occupations considered by participants as self-care, work, leisure, or rest came under the Eurostat code 'household and family-care' reinforcing arguments that meanings of occupations are subjective. Findings illustrated differences in how occupational therapists describe occupations and highlight the

need for ongoing debate within the profession about the value of categorising occupations vs meaning for client-centred care.

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Presenter's CV

Susan Corr is Professor of Occupational Science in the School of Health at the University of Northampton with a professional background in occupational therapy.

Keywords

Health and wellbeing, Occupational science, Participation

Session no 6.3

Understanding occupation: a transactional perspective

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Introduction: The cultural relativity of the concept of occupation is recognised (Iwama 2006, Kantartzis and Molineux 2011). This indicates the need for research in varied contexts, sensitivity to such issues when working with diverse populations, and reflection on existing understandings.

Method: A doctoral study explored occupation in a Greek town. Using ethnographic methodology the researcher observed and participated in daily life for 270 days over eighteen months. An iterative-inductive analytic approach was used. Ethical approval was obtained from the Ethics Committee, Leeds Metropolitan University.

Conclusions: Occupation came to be understood as ongoing and fluid transactions, functionally integrated with the social, spatial and temporal context (Dickie et al 2006). Exploring the person in their situation as a whole (Dewey and Bentley 1949) revealed occupation as dynamic and relational, an ongoing transformative process of (re)adjustment that maintained balance between all elements of the situation. Maintaining balance included issues around power and control, often evident in small moments, mundane and unstructured doings. Implications for occupational therapy include exploring these understandings in other settings and with other people. A transactional view of occupation entails a shift in focus from the individual to all elements of the situation, from objective, named occupations to fluid and complex doings, including small shifts and tactical changes. It may be particularly useful when working with people whose lives appear complex, unstructured and impoverished of occupations such as work and structured leisure, to explore the rich ways that individuals employ occupation to maintain a good enough life.

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Presenters' CVs

Sarah was formerly a lecturer and practitioner in Greece. PhD Candidate, Faculty of Health and Social Sciences, Leeds Metropolitan University, Leeds. Lecturer Queen Margaret University Edinburgh.

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Keywords

Occupational science, Theory, International perspectives

Session no 6.4

What do we mean by self-care occupations?

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Background: Children, young people, adults and carers frequently seek advice about self-care, a primary occupation. Enabling people to develop independence in self-care and where this is not possible, reducing carer burden for self-care tasks, is a core occupational therapy skill. However, there is no universally agreed classification of self-care tasks by occupational therapists.

Method: The self-care and domestic life activities listed in the International Classification of Functioning, Disability and Health (ICF) are compared with those commonly used by occupational therapists. Literature sources for developmental norms for self-care and domestic occupations are identified.

Results: In addition to the ICF activities, occupational therapy models also include travel, mobility, communicating with others, money management, sleeping, sexual expression, organisation of personal space and time as self-care and domestic occupations. Whilst these areas are included in the ICF they are not considered as self-care or domestic activities.

Conclusions: The ICF is a multi-professional framework that complements occupational therapy terminology but there is a risk of omitting aspects of self-care if only the ICF is used.

Impact on service users: Using a comprehensive list of self-care occupations based on the ICF and occupational therapy models would ensure that all aspects of self-care are addressed by occupational therapists.

Implications for occupational therapy: Using the combined ICF and occupational therapy list will support occupational therapists to enable optimum levels of participation in all aspects of self-care activities.

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Presenters' CVs

Carolyn Dunford is currently Head of Research at The Children's Trust with a varied clinical and academic background. PhD awarded in 2008 from the University of Wales.

Andrea Hasselbusch, PhD candidate, MOccTh, Bc OT, PG Cert Ed, Dip OT, Senior Practice Fellow in Occupational Therapy, Bournemouth University, School of Health & Social Care.

Keywords

Participation, Research, Theory

Session no 7.1

Using the kawa model as a tool for personal development planning

Spankie A, Glasgow Caledonian University

Portfolios are commonly used by occupational therapists (OT) to evidence continuing professional development (Aslop 2000). A portfolio can be used as both a personal and professional development tool to identify training needs and encourage reflective practice (Calman 1998). Portfolios need to be dynamic in the sense they are continually updated as the OT professional develops (Aslop 2000). This idea of a fluid and continually changing process has similarities to the assumptions and application of the kawa model (Iwama 2007). The College of Occupational Therapists (2013) recommends that OT professionals include a Personal Development Plan (PDP) as a tool within their portfolio. This presentation will suggest that by using an illustration of the kawa metaphor as a portfolio tool, the writer is able to demonstrate learning and development in a concise and visual way. The illustration can be used as a framework which is simple to use and can improve engagement in the PDP process. It can allow the writer to be creative in producing an individualised PDP which depicts strengths and weaknesses to be utilised and worked on.

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Session no 7.2

Occupational therapy within mainstream schools to enhance education provision

Huckle G, Landreth L, Teesside University

Currently within the UK there is no statutory requirement for Local Educational Authorities to provide health-related therapeutic services (Chu 2013). Increasingly numbers of schools have delegated budgets making them potential commissioners for occupational therapy (OT) services. This fits at a time when there is an increasingly diverse group of children attending mainstream schools with a wide range of health related difficulties and disabilities (Hutton 2008). The provision of OT services within a school setting would reduce waiting times, ensuring children were seen in a timely manner without the barriers often faced at attending appointments outside of school hours (Dunford 2003, Dunford 2004).

During a role-emerging placement the observation of school practices has allowed for greater insight into the needs of children who require additional support, and how current OT services could be adapted to meet their needs. This experience

is supported by government policy and current health and education drivers. (Ofsted 2004, Allen 2011, Great Britain 2001) An OT service based in a school with occupational therapists employed by the Local Education Authority would be best placed in meeting the needs of children and families through inclusive and collaborative practice.

To meet the requirements of inclusive education and early intervention, OT services and support within mainstream schools would ensure children are served to the optimum extent possible within a general education setting.

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Session no 7.3

The students' reflective account of educating carers on the value of occupational balance

Hesketh L, Tozer S, University of Salford

In collaboration with a local inpatient psychiatric service, volunteers were sought from a cohort of second year occupational therapy students at the University of Salford. The aim was to design and deliver an occupation-focused group for carers of people experiencing severe and enduring mental health conditions.

The College of Occupational Therapists (2013) states that people need to engage in a balanced range of daily activities to stay healthy and maintain well-being. According to the organisation *Rethink* (2013), informal carers are at risk of their emotional and physical health being impacted upon as they are not used to looking after themselves; too often life becomes limited by the need to deal with their relative's symptoms and the consequences. This can mean that occupations become imbalanced and changes to their roles and identity occur as their caring responsibilities take priority.

Although many carers' groups exist, the concept of employing an occupational therapy approach is innovative. The presentation will be a reflective account of this experience from an undergraduate perspective. It will outline the process of content design, delivery and evaluation; the benefits it has bestowed to the student's professional development and the transferable skills gained that may ease transition into employment.

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Session no 7.4

The potential role for occupational therapy in treating body dysmorphic disorder

Bradley NA, University of Derby

Body dysmorphic disorder (BDD), a DSM-V classified Mental Health Disorder, manifests a preoccupation with an imagined body defect, which has the potential to be extremely debilitating and cause disruption to occupations (Veale 2004).

It is considered that individuals suffering from BDD experience disruption in occupational engagement: an increased focus on self-care routines, avoidance of leisure occupations, alongside the interruption of productive occupations (Phillips et al 2006), resulting from low self-esteem and preoccupations (Buhlman et al 2008). Occupational roles are negatively impacted, whilst daily routine imbalance causes poor quality of life (Marques et al 2011).

Despite acknowledgement of the impact of this disorder on occupations, BDD receives limited recognition in the occupational therapy (OT) literature.

A voluntary placement within a third sector charity supporting individuals with BDD, offered in-depth opportunity to investigate the potential need for OT intervention with individuals with this disorder. From this practical experience coupled with a critical review of relevant literature and the underpinning philosophy of the profession, it can be strongly justified that OTs embody the skills and knowledge necessary to enhance treatment for individuals with BDD, through occupational analysis and re-engagement in occupations.

This presentation will outline the identified need and potential role in this role-emerging area of practice.

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Session no 7.5

The challenges and benefits of being international students studying occupational therapy in Scotland

Queen Margaret University

Introduction: International students represent 35 per cent of the postgraduate student population in Scotland.

This poster is a reflective account of the transitional narratives of first year students studying post-graduate occupational therapy at Queen Margaret University. The international students are part of the same Personal Academic Tutor (PAT) group. The challenges, benefits and experiences of the international students throughout the transition to study in Scotland has been captured by the international students. The term “international students” is taken here to mean those students who have been educated in a national education system outside the United Kingdom.

The findings from the narratives of the international student experiences include: how international students adapt to a different educational system, academically, culturally and socially and “placement” specific situations involving the negotiation of the health and social care systems in Scotland.

Methods: The authors will facilitate a poster presentation outlining the personal accounts experienced by this specific group of international occupational therapy students. These personal reflections will share experiences potentially generating discussion and consideration of these specific experiences and challenges.

Results/conclusions: Expectantly, the poster will clearly demonstrate the complexities that these particular students may experience when adjusting to a new academic environment and will assist in providing advice and guidance for fellow and/or future international students and academic staff.

Implications for occupational therapy practice: It is pertinent to occupational therapy education to understand the transitional needs of international students and to support students to become partners in creating inclusive learning environments and cultures within higher education. Capturing the student experience is essential to improve the international student experience. Having cultural diversity within the cohort is an opportunity for students to explore cultural beliefs and values. This experience is a prerequisite to developing the skills and values necessary to develop practitioners who have cultural competence and humility.

Session no 8.1

The Model of Human Occupation for contemporary occupational therapy practice

Melton J⁽¹⁾, Forsyth K⁽²⁾, Zgether NHS Foundation Trust⁽¹⁾, Queen Margaret University, Edinburgh⁽²⁾

The Model of Human Occupation has been developed for practice through systematic international study for more than 25 years (Kielhofner 2008). The conceptual practice model offers a tested theory base to guide practice and research in occupational therapy. Its mission is to make a positive effect on occupational therapy practice application and to assist therapists to delivery client-centred practice. Practice-based occupational therapists who have undertaken dedicated practice development to gain confidence, skill and routine in using the Model of Human Occupation have reported that it provides them with a helpful occupation-focused professional knowledge base that is comprehensive and evidenced-based (for example, Melton

et al 2008). It has also been argued that using the Model of Human Occupation concepts to underpin practice assists in the delivery of a socially inclusive approach, which is important in the delivery of contemporary services (Melton and Clee 2009). On the other hand, there is also evidence that occupational therapists can experience challenges in their effort to use the model in practice (Lee et al 2008). This workshop session will provide an opportunity for participants to:

- Review their stage of MOHO theory learning and its practice application.
- Revise contemporary MOHO theory and its associated assessment.
- Consider how MOHO can guide case formulation and goal setting with service users.
- Learn how MOHO can support the development of intervention packages.

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Presenters' CVs

Dr Jane Melton is Clinical Director for Social Inclusion at 2gether NHS Foundation Trust, England and Reserach Fellow at Queen Margaret University Edinburgh.

Professor Kirsty Forsyth is an international expert in the theory and application of the Model of Human Occupation and shares her scholarship through teaching, authorship and reserach.

Keywords

Theory, Practice development, Inclusion, Knowledge transfer

Session no 8.2

Participation and mental health: an example of theory development in occupational therapy

Cronin-Davis J, Bannigan K, Read A, Inman J, Research Centre for Occupation & Mental Health, York St John University

Background: The International Classification of Functioning, Disability and Health defined components of health and health related states. There are four components, including participation, which is defined as 'a person's involvement in a life situation'. However, activities and participation are linked so a lack of conceptual clarity exists (Khetani & Coster, 2007).

Aim: To critically explore methods of theory construction in order to develop a conceptual framework of participation of people experiencing mental health needs.

Method: A critical literature review was undertaken to identify relevant methods of theory construction.

Findings: Thirteen methods of concept analysis were identified, many of which were derived from a framework developed by Wilson in 1963 (Beckwith et al 2008). Key elements of concept analysis were identified. Walker and Avant's (2011) method of theory development is widely used in nursing (e.g. Manais 2010) and is developing credence in occupational therapy (e.g. Wagman et al 2011). Walker & Avant's (2011) approach to theory construction is applicable to occupational therapy because it enables the development of theory that is not only defensible but congruent with practice. This approach was adopted to develop the concept of participation in mental health.

Implications: With conceptual clarity, a common language for describing health and health-related states emerges. It also enables tools to be developed to measure participation in clinical practice and research studies. The Research Centre for Occupation & Mental Health (RCOMH) will use the theory of participation in mental health to design robust research studies about the effectiveness of occupational therapy in mental health.

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Presenters' CVs

Jane Cronin-Davis is Head of Programme (BSC Occupational Therapy) and Deputy Director of the Research Centre for Occupation & Mental Health at York St John University. Jane was the co-lead of the Measuring Occupation and Participation project.

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Keywords

Participation, Mental health, Theory, Research

Session no 8.3

How to read and understand Rasch-based papers

Spiliotopoulou G, Brunel University

Recent developments in measurement theory suggest the use of Rasch analysis to develop and evaluate existing assessment tools. The main advantages of conducting Rasch analysis are that: a) it does not depend on interval-scaled item scores, and b) it enables checking whether adding the individual scores of a scale

into an overall score is justified in the data (Salzberger 2010). This analysis allows for improvement of the scale's structure and the development of more accurate assessments. However, the methods employed by Rasch analysis, its terminology, and the language used in papers reporting such findings are quite difficult to be understood by readers without the relevant training. This workshop aims to describe the advantages of using Rasch analysis, explore its basic concepts and explain the basic terms for the reporting of findings. The workshop will use examples from the rehabilitation literature. Group work utilising short written exercises will also be used to reinforce interpretation of reported findings. The workshop will enable participants to get an understanding of Rasch analysis and to facilitate reading and comprehension of Rasch articles. It is also hoped to encourage further work using this analysis. Rasch analysis is very important for occupational therapy, as most of the assessments we use involve people responding to items scored as dichotomous or ordinal data. Also, being able to understand and interpret Rasch-based findings reported on papers will allow clinicians to make informed decisions about the selection of assessment tools for their practice and critically analyse evidence based on Rasch findings.

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Dr Georgia Spiliotopoulou is a lecturer in Occupational Therapy in Brunel University, UK and an editorial board member of the British Journal of Occupational Therapy.

Keywords

Practice development, Research

Session no 10.1

Outcome ratings for measuring occupational participation at the exploratory level: a new assessment

Parkinson S⁽¹⁾, Cooper J⁽²⁾, Model of Human Occupation Workshops⁽¹⁾, Stroud CLDT⁽²⁾

The need for more sensitive occupational assessments to use in dementia care has been acknowledged (Moniz-Cook et al 2008) and the College of Occupational Therapists (COT) has recommended that occupational therapists in learning disability services should contribute to the development of new outcome measures (Lillywhite and Haines 2010). Meanwhile, occupational therapists in these settings are known to use the Model of Human Occupation Screening Tool (MOHOST) (Parkinson et al 2006), but experience suggests that it lacks sufficient sensitivity to measure the progress of people whose occupational participation is severely impaired. Occupational therapists across England have collaborated with world leaders in the Model of Human Occupation (MOHO) (Kielhofner 2008) to produce a new assessment: the MOHO Exploratory Level Outcome Ratings (MOHO-ExpLOR). This assessment aims to demonstrate the dynamic consequence of intervention by linking the positive effects of environmental adaptation to the impact on a person's occupational participation; showing, for example, whether improved validation and the optimum level of encouragement in the environment lead to a person exploring their environment more and engaging in more activity. Informal pilot projects with service users in dementia, learning disability and acquired

brain injury services have shown that occupational therapists can utilise the assessment to critique environments and make adaptations that enhance the occupational participation of service users. A research manual has now been developed in preparation for a formal research study. The authors will share the development of the MOHO-ExpLOR with conference participants along with guidelines for using the rating scales.

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Presenters' CVs

Sue Parkinson is an author of the Model of Human Occupation Screening Tool and has worked as a freelance trainer since 2003.

John Cooper qualified as an Occupational Therapist in 1997 and has worked in specialist healthcare services for adults with learning disabilities for over 15 years.

Keywords

Learning disability, Ageing and older people, Adaptation, Participation

Session no 11.1

Judging professional suitability at the point of selection

Bradley G, Northumbria University

Professionalism of occupational therapy (OT) students is of ongoing importance and has been recently emphasised in the HPC review regarding student fitness to practice (2012). HEIs have a responsibility to assess non-academic elements at the point of admission with clear guidance regarding health and criminal records screening. However, beyond this, the complexity of assessing wider personal and professional attributes, which may indicate future suitability, is recognised (Holström & Taylor, 2008) and profession-specific insight in relation to OT is limited. This study adopted a phenomenological approach to explore academics' experiences of making judgements about professional suitability at the point of admission to an OT programme. Ethical approval was granted by the institution and a purposive sample of six academics recruited. Individual interviews were used to elicit descriptions of experience and following thematic analysis of findings, three broad themes emerged: descriptions of professional suitability, the meaning of professional suitability at the point of admission, and assessing the presence of suitable attributes. Acknowledging the limitations of a small-scale study, findings provide profession-specific insight in to the concept of professional suitability at the point of selection and have potential to contribute to dialogue regarding selection practices and professionalism of students.

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Keywords

Education (CPD LL skills), Research

Session no 12.1**The TRAMM model – a framework for continuing professional development**

Hearle D⁽¹⁾, Morris R⁽²⁾, Lawson S⁽²⁾, Cardiff University⁽¹⁾, Cheshire West and Chester Council⁽²⁾

Continuing Professional Development (CPD) is a mandatory requirement of the Health and Care Professions Council and has been embraced by the College of Occupational Therapists. In order to make the most of CPD, it is important for individuals and organisations to have a process which guides both activity and dissemination. The TRAMM (Talk, Record, Activity, Mentor and Measure) Model aims to provide a framework to guide both individuals and organisations and enable them to maximize the potential of CPD (Morris et al 2011 and 2012, Polglase 2012). Initial feedback from potential users of the model was invaluable in helping to refine the components and it has continued to develop since its inception. In 2010 The TRAMM Tracker was developed to assist in the recording and monitoring of activities. During 2012 the Model was piloted within NHS, Local Authority and Education sectors across the UK for use by occupational therapists, assistants and students. The first evaluation will be complete by March 2013 with required amendments made by May 2013. Once the Model and Tracker are fully developed there is the potential for it to be utilised by other Health and Social Care professionals. This seminar aims to allow participants to explore the potential application of the TRAMM Model and Tracker, which has been updated following the pilot. A short overview of the model will be given followed by opportunities to use the tools available. Feedback and discussion regarding its future research and development will conclude the seminar.

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Presenters' CVs

Deb Hearle, Senior Lecturer Cardiff University, was group facilitator in Glyndwr University during the development of the TRAMM model, prior to joining the TRAMM team.

Roe Morris is an occupational therapist for Cheshire West and Chester, Social Care and Health and was a student who initially co-ordinated the design of the TRAMM model.

Keywords

Education (CPD LL skills), Practice development, Management and leadership

Session no 13.1**Description of goals and the interventions provided in a randomised controlled trial**

O'Neil K⁽¹⁾, Woodhouse L⁽²⁾, Darby J⁽²⁾, Horne J⁽²⁾, Leighton M⁽³⁾, Logan P⁽²⁾, South Tyneside Foundation Trust Community Services⁽¹⁾, University of Nottingham⁽²⁾, Clinical Trials Unit, University of Nottingham⁽³⁾

Introduction: The Getting Out of the House Study, an ethically approved, multi-centre randomized controlled trial which evaluated an occupational therapy outdoor mobility intervention, (Logan, Leighton et al. 2012) recruited 568 stroke participants in 15 sites across the UK. This study examined the goals set by participants and treatment given in the intervention group.

Method: Therapists at each site were trained to deliver the intervention in up to 12 sessions. They recorded the type and duration of treatment provided and goals set by each participant using standardized forms. This data was analysed using descriptive statistics.

Results: 287 participants were allocated to the intervention group and received a median of 7 interventions (IQR 3, 11). Of these, 264 (91.99%) received at least one session. Mobility training was used the most, median 5.5 visits (222 participants, 84.1%), with the longest duration, median 212.5 minutes (IQR 80, 390). The least used treatment was adaptive equipment training with 62 (23.48%) participants receiving a median of 20 minutes (IQR 10, 35). Goal setting was completed with the majority of participants: 243 (92.1%) receiving a median of 2 sessions (IQR 1, 4). Overall 42 goals were set. The most popular were 'Walking over 100m', set by 134 (55.1%) participants, and improving confidence, 88 participants (36%). Driving a car was the least common, set by only 1 participant (0.41%).

Conclusion: This intervention consisted of physical, psychological and planned activities consistent with occupational therapy practice.

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Presenters' CVs

Kathleen O'Neil is a Clinical Specialist in Stroke team.

Lisa Woodhouse is a Medical Statistician.

Janet Darby is a Research Occupational Therapist.

Keywords

Research, Long term conditions (including neurological), Community, Service evaluation

Session no 13.2**Making the Canadian Occupational Performance Measure your own**

Hasselbusch A⁽¹⁾, Dunford C⁽²⁾, Bournemouth University, School of Health and Social Care⁽¹⁾, Tadworth, The Children's Trust⁽²⁾

In a time of funding austerity, use of meaningful outcome measures is essential to secure the future of services and professional groups. The Canadian Occupational Performance Measure (COPM) (Law et al 2005) is a well-established assessment and evaluation instrument, used in a range of practice and research settings with varied client groups. The COPM incorporates core occupational therapy skills, e.g. collaboration with the client, assessment and enablement and reflects the International Classification of Functioning's focus on activity and participation (WHO 2001). This seminar provides an introduction to using COPM effectively as an assessment and outcome measure with diverse client groups within a wide range of settings. Delegates will be taken through the practical application of the instrument in selected settings with common client groups, and be introduced to underlying theoretical concepts, in particular occupation-centredness (Hocking 2001) and client-centredness (Sumison 2006). Model statements, sample questions and prompts will be provided to support the semi-structured interview and rating importance, performance and satisfaction. Additionally, specific prompts and tools, including visual supports and adapted scales, which facilitate a focus on relevant occupations and activities as well as enable involvement of young children and those with communication or cognitive difficulties, will be introduced.

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Keywords

Service evaluation, Practice development, Service user involvement, Participation

Session no 13.3**Client and occupation-centred goal setting: a guide for practice**

Hasselbusch A⁽¹⁾, Dunford C⁽²⁾, Stanley K⁽¹⁾, Bournemouth University, School of Health and Social Care⁽¹⁾, Tadworth, The Children's Trust⁽²⁾

Setting goals in collaboration with clients leads to improved therapy outcomes. Enabling execution of a particular activity and facilitating participation in life situations are congruent with occupational therapy core skills and the Classification of Functioning, Disability and Health (ICF) framework (WHO 2001). The workshop will present a best practice approach to goal setting based on current theoretical core concepts, such as client- and occupation-centredness, and available research evidence. An overview of occupation-centred goal setting using SMART principles (Bowman & Mogensen 2010) will be presented. Occupation-centred SMART goal setting formula will be introduced. Goal Attainment Scaling (GAS) at the activity and participation level will be outlined (McDougall & King 2007). GAS light as alternative to traditional GAS will be explained (Turner-Stokes 2009). Examples used and case study practice in small groups will particularly focus on keeping goals specific and making them measurable. Participants will be encouraged to apply this to their clinical setting. Client- and occupation-centred goal setting has the potential to be a key component of efficient and effective service evaluation in contemporary occupational therapy practice.

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Keywords

Service evaluation, Participation, Performance, Service user involvement

Mental Health Annual Conference**Session no 15.1****Including the excluded – understanding through film in Community Forensic Mental Health**

Reynolds S⁽¹⁾, Magill T⁽²⁾, Northern H&SC Trust⁽¹⁾, Educational Shakespeare Company⁽²⁾

Community Forensic Mental Health (CFMH) service users have traditionally been excluded, both by mainstream services and by their own communities, because of risk and levels of dangerousness associated with them (Livingston et al 2011, Royal College of Psychiatrists 2009). This Northern Irish 25-week project aimed to address this social exclusion. Service users were enabled to tell their stories, sharing experiences through the medium of short film production. The CFMH Occupational Therapist and The Educational Shakespeare Company, a charity specializing in giving marginalised groups “a voice”, gave participants the opportunity to engage in a positive and meaningful activity. Participants were actively involved in identifying their individual goals, reflecting on their experiences and considering the impact of their choices on themselves and others, encouraging development of insight. Group members participated in telling and writing their stories, sharing creative experiences and planning and producing their individual films. Written consent was obtained prior to public viewing. Standardised measures and qualitative feedback were used to evaluate impact. Outcomes included raised awareness of exclusion and stigma; improved confidence and self-esteem; more active participation in community life and improved self-awareness and reduced recidivism. The use of story-telling and film-making as a therapeutic medium develops occupational performance skills and has proven to be an integral aspect of the recovery process, promoting social inclusion and self-actualization (Sherwood 2011). The workshop will give participants the opportunity to experience the process of personal story-telling and explore its impact.

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Presenters' CVs

Sara Jane Reynolds is a Clinical specialist in the field of forensic mental health with 16 years experience in occupational therapy and interest in use of innovative therapeutic media.

Tom Magill is a founder member of the Educational Shakespeare Company, dramatist and exponent of the Augsto Boal “Theatre of the Oppressed”.

Keywords

Forensics, Inclusion, Recovery and rehabilitation, Mental health

College of Occupational Therapists Annual Conference**Session no 16.1****Exploring the WFOT Position Statement on Environmental Sustainability**

Whittaker B⁽¹⁾⁽²⁾, Shann SL⁽³⁾, Centre for Sustainable Healthcare⁽¹⁾, Sunkist Care Group⁽²⁾, Northumbria University⁽³⁾

Global climate change has been identified as the biggest health threat this century (UCL-Lancet Commission 2009). Poverty and related global social problems also call us to address sustainability issues within healthcare. The three principles of sustainable development are economic, social, and environmental and an ideal state will take all three into account. The World Federation of Occupational Therapists' (WFOT) Position statement on environmental sustainability (2012) recognises the need for occupational therapy professionals to participate in the resolution of these major global issues.

We are challenged to contribute our accumulated knowledge and skills about occupation and occupational performance to these problems and to promote sustainable health and wellbeing. This is also an opportunity to develop our knowledge and practice about occupation; for example, through exploring the health co-benefits of a low-carbon lifestyle (Watts 2009).

Addressing issues of environmental sustainability leads us to examine how healthcare is provided. The position statement acknowledges the global health values of interdependence (living with mutual respect and to mutual benefit), independence (leading a life that one can value) and health as a human right (backed up by transparency and accountability) (Crisp 2010). Occupational therapy is well placed to explore these values.

This seminar will explore opportunities for actively developing sustainable occupational therapy practice through the WFOT action points and projects due to follow as a result of the position statement. Participants will be asked to consider environmental sustainability in relation to sharing best practice and developing educational materials, research priorities and other occupational therapy resources.

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Keywords

International perspectives

Mental Health Annual Conference

Session no 17.1

Recovering Ordinary Lives – an evaluation of progress

Smyth G, College of Occupational Therapists

Recovering Ordinary Lives – the strategy for occupational therapy in mental health services 2007–2017 (COT 2006) was launched in 2006. The strategy has a ten-year life span and contains key action points for practitioners, managers, educators, commissioners and researchers. In addition, five statements in the document describe what progress should look like in 2013. These are:

- Occupational therapy practitioners will have extended their scope of practice across a range of agencies to meet the occupational needs of mental health service users.
- Occupational therapy managers will have developed services to address routinely the occupational needs of people who use them.
- The College of Occupational Therapists will have engaged all stakeholders to invest in occupational therapy in mental health services.
- Occupational therapy educators will continue to incorporate into their teaching changes in occupational therapy theory and practice and in modes of service delivery.
- Commissioners of mental health services will understand the importance of addressing occupational needs within the services they commission.

The strategy has been praised as providing a clear identity and focus to benchmark mental health practice. However, it was written at a time of economic prosperity and relative stability. The health and social care landscape of 2013 looks very different now with budget cuts and the drive for increasing competition (HM Treasury 2010, Office of Health Economics 2012). This workshop will explore the following with group work and discussion:

- How much progress has been made towards the five statements above?
- What key actions still need to take place to fully achieve the statements?

References

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Presenter's CV

Genevieve Smyth is an occupational therapist who works at the College of Occupational Therapists to provide services and products for members.

Keywords

Mental health

Older People Annual Conference

Session no 18.1

Referral of older people to discharge teams on an acute medical unit

Edmans J, Darby J, Logan P, Gladman J, University of Nottingham

Introduction: Older people presenting to acute medical units (AMU) may be discharged within 72 hours and many re-present to the AMU with further medical crises (Woodard et al 2009). Some are referred to discharge teams (including occupational therapists) regarding discharge arrangements and community services. We investigated differences between those referred and not referred to such a team, to examine whether the team was being used appropriately.

Method: Participants aged ≥ 70 , being discharged from an AMU within 72 hours, identified as being at risk of adverse outcomes on the Identification of Seniors at Risk tool, were recruited in one centre of a randomised trial of medical care. As part of the trial, participants were assessed at baseline and after 90 days using a number of health measures including: geriatric conditions; functional ability; cognition; mental well-being; quality of life. We compared those who were and were not referred to the discharge team.

Results: Only 70/262 (27%) participants were referred to the discharge teams. Comparison of those referred or not referred, are shown below.

	Referred	Not referred
Received help prior to admission	55(27%)	149(73%)
Stated they required more help at home	29(38%)	47(62%)
Admitted following a fall	31(36%)	55(64%)
Admitted with reduced mobility	11(44%)	14(56%)
Carers prior to admission	30(59%)	21(41%)
Deterioration in functional ability	13(20%)	53(80%)
Deterioration in mental well-being	19(25%)	57(75%)

Conclusions: Few participants in this study were referred to discharge teams, despite many stating they needed more help or being admitted following a fall. Appropriate referrals to discharge teams were not made resulting in poorer outcomes and suboptimal quality of care for this population.

References

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Presenter's CV

Dr Judi Edmans is a Senior Research Fellow at the University of Nottingham. Her current research involves Acute Medical Unit Medical Crises in Older People.

Keywords

Ageing and older people, Research

Session no 18.2**An exploration of daily living needs of older people following hospital discharge**

Darby J⁽¹⁾, Edmans J⁽¹⁾, Logan P⁽¹⁾, Williamson T⁽²⁾, Taylor J⁽²⁾, Gladman J⁽¹⁾, University of Nottingham⁽¹⁾, University of Salford⁽²⁾

Introduction: Older people discharged from emergency departments experience difficulties with daily living activities (Hendriksen & Harrison 2001). Often patients are transferred from the emergency department to acute medical units for further assessment and treatment before being admitted to a ward or discharged home. This study explored the daily living needs of older people following discharge from an acute medical unit.

Method: Eighteen older patients (70 years plus) and their informal carers were purposefully selected for this constructivist study from a larger trial being conducted of frail older patients discharged from an acute medical unit. Occupational therapy was not routinely provided on the acute medical unit. Patients being discharged directly home were eligible. Semi-structured interviews were conducted in participants' homes up to six weeks following discharge. Thematic analysis was undertaken.

Results: Older patients perceived that they had ongoing difficulties with their everyday activities. These difficulties were attributed to physical, psychological and social factors. These outstanding problems led their carers to take on additional roles providing both physical and psychological support. Participants resisted relinquishing some of their daily activities. These activities were affiliated with their values and roles and provided enjoyment, purpose, and a distraction from anxieties.

Conclusion: Older patients being discharged directly home from acute medical units had ongoing daily living needs which may be amenable to occupational therapy intervention. An emergency admission provides an opportunity for occupational therapists to identify older patients in need of such intervention.

References

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Presenters' CVs

Janet Darby is a Research Associate at the University of Nottingham. She is working on a qualitative study of older people on acute medical units.

Dr Judi Edmans is a Senior Research Fellow at the University of Nottingham. Her current research involves Acute Medical Unit Medical Crisis in Older People.

Keywords

Ageing and older people, Research, Acute Health

Session no 18.3**An analysis of occupational therapists' clinical reasoning on discharge from acute care**

Nolan C, Imperial College Healthcare NHS Trust

As older people are living longer they are presenting with increased complexity of co-existing morbidities. According to Oliver (2008) and Wanless (2006) older people with multiple co-morbidities account for 60% of admissions to hospital and 70% of hospital bed days. Recent UK government policy

focuses on less patient time in acute care. This contributes to a fast-paced setting where decisions need to be made swiftly and accurately. There appears to be a wealth of literature that frames and compartmentalises clinical reasoning within occupational therapy, and some of this focuses on the differences between novice and advanced practitioner levels. There is, however, a paucity of evidence exploring clinical decision making of occupational therapists (OTs) in acute care. This research investigated clinical reasoning utilised by OTs when discharging from acute care. It explores whether elements of clinical reasoning in OT occur around discharge planning. Secondly, do advanced OTs use more intuitive reasoning than novice OTs? A mixed methodology of semi-structured interviews and questionnaires were carried out with twelve OTs in an acute care setting. Thematic analysis then examined results. The research found that although novice and advanced OTs utilise three common facets of clinical reasoning, advanced OTs used more and can flexibly move between them. Novice OTs reasoned in a hierarchical format. Intuitive reasoning was employed by advanced OTs, and confidence in clinical decision-making was directly influenced by experience, support, evidence-based practice and communication. The findings are important as they provide evidence to support important aspects of practice, such as supervision, banding and workforce planning.

References

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Catherina Nolan is a Head Occupational Therapist in Elderly Medicine, based at St Mary's Hospital. Catherina is also Chair of the COT SS Older People.

Keywords

Acute Health, Knowledge transfer, Performance, Research

Session no 18.4**Facilitating acute hospital discharge for clients with clinical indicators of dementia**

Jones C, Ivey J, Cwm Taf Health Authority

Introduction: Evidence indicates clients with dementia risk increased dependency with longer hospital stays. A new Memory Pilot project and remodelling of existing OT services aimed to facilitate early discharge and improve outcomes for this client group.

Method: An integrated Health and Local Authority Reablement Team provided in-reach services for clients with dementia, to facilitate safe and timely discharges from acute hospital by:

- Engaging clients in meaningful activities.
- Devising individualised programmes based on client goals to re-establish routines, maintain skills and maximise independence.
- Focussing on potential to retain confidence in independent living skills.
- Working alongside independent care providers, transferring enabling and rehabilitative skills.
- Supporting carers in their role to reducing carer stress.

Results:

- Increased independence – Morriston Occupational Therapy Outcome Measure, average improvement score = 3.7.
- Reduced hospital stay by 13.4 days – annual savings = £152,556.
- More timely discharge to appropriate services.
- Reduced dependency on long term services – annual savings = £98,543.

Impact on service users:

- Clients remain at home.
- Reduced length of admission.
- Increased independence.
- Reduced carer stress.

Implications for occupational therapy: Working across traditional boundaries provides a client-centred service that benefits the client, carers, health and social care organisations.

Strategic context: Key strategic drivers *Setting The Direction* (Welsh Assembly Government, 2010) and *Together for Health* (Welsh Government, 2012) advocate ‘pulling’ patients out of hospital and using integrated health and social care resources to the benefit of clients.

References

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Welsh Government., (2012) *Together for Health – Delivering End of Life Care*. London: Welsh Government.

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Presenters’ CVs

Catherine Jones was seconded into post one year ago with the aim of establishing a memory pilot service. The service continues to develop.

Following secondment as clinical lead in the reablement team, Janet Ivey has been responsible for developing innovative interagency working pathways, the memory pilot being one.

Keywords

Service innovation, Integration, Ageing and older people, Recovery and rehabilitation

Work Annual Conference**Session no 19.1****Getting vocational rehabilitation in mental health right: national leadership in Scotland**

Greer L⁽¹⁾, McQueen J⁽²⁾; NHS Lanarkshire⁽¹⁾, Partnerships in Care⁽²⁾

The value of work in the recovery of people with mental health and forensic mental health issues is well recognised in current health and social policy in Scotland (Scottish Government 2012a; Scottish Government, 2012b). This presentation will describe how the development of national leadership roles and the publication of guidance for occupational therapists (Scottish Government, 2011a; Scottish Government, 2011b) in Scotland have influenced the creation of a nationally agreed vocational rehabilitation (VR) pathway for users of mental health and forensic services. The pathway, including the integral role of occupational therapists, will be described and key indicators for

success will be summarised, considering its impact on policy, practice and people with mental health issues.

- 45% of those claiming health related benefits in Scotland have registered mental health problems as their primary health barrier to achieving paid employment.
- 86.5% of secondary mental health service users are unemployed and research has shown that their uptake of mental health services is higher and more costly than those who are employed and at work (Burns et al, 2007).
- Despite strong evidence that being in work is good for health and return to work aids recovery there remains a perception that people with mental health conditions cannot work and that work is a risk to their health. The goal of this work is the integration of a national VR pathway for mental health services. The benefits include more people who want to work in employment and enjoying better health, equal access to evidence based models of practice, clarity and confidence for occupational therapists.

References

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Presenters’ CVs

Lisa Greer is the National AHP Lead for Vocational Rehabilitation/ Mental Health and is the author of *Realising Work Potential* (Scottish Government, 2011).

Jean McQueen is the AHP Consultant for Vocational Rehabilitation in Forensic Mental Health in Scotland. She is the author of *Towards Work in Forensic Mental Health*.

Keywords

Mental health, Forensics, Vocational rehabilitation/work, Management and leadership

College of Occupational Therapists Annual Conference**Session no 20.1****Occupational re-engagement, the occupational therapist’s role in bereavement care?**

Leckie K⁽¹⁾, Wilcock A⁽¹⁾, Lever N⁽²⁾, University of Cumbria⁽¹⁾, East Lancashire Teaching Hospitals Community Division⁽²⁾

The care of those who are bereaved is an important part of hospice care and yet the role of occupational therapy within the field of bereavement care is often not explored. The College of

Occupational Therapists & End of Life Care Programme (2011) suggests occupational therapy could have a role in 'care after death'; however, is this a reality in today's clinical practice? Over recent years the government priorities (Department of Health, 2008) have emphasised the importance of end of life care, resulting in publications such as the National Institute for Health and Clinical Excellence quality standard for end of life care for adults (NICE, 2011), which highlights the importance of bereavement care. This round table session aims to offer an interactive debate whilst exploring the following objectives:

- Debate the actual and potential role of occupational therapy in bereavement care.
- Reflect on the challenges and opportunities for developing services within end of life care.
- Encourage bereavement service developments.

The session will include the use of worksheets and flipcharts to assist presenters in facilitating group discussions. Pattison (2006) suggests the profession needs to evolve and that practice should not remain static. The outcome of the session aims to encourage clinicians to be proactive in considering developing and enhancing the therapist's role in the emerging area of bereavement care. The round table session aims to explore a potential area for practice development, hence no ethical approval was required.

References

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Presenters' CVs

Karen Leckie is Senior Lecturer at the University of Cumbria and Occupational Therapist in palliative/end of life care.

Alexa Wilcock is a former Occupational Therapy student at the University of Cumbria.

Keywords

End of life care, Practice development

Session no 22.1

Reviewing articles for publication: a continuing professional development opportunity

Craik C, Harries P, Spiliotopoulou G, British Journal of Occupational Therapy

Introduction: The *British Journal of Occupational Therapy* relies on its team of reviewers to assess the quality of manuscripts submitted for publication. Reviewing articles or books is one of the many activities the Health and Care Professions Council (2012) suggests as suitable to demonstrate continuing professional development. Encouraging more occupational

therapists to consider this option has the potential to improve their critical appraisal and writing skills; to contribute to the development of the profession's evidence base and to ensure the quality of the journal.

Method: Aimed at potential and novice reviewers, a seminar presented by members of the Editorial Board of the *British Journal of Occupational Therapy* will explain how to become a manuscript reviewer. It will cover the skills required, the processes involved, the time commitment concerned, the time scale for reviews and the support available. Focusing on the guide for reviewers (BJOT 2011), participants will be taken through the process of review from initial invitation to review and critical appraisal of the submitted article to writing the review and dealing with a revised article following review.

Results: The seminar will provide participants with an introduction to manuscript reviewing and an opportunity to discuss their interest with experienced reviewers. Further information and guidance will be provided for those who wish to undertake a review.

References

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Health and Care Professions Council (2012) *Your guide to our standards for continuing professional development*. Health Professions Council, London.

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Presenter's CV

Christine Craik is a past Chairman of the Editorial Board of the *British Journal of Occupational Therapy*.

Keywords

Education (CPD LL skills), Research, Practice development, Knowledge transfer

Session no 23.2

Child occupational self assessment – a suitable outcome measure in paediatric neuro-oncology?

Hedley C⁽¹⁾, Matheson G⁽²⁾, NHS Greater Glasgow & Clyde⁽¹⁾, NHS Greater Glasgow & Clyde⁽²⁾

"The Child Occupational Self Assessment (COSA) is a self report of occupational competence and value for everyday activities designed to involve children in identifying goals and assessing outcomes" (Kramer et al, 2008).

Currently, there is a lack of evidence to inform practice in this speciality. The use of outcome measures in this area is challenging due to the unpredictable nature of the conditions presented and the side effects of chemotherapy and radiotherapy impacting on functional abilities.

The aim of this study is to examine the suitability of using the COSA to inform interventions carried out with children with a neuro-oncology diagnosis. It is also hoped that it would increase credibility and value of OT interventions offered in an increasingly medical model.

In working with children, it is important to discover what the child enjoys doing and what is important to them (College of Occupational Therapists 2010). In this study the COSA will be administered during the initial assessment of the child, at midway through intervention and at point of discharge, informing intervention throughout.

It is hoped that the COSA will be identified as a suitable outcome measure for use within neuro-oncology and subsequently be able to be used within other areas of paediatric occupational therapy.

Ethical approval is not required as the study is classed as a practice development.

References

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Kramer J (2008) *A mixed methods approach to building validity evidence: The Child Occupational Self Assessment* (Chapter 3. Unpublished doctoral dissertation) University of Illinois, Chicago.

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Presenters' CVs

Claire is an Advanced OT in Paediatric Neurology, Yorkhill Hospital, Glasgow.

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Keywords

Children and families, Acute Health, Practice development

Session no 23.3

Sensory integration's impact on social abilities of autistic children

Papanikolaou C, Papanikolaou C. Occupational therapy services

For the clinical practice of occupational therapy it is very important to conduct research into the development of social skills of autistic children. There is some research evidence that sensory integration, within occupational therapy programmes, can have a positive effect on children's social skills, but the evidence is not yet extensive (Ayres 2005). This presentation illustrates a small research project using an exploratory multiple case study design and its scope is to present how exactly the use of sensory integration activities affects the level of special social abilities of autistic children. The effect on a) autistic mannerisms, b) length of visual contact, c) participation in play and d) use of verbal contact are the project's objectives. Ethical approval reference number is 11/12-15 by Salford University. Three autistic children were involved in activities using the sensory integration method for four weeks. The researcher collected the data using participant observation methodology. In addition, the researcher conducted interviews with the parents during the last week, in order to confirm the changes that occurred. The application of sensory integration activities produced positive results regarding these three children. In the first case, changes were observed in all four areas of social ability equally, while in the second and third case changes were mainly observed in autistic mannerisms and participation in play. Projects like this one are of indisputable importance because their positive effects can help reshape primarily the planning of treatment programmes, and subsequently the functionality and life of children with autism.

References

Ayres, J (2005), *Sensory integration and the child: Understanding hidden sensory challenges*, Western Psychological Services, [USA].

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Presenter's CV

Christine Papanikolaou works in her own clinic in Greece. She has an interest in promoting new ways of practice for autistic children.

Keywords

Practice development, Research

Session no 23.4

Perceptions of an occupational therapy service in a special educational setting

Webb S⁽¹⁾, Marsh I⁽²⁾, The John Townsend Trust⁽¹⁾, Canterbury Christ Church University⁽²⁾

The aim of this study was to find out the views of groups of non-occupational therapy staff about the occupational therapy service within a special educational setting in the south of England. Questionnaires and a focus group interview were used to find out what staff groups understand the role of the occupational therapy service to be. Non-occupational therapy staff were invited to take part in each stage of the research process. The questionnaire used in this study was based on a review of the literature and the question schedule for the focus group interview was based on the results from the questionnaire. This study was conducted as part of a service review undertaken to see how the service had developed since its inception in 2001. Positive outcomes for service users include being able to access a more effective and efficient occupational therapy service. Outcomes will be supported by non-occupational therapy staff having a fuller understanding of the role of the profession. Historically, the value and impact of occupational therapy has not been as well understood as other professions. The outcomes of this project have helped to identify reasons for this and have generated some strategies to address it. The results found that the staff had an inconsistent level of knowledge of the occupational therapy service. During the focus group interview a number of suggestions were made about how the service could be delivered in the future. It is anticipated that the findings of this study will inform the service development activities of the occupational therapy service within this setting. Ethical approval was provided by the Student Projects Ethics Committee of Canterbury Christ Church University.

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Presenters' CVs

Stephen currently practices as an OT with young people with sensory impairments. This study was undertaken as part of his MSc.

Ian Marsh worked as a community mental health OT before joining Canterbury Christ Church University in 2002. He is the author of 'Suicide' (Cambridge, 2010).

Keywords

Practice development, Research, Children and families

Mental Health Annual Conference

Session no 25.1

Exploring the therapeutic outcomes of a cookery group on a psychiatric intensive care unit

Nixon J⁽¹⁾, Platt S⁽²⁾, South Staffordshire and Shropshire healthcare NHS foundation trust⁽¹⁾, South Staffordshire and Shropshire Healthcare NHS foundation trust⁽²⁾

The Department of Health (2002) highlights the importance of occupational therapy and therapeutic activity in the provision of an effective psychiatric intensive care unit (PICU) service; however, the evidence base related to occupational therapy input in this area is limited. This practice evaluation aims to increase this evidence base and share examples of best practice, enabling exploration of the value of occupational therapy input for service users, and the wider multidisciplinary team (MDT) on a PICU. An established cookery group was chosen as the focus of the evaluation. Data was collected over a 6-month period through the use of service user and MDT questionnaires, and use of the Model of Human Occupational Screening Tool (MOHOST). Ethical approval was not required due to this being a service evaluation measuring a current service being delivered. Verbal consent was gained from all participants and confidentiality was maintained throughout the process. A number of positive findings were established, including the suitability of cooking as an occupational therapy intervention, enabling therapeutic engagement of service users on a PICU. It identified the positive experience of service users when engaging in occupational therapy cooking sessions. It also established that the MDT values the feedback from the intervention to support care planning and risk assessments. This practice evaluation begins to establish some of the benefits of the occupational therapy role on a PICU, further development of this evidence base is crucial.

References

Department of Health (2002) *Mental Health Policy Implementation Guide: National Minimum Standards for General Adult Services in Psychiatric Intensive Care Units (PICU) and Low Secure Environments*. London: DH.

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Presenter's CV

Stephanie is a Band 5 Occupational Therapist.

Keywords

Engagement, Mental health, Recovery and rehabilitation, Service evaluation

Session no 25.2

The use of the assessment of communication and interaction skills in a forensic setting

Sheppard L, Timney E, Oxford Health NHS Foundation Trust

The aim of this study is to consider, through reflective practice, the appropriateness of the Assessment of Communication and Interactions Skills (ACIS) when used as an outcome measure in a medium secure forensic environment. In forensic settings, the opportunities to engage in occupations are shaped by security procedures. These procedures impact directly upon engagement socially, as managing risk can cause people to withdraw and abandon their efforts to participate in occupations, and their interactions with other people (Cronin-Davis et al 2004). The Assessment of Communication and Interactions Skills (ACIS) is an observational assessment that gathers data on the skills that a person exhibits when communicating and interacting with

others, during the performance of an occupation (Forsyth et al 1998, p.9). Over a twelve week period, a student occupational therapist, a Band 5 and a Band 6 clinician completed the Assessment of Communication and Interaction Skills (ACIS), each with four different service users, to assess the domains of physicality, information exchange and relations (Forsyth et al 1998, p.9). A reflection, using Gibbs' (1998) Reflective Model, focussed upon using the tool, was written after completing each assessment. A narrative approach was employed to identify common themes raised by the therapists. This study adds to the limited evidence base upon which to ground forensic practice. It will enlighten clinicians at all levels about the potential difficulties and shortcomings of using this assessment to review the progress, or deterioration, of the communication and interactions skills of complex individuals influenced by a rigid environment.

References

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Gibb, G. (1998). *Learning by Doing: A Guide to Teaching and Learning*. London: FEU.

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Presenters' CVs

Laura is an Occupational Therapist working in a forensic male medium secure unit.

Elizabeth is an Occupational Therapist working in a forensic male medium secure unit.

Keywords

Forensics, Engagement, Mental health, Recovery and rehabilitation

Session no 25.3

What is the role of occupational therapy in secure hospitals?

Cronin-Davis J⁽¹⁾, Lang A⁽²⁾, Macleod R⁽³⁾, Llewellyn L⁽⁴⁾, Sainty M⁽⁵⁾, Mason K⁽⁶⁾, York St John College⁽¹⁾, Stockton Hall Hospital⁽²⁾, Northumberland Tyne and Weir NHS Foundation Trust⁽³⁾, North Wales Forensic Psychiatric Service⁽⁴⁾, College of Occupational Therapists⁽⁵⁾, South Stafford and Shropshire NHS Foundation Trust⁽⁶⁾

The Forensic Forum is part of the College of Occupational Therapists specialist section for mental health and has been established for a number of years. One of the aims of the Forum is to promote good practice for the growing numbers of occupational therapists working within secure environments. The results from a survey investigating forensic occupational therapy practice indicated that the lack of evidence base was a particular challenge for occupational therapists in this clinical area (Cronin-Davis and Spybey 2011). The need for occupational therapists working in forensic mental health to strengthen their own evidence-base has already been documented (O'Connell and Farnworth 2007). In addressing this challenge, the Forensic Forum negotiated with the College of Occupational Therapists the opportunity to develop an evidence-based practice guideline for occupational therapists working in secure environments. A specific emphasis is the use of occupation-focused practice,

supporting the return of the profession to its fundamental philosophy; and the interrelationship between occupation, health and well-being. This paper discusses the guideline and their potential impact on clinical practice. The guideline offers occupational therapists an evidence base for their interventions and long needed commonality as to the role and contribution of occupational therapy within secure care. Surprisingly, there was a better evidence-base than expected. The guideline will be important to both experienced and newly qualified occupational therapists and as well as teaching pre-registration students. They will help to inform practice and enable therapists to articulate their role.

References

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Cronin-Davis J, Spybey M (2011) Forensic occupational therapy: a survey. *Mental health occupational therapy*, 16(1), 20–26.

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Presenters' CVs

Dr Cronin-Davis is a senior lecturer at York St John. She has worked as both a clinician and a lecturer and is widely published within this clinical field.

Amanda Lang is the Head Occupational Therapist and senior manager in a secure hospital in York, having experience of a PD, mental illness and learning disabilities.

Keywords

Forensics, Mental health, Practice development

Older People Annual Conference

Session no 27.1

Keeping safe and maintaining independence: older people and sight loss

Dennison C⁽¹⁾, Sheehy R⁽²⁾, Thomas Pocklington Trust⁽¹⁾, RNIB⁽²⁾

Two million people in the UK have significant sight loss, and 95% are over 65. Among those over 60, one person in every nine has serious sight loss; this rises to one in every three among those over 85. Sight loss makes daily tasks more difficult, reduces mobility and increases risk of falls. In part because of this, when compared to their sighted peers, older people with a visual impairment report poorer quality of life, psychological health and higher levels of depression. Occupational therapists (OTs) are in the front line of working with older people and will encounter those with sight loss who have not so far attended services to get a diagnosis, and those who need support with daily living and environmental adaptation. However, OTs report a lack of confidence in meeting the needs of people with sight loss, and a desire for training (Campion et al, 2010). The objective of this seminar is to build confidence among occupational therapy professionals, enabling them to contribute to maintaining independence and keeping older people with visual impairment safe. This interactive seminar will share knowledge about visual impairment and cover the following areas: prevalence and needs of older people with sight loss; the role OTs can play in identifying sight loss; the 'sight loss pathway' and how OTs can contribute; how environmental adaptation and technology can impact; and, resources to support OTs, including 'Light for Sight' the new COT accredited CPD module on lighting (<http://www.cot.co.uk/cpd/ilod>). The outcomes for participants will be increased knowledge of how they can utilise, and increase, their

skill set to support older people with sight loss and use available resources to improve outcomes and enhance quality of life.

References

Campion C, Awang D, Ward G (2010). Broadening the vision; the education and training needs of occupational therapists working with people with sight loss. *British Journal of Occupational Therapy*, 73(9), 413–421.

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Presenters' CVs

Catherine is Research and Dissemination Manager for Health and Social Care with the sight loss charity Thomas Pocklington Trust.

Rebecca is Older People's Impact Team Manager at RNIB, the leading UK charity offering support, advice and information for anyone with sight difficulties.

Keywords

Ageing and older people, Assistive technology, Adaptation,

Work Annual Conference

Session no 28.1

Mourning the burnout: occupational disruption and Kübler-Ross

Beynon-Pindar C, The Retreat

The metaphor 'burnout' describes a state in which the fuel and energy resources have been expended and exhaustion ensues. The metaphor implies that someone had to be "burning" prior to this flame being snuffed out. Consequently passion, engagement and interest are necessary precursors of burnout (Korunka et al, 2010).

This work illustrates how the occupational disruption associated with the loss of a worker role due to burnout can be understood using Kübler-Ross' Five Stages of Grief (1969). While Kübler-Ross' focus was on bereavement and death, her model is a useful vantage point from which to understanding our own and other people's emotional reaction to occupational disruption, irrespective of cause. Reflection on the author's personal journey into, through and recovery from burnout is used to explore how both occupational science and the model of grief can be used to understand the experience of burnout. It highlights that, occupational and environmental changes, which support the experience of the grief cycle, can aid recovery. This work shows that there is potential for Kübler-Ross' model to be used by occupational therapists within vocational rehabilitation in understanding client experience of loss.

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Presenter's CV

Catherine Beynon-Pindar is a Senior Occupational Therapist working within a Therapeutic Community for women who engage in self-defeating behaviours including self harm and disordered eating.

Keywords

Vocational rehabilitation/work, Theory

Session no 28.2**Job development and occupational therapy – selling work skills of mental health clients****Barr R, NHS Lothian**

The role of mental health occupational therapists in The WORKS, NHS Lothian's Vocational Rehabilitation service for adults with severe and enduring mental health conditions has taken on a new shape in Edinburgh. The model of choice is individual placement and support (IPS). This has resulted in occupational therapy staff being challenged to adapt their skills to include selling the work skills of their clients to potential employers. Despite the overwhelming evidence of the effectiveness of the IPS approach to vocational rehabilitation for people with mental health conditions, there is very limited evidence of implementation in the UK. (Rinaldi et al 2010) In this presentation the benefits and challenges of following the model to ensure employment success for clients will be discussed. A weekly commitment to job development will be shared with participants, in the context of IPS and its key principles: competitive employment is the primary goal; everyone who wants it is eligible for employment support; job search is consistent with individual preferences; job search is rapid, beginning within one month; employment specialists and clinical teams work and are located together; employment specialists develop relationships with employers based on a person's work preferences; support is ongoing and individualised to employer and employee; access to benefit counselling (Sainsbury Centre for Mental Health February 2009). It is hoped that this presentation will encourage occupational therapists to prioritise paid employment in their treatment of adults with severe and enduring mental health conditions.

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Implementing the individual placement and support (IPS) approach for people with mental health conditions in England. 2010, Vol. 22, No. 2, Pages 163–172 ([doi:10.3109/09540261003720456](https://doi.org/10.3109/09540261003720456)).

HTML PDF (90 KB) PDF Plus (92 KB) Reprints Permissions Miles Rinaldi^{1*}, Lynne Miller², Rachel Perkins¹.

Briefing 37: Doing what works. Individual placement and support into employment. Sainsbury Centre for Mental Health February 2009.

Realising ambitions. Better employment support for people with a mental health condition. December 2009 A review to government by Rachel Perkins, Paul Farmer and Paul Litchfield.

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Presenter's CV

Ruth Barr is an occupational therapist with 25 years experience in mental health. Previous work experience has included being senior occupational therapist in the occupational therapy horticulture project for 18 years, other models of vocational rehabilitation, acute admissions and care of elderly day hospital.

Keywords

Vocational rehabilitation/work, Mental health, Service innovation, Recovery and rehabilitation

Session no 28.3**Exploring employment opportunities with women who have experienced domestic violence****Bird J, Bullen H, University of Derby**

Introduction: The experience of domestic violence has been shown to affect employment skills (Helfrich and Rivera, 2006). Ongoing Arts Therapy PhD research into women's experiences of domestic violence highlighted a desire for employment but lack of confidence and skills to move forward. This paper will discuss collaborative research that emerged from this; aiming to develop opportunities and skills in this area.

Method: Recruiting through relevant agencies, participants were invited to attend an 8-session employment group run alongside individualised work placements. External organisations were involved with specific topics. Qualitative data was collected through semi-structured interviews to develop understanding of participant's experiences of the programme, and to identify barriers faced in accessing opportunities.

Conclusions: Although overall the programme was evaluated as beneficial in improving skills and experience, significant internal and external barriers emerged that affected both participation and quality of outcomes.

Impact on service users: Additional time and financial commitment are required to reduce barriers and improve equity in accessing employment opportunities for this population.

Implications for occupational therapy: Occupational therapy has a key role in working with survivors of domestic violence (Cage, 2007). Occupational justice requires employment barriers to be addressed to ensure survivors of domestic violence can develop meaningful occupations, and independence from perpetrators.

Ethical approval: Ethical approval was gained through the University Ethics Committee. Issues of confidentiality and protection of data were fully addressed, and informed consent gained.

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Presenters' CVs

Jamie Bird is an Art Therapist and senior lecturer at the University of Derby whose research interests include arts-based research methods, domestic violence and enhancing economic independence.

Heather Bullen is an occupational therapist with 1 year's experience working as a lecturer, and no research experience.

Keywords

Vocational rehabilitation/work, Research, Justice

Session no 28.4**Experiences of work for employees with inflammatory bowel disease****Corse D, Cox D, Wilby H, University of Cumbria**

This small-scale, qualitative, undergraduate research project was developed to explore the impact that Inflammatory Bowel Disease (IBD) has upon experiences of employment. Work circumstances have a correlated effect upon overall health (Black, 2008) and employment is a quality of life indicator in long-term condition management (Department of Health, 2010). Therefore, exploring IBD and employment is directly relevant to the field of occupational science and engagement with work. Ethical approval for this study was gained from the University of Cumbria (2007). A qualitative methodology and phenomenological study design was used. A purposive, convenience sample of four adults with inflammatory bowel disease was recruited. Thirty minute, semi-structured interviews were audio-recorded. Interviews were transcribed verbatim and thematic analysis completed. Findings demonstrated that IBD had a significant impact on participants' experiences of employment. Work was significant to self-identity, and as a respite, assisting occupational balance. In addition, participants reported that IBD increased their value as employees due to increased commitment and improved personal skills. Factors hindering participation in work included: symptoms, psychological concerns, practical environmental barriers, and the reactions of others. Factors supporting participation in employment included: making compromises and practical adjustments to work routines, as well as adopting a positive individual approach to work. This research contributes towards a growing evidence base in identifying the employment issues of people with IBD. The research thereby indicates means by which participation in employment can be facilitated for service-users.

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Presenters' CVs

Dawn Corse is a recent graduate of the Occupational Therapy BSc course at the University of Cumbria.

Diane Cox is Professor of Occupational Therapy & Faculty Research Coordinator, University of Cumbria.

Keywords

Vocational rehabilitation/work, Long term conditions (including neurological), Research

Session no 28.5**Delivering resilience training and its positive impact on staff's well being****Kershaw A, Johnston P, East Lancashire Hospitals Trust**

In 2011 the occupational therapy service in East Lancashire evaluated the training needs of their staff and found that staff were experiencing high levels of stress and primarily required support in managing change and skills in dealing

with unexpected pressures. Due to their clinical experience and interest in the subject, the Clinical Services Manager and Practice Development Lead volunteered to research the evidence base underpinning resilience training and how resilience correlates to positive well being. From the research (Cooper 1977, Haglund et al 2007 and Seligman 2002), they developed two workshops, the first developing individual resilience and the second being 'developing a resilient team'. It was essential that the training was effective and efficient, ensuring that staff were not under further pressure taking time out to attend and that staff had access to a range of tools and strategies to continue developing theirs and their team's resilience following the training. Key issues that needed consideration were, personalising it to the individual and the service needs, making it interactive and a forum for open and honest discussion and gaining an understanding of the issues staff were facing. The sessions were evaluated using questionnaires which demonstrated positive outcomes and there was clear observational evidence of the tools and strategies being used within the working environment. The training has been delivered to other services including Human Resources and the strategies are used within vocational rehabilitation sessions with patients. The next stage is to conduct a follow up questionnaire gaining the staff's opinion of the impact of the training on their well being and impact on sickness absence.

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Presenters' CVs

Amanda is currently the Clinical Services Manager for occupational therapists working in hospital rehabilitation covering the areas of general medicine and neuro-rehabilitation.

Pauline is the Practice Development Lead for occupational therapists working across community services and manages clinical specialists in palliative care, older adults and neurological rehabilitation.

Keywords

Health and wellbeing, Mental health, Vocational rehabilitation/work, Management and leadership

College of Occupational Therapists Annual Conference**Session no 29.1****An exploratory mixed-method case series study with brain injured adults and relatives****Harding A, Homerton University NHS Foundation Trust**

Introduction: Memory impairment following brain injury can negatively affect patients' ability to maintain meaningful relationships. No studies include relatives in the rehabilitation of brain injured adults (Boschen et al 2007). This study gave relatives a central role in memory rehabilitation.

Method: Five memory impaired brain injured adults from an NHS neurological rehabilitation unit were recruited with seven of their relatives. NHS ethical approval was gained (11/SC/0026). Relatives provided family photographs and significant future dates and those images were presented to the patient using a timed internet-enabled android tablet device. A mixed-method design was used. Single subject withdrawal case series design study lasting nine weeks, followed by semi-structured interviews. During the experimental phase (3 weeks) images were personal to the patient and during the baseline phases (each 3 weeks) non-personal images were displayed. For nine weeks, relatives completed a 'memory session' with the patient using a memory booklet with prompt questions, printed family photographs and dates and then recorded the data. The Rivermead Behavioural Memory Test II was administered at 4 intervals. Semi-structured interviews with relatives were thematically analysed.

Results: Memory function data were inconclusive. Seven themes emerged from the interview data. Relatives found the experience to have promoted communication; deepened their understanding; increased family involvement; memories were shared and adjustment was facilitated. They (the patient) found it challenging and stimulating and it gave them something to look forward to.

Conclusion: Relatives could be powerful stakeholders in the rehabilitation process and warrant inclusion.

References

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Keywords

Inclusion, Participation, Recovery and rehabilitation, Research

Session no 29.2

Evaluation of an early intervention service for acquired brain injury patients

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Following an acquired brain injury (ABI), as soon as a person is conscious it is recommended that they are assessed for common impairments (RCP 2003). During a service review of a neurological unit it was highlighted that patients admitted with an ABI did not receive occupational therapy (OT) assessment or intervention during the acute stage of their condition. Also many patients were discharged home without OT assessment. Recognising this gap in service provision, a successful business plan provided funding for a part-time OT post to provide an early intervention service for ABI patients. During the first year of this post (February 2011 until March 2012), data was collected to enable a rigorous service evaluation. The data included: number of patients referred; type of assessment administered; intervention(s) provided; and the destination of patients following intervention. Analysis of the data demonstrated that OT assessment and/or intervention was provided to 198 patients, the majority of which would not have received intervention prior to the investment in this post. The interventions provided were found to fulfil national guidelines (RCP 2003), and the relevant national service framework (Department of Health 2005). The interventions provided had a strong evidence base (RCP 2003, DH 2005, NICE 2007, Turner-Stokes et al 2011), and represented 'value for money'. The occupational therapist

directed referrals to appropriate community services to promote ongoing, improved outcomes for patients (RCP 2003). This paper will present the results of the service evaluation including a comparison of the interventions provided against national guidelines (RCP 2003). The paper will examine the limitations of this post and propose future practice developments.

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Keywords

Service evaluation, Practice development, Long term conditions (including neurological)

Session no 29.4

Using technology to encourage responses from people in minimally conscious states

Viera M, Royal Hospital for Neuro-disability

The Compass Assistive and Rehabilitation Technology Service is a multidisciplinary team which is part of the Royal Hospital for Neuro-disability (RHN) in Putney that often supports therapists who assess and treat clients in minimally conscious states. This paper is the result of collaboration between COMPASS and RHN's Occupational Therapy department. It presents brief case examples of interventions that demonstrate a variety of technologies used as a meaningful activity for the purpose of measuring response and corresponding levels of awareness in adults in minimally conscious states. The aim of the presentation is to share RHN experience of using technology in this circumstance to increase options available to other therapists and support staff who work with such clients. Snapshots of touch-screen computer, iPad, eye-gaze computer, PlayStation®, Wii™, and switch use during interventions with adults in minimally conscious states will be demonstrated, either in person or in short video clips. Device settings options with potential for grading of task and level of feedback, as well as clinical reasoning around access and positioning, will be touched upon briefly. Audience sharing of experience using technology for interventions with minimally conscious clients is encouraged.

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Presenter's CV

Before working with adults using assistive technology, Mr. Viera worked with people with challenging behaviours, adults with dementia, and medically fragile school children.

Keywords

Engagement, Knowledge transfer, Recovery and rehabilitation, Service innovation

Session no 30.1**Qualitative study exploring the impact of acute low back pain on occupational performance****Vig N, Brunel University**

Acute low back pain (LBP) is a common, widespread and challenging problem (Strong, 1996). Individuals who experience acute LBP encounter difficulties in engaging in daily activities, which can affect their quality of life (QoL) (Main, 2000); however, little qualitative research has been conducted to explore the experience of acute LBP and its impact on occupational performance. Occupational therapists use meaningful occupations to improve QoL and promote health and well-being (Wilcock, 1998) and, therefore, are a key profession to facilitate occupational performance. This study's purpose was to gain an understanding on how acute non-specific LBP impacted the occupational performance in young adult women. Experiences and perceptions of young adult women on the impact of acute non-specific LBP on occupational performance was explored using in-depth interviews. Ten participants with acute non-specific LBP between 18–40 years of age were recruited using purposeful sampling and data was analysed using a thematic analysis approach named Framework. The findings showed that the direct impact of acute non-specific LBP was on occupational performance. The findings also highlighted that participants adopted numerous strategies to enable them to cope with their pain and to facilitate performance; however, this affected their health and well-being. Yet, the need to perform and the value of occupation was also identified. The findings disclosed similarities between the lived experiences of individuals with acute and chronic LBP, highlighted the complex nature of acute non-specific LBP and revealed its impact on an individual's biopsychosocial factors. The study's findings call for the involvement of occupational therapy in the management of acute non-specific LBP and indicates a need for further research.

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Presenter's CV

Nisha Pahuja Vig is Currently working as a Locum OT. BSc (Hons) Occupational Therapy (Queen Margaret University, Edinburgh). MSc (Merit) Occupational Therapy (Brunel University, London).

Keywords

Acute Health, Performance, Engagement, Health and wellbeing

Session no 30.2**18 months without hip precautions – an occupational therapy perspective****Lynch R, Phillips H, Cope J, Guy's and St Thomas' NHS Foundation Trust**

Introduction: Historically, most post operative instructions recommend adherence to hip precautions for six to eight weeks post surgery (Drummond et al, 2012). In March 2011, the orthopaedic consultants in Guy's and St Thomas NHS Foundation Trust ceased routine use of post-operative hip precautions for patients undergoing total hip replacement or hemiarthroplasty. We, as occupational therapists, seek to share our experiences of working with this change in practice.

Method: A review of the occupational therapy (OT) service in Trauma and Elective Orthopaedics was conducted, identifying any changes to practice and length of stay for patients since the removal of routine post-operative hip precautions. As this is a review of current standard practice, ethical approval was not required.

Findings: With the removal of routine hip precautions, OT interventions are less prescriptive in nature and patients are engaging in a greater range of activities as the fear of dislocation is reduced. Length of stay for fractured neck of femur patients has reduced from 16.1 days in 2010 to 14.2 days in 2011, with no documented increase in dislocation rates. Similarly, elective length of stay has reduced from 6.7 days in 2010 to 4.1 days in 2011.

Implications for practice: As highlighted in our findings and supported by OT practice guidelines (COT 2012), therapists should be encouraged to communicate with surgeons regarding the post-operative instructions, highlighting the potential benefits of removing routine post-operative hip precautions to their trust and to the patient.

References

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Presenters' CVs

Roisin Lynch is an occupational therapist at Guy's and St. Thomas' NHS Foundation Trust.

Heidi Phillips is a senior occupational therapist at Guy's and St. Thomas' NHS Foundation Trust.

Keywords

Recovery and rehabilitation, Physical health, Acute Health, Service transformation

Session no 30.4**Enhancing independence for patients with upper limb loss using innovative prosthetics****Leong M, Bowley Close Rehabilitation Centre, Guy's & St Thomas' NHS Foundation Trust**

At Bowley Close Rehabilitation Centre, London, the prosthetic team works closely with patients to prescribe suitable prosthesis

or design bespoke devices aimed at increasing independence. The team treats patients with congenital birth upper limb loss or amputation.

The occupational therapist plays a vital role in ensuring that prosthetic devices meet the patient's functional needs in the areas of self-care, leisure and work/school. Upper limb prosthetic prescription include cosmetic, body-powered or myoelectric. Prescription of prosthesis has been shown to be beneficial for children at an early age as the child gets used to "using two limbs of the same length in a two-handed manner and prepares the child for learning balance in sitting, crawling, standing and walking" (College of Occupational Therapists, 2006).

However, it is also recognised that some patients prefer bespoke functional devices rather than wearing a prosthesis due to loss of sensation on residual limb. Children, in particular, usually prefer bespoke devices as "loss of sensory feedback by covering the residual limb and inadequate terminal device are major reasons why children with one functional upper extremity choose not to wear them" (Walker et al, 2008).

This presentation will highlight the role of occupational therapy within the prosthetic team and importance of ensuring that prescription of prosthetic devices meets the patient's expectations. Case studies will be used to demonstrate how individualised prosthetic prescription and bespoke devices can improve function and compliance. Reflections of current practice will allow for improved acceptance of future prosthetic prescriptions thus minimising rejection rates and increasing patient satisfaction.

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Presenter's CV

Melissa works as a Clinical Lead Occupational Therapist in Amputee Rehabilitation. She is committed to service development, providing training and promoting innovative practice for amputees.

Keywords

Long term conditions (including neurological), Service innovation, Recovery and rehabilitation, Engagement

Session no 31.1

Polio survivors experiences prior to the creation of the National Health Service

Long R, James L, Atwal A, Brunel University

Background: In the UK there were serious outbreaks of Polio prior to the formation of a free National Health Service (NHS) in 1948. After recovering from polio some polio survivors are now experiencing a wide range of health difficulties which are referred to as Post Polio Syndrome (PPS).

Aim: Our research explored experiences of living with polio prior to the formation of the NHS.

Method: 13 individual in-depth interviews with polio survivors were tape-recorded, transcribed verbatim and analyzed using a narrative approach. The analysis was based on McCormack's

'Five Lens' method of creating interpretive stories out of the participant's original stories. Interviews were taken from the Polio Fellowships Oral Heritage Project 'A Living History' website, which was funded by The Heritage Lottery Fund. Ethical approval was received from Brunel University.

Findings: Many of the participants' stories highlighted polio survivors' isolation from families, poor care once in hospital and treatment carried out without consultation, devoted families and a school system that excluded them. Stories often focused on there being 'no concessions'. Our research highlights that many of the current issues that were faced by polio survivors prior to the NHS are still being fought today.

Conclusion and implications for practice: Our research is of importance to occupational therapists and polio survivors. It enables both parties to understand how the past relates to the present and current and future hopes and wishes. Moreover it is of particular importance in relation to the number of persons ageing with polio.

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Presenters' CVs

Rebecca Long is a pre-registration masters student (occupational Therapy).

Lorna James is a Pre-registration masters student (Occupational Therapy).

Anita Atwal is a Senior Lecturer and Director Centre for Professional Practice Research.

Keywords

Long term conditions (including neurological), Physical health, Health and wellbeing, Recovery and rehabilitation

Session no 31.2

"Can I do that?" How advice impacts on re-engagement for patients with heart failure

Milston A⁽¹⁾, Cox D⁽²⁾, School of Postgraduate Medical and Dental Education⁽¹⁾, University of Cumbria⁽²⁾

Studies have shown that people with heart failure find living with functional limitation, and adapting to living with this long term condition, one of the most difficult aspects of their recovery. (Pattenden et al 2007) These functional limitations can also only partly be accounted for by the severity of the underlying disease (Steptoe et al 2000). Other studies have shown that people, once diagnosed, feel the information they receive about their medical condition, and prognosis, is limited and inadequate (Rodriguez et al 2008). The author will present the findings of a qualitative study completed as part of her PhD research. A constructivist approach to grounded theory (Charmaz 2006) was used to capture a group of 12 people's perceptions on how being diagnosed with a cardiac condition impacted on their occupational performance. From the findings, the author discusses theory development of how generalised advice and information given by the multi-disciplinary team during a patient journey from diagnosis and rehabilitation can sometimes restrict, rather than enhance, participation and re-engagement with their activities. The author will then propose how occupational therapists involved in the care of people with long-term conditions, as a key professional giving advice in respect of re-engagement in occupation, could review their interventions. It will be proposed that occupational therapists could apply wider frameworks for analysing occupation, and develop interventions which could address the occupational deprivation and facilitate self-management (Pierce 2003).

This would then enable the person themselves to address the question: "Can I do that?"

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Presenters' CVs

Anne Milston is a Senior Lecturer in Rehabilitation at the University of Central Lancashire and University Hospitals of Morecambe Bay.

Diane Cox is a Professor of Occupational Therapy, at the University of Cumbria.

Keywords

Recovery and rehabilitation, Long term conditions (including neurological), Occupational science, Participation

Session no 31.3

How people experience time before, during and after suffering CFS/ME

Pemberton S⁽¹⁾, Cox D⁽²⁾, Araoz G⁽²⁾, Marrow, C⁽²⁾, Yorkshire Fatigue Clinic⁽¹⁾, University of Cumbria⁽²⁾

Time has a reciprocal relationship with occupation; each helps to define and give meaning to the other (Pemberton and Cox, 2011). Further, Levine (2006) proposed that how we construct and use our time, in the end, defines the texture and quality of our existence. This research sought to explore how the construction and experience of time changes in the context of chronic illness. Chronic Fatigue Syndrome / Myalgic Encephalomyelitis (CFS/ME) is a significantly disabling condition (NICE, 2007) that reduces people's ability to function in their daily lives. This constructivist grounded theory study used semi-structured interviews to explore how the disruption caused by this condition altered peoples' relationships with time and activity. Concepts developed from the constant comparative analysis showed the changing speed of people's lives, from the need for constant activity to the frustrations of slowness. Understanding the influences on temporal patterns of activity before the illness and how these are adapted through the process of illness and recovery can give occupational therapists insight into the therapeutic utilisation of time as a dimension of occupation. This paper will present the findings from this qualitative study and it's implications for occupational therapy practice.

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Presenters' CVs

Sue is a specialist occupational therapist in chronic fatigue and Therapy Director for the Yorkshire Fatigue Clinic, specialising in CFS/ME.

Diane has been involved in CFS/ME for over 20 years; initially as a clinician and now as an educator and researcher. She is currently Professor of Occupational Therapy and Faculty Research Coordinator for the Faculty of Health & Wellbeing at the University of Cumbria. She is currently on the editorial board of BJOT. Diane is main supervisor for 5 PhD students who are all Occupational Therapists.

Keywords

Long term conditions (including neurological), Occupational science, Recovery and rehabilitation, Practice development

Session no 31.4

Exploring occupational gain in people with inflammatory arthritis receiving antiTNF α

McArthur M⁽¹⁾, Birt L⁽¹⁾, Goodacre L⁽²⁾, School of Allied Health Professions, University of East Anglia⁽¹⁾, Faculty of Health and Medicine, Lancaster University⁽²⁾

Background: AntiTNF α has significantly reduced disease activity and improved function. Not enough is known about how people accommodate these changes. This UKOTRF-funded study explored experiences of occupational gain and the implications for occupational therapy interventions.

Method: Purposive sampling recruited 27 people with Rheumatoid Arthritis and Ankylosing Spondylitis aged 21–77 with antiTNF α experiences ranging from 6 months to 7 years. Semi-structured interviews gathered data which were explored using interpretative phenomenological analysis (Smith and Osborne 2003). Data were also collected from 7 occupational therapists. Triangulating client and therapist experiences, participant validation, and collaboration with lay and professional peers enhanced trustworthiness. Ethical and duty of care issues were given full consideration.

Results: Whilst antiTNF α reduced disease activity and increased function, participants still experienced physical and psychological challenges. This was a time of transition, testing how far they could extend daily living, leisure and employment activities. Previous biomechanical damage, current fatigue, insufficient disease management information, and uncertainties about employment caused continuing activity restriction. Participants had minimal meaningful contact with occupational therapists after receiving antiTNF α .

Conclusion: An increasing focus on supporting clients during the early stages of receiving antiTNF α and contact with occupational therapists could enhance the benefits of treatment. Redefining care pathways could ensure clients are able to access support on symptom management, planning and pacing, and engagement with employment.

References

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Presenters' CVs

Maggie McArthur has extensive clinical and educational rheumatological experience. She has also developed a programme of research related to management of change in long-term illness.

Linda's research focuses on understanding clients' experiences of healthcare interventions. She is also interested in how changes in health impact on peoples' occupational choices.

Keywords

Long term conditions (including neurological), Recovery and rehabilitation, Occupational science, Engagement

Session no 32.1**Students in cyberspace: using web-based collaboration tools for reflection and reflexivity**

Maurice E, Nicholls L, Brunel University

This study aimed to explore how the use of web-based collaboration tools (WBCTs) might contribute to the development of reflection and reflexivity in pre-registration occupational therapy students. Web posts of fourteen pre-registration occupational therapy students who used a WBCT to share comments about a film screened in class, with the potential for developing reflection and reflexivity, were analysed with participants' consent. The results, gained through the use of narrative analysis, showed that web posts were written as if to be shared amongst a community of storytellers with assumed commonality. Participants imagined various characters, scenarios and future selves, occasionally incorporating personal details. A blend of forms, tones and styles produced unique, often shifting voices within each web post. The tendency for participants to adhere to one of two particular 'scripts' for reflection, to hide their identity amongst the community of storytellers, imaginatively inhabit the being of other characters or selves and to appropriate various voices, indicated that WBCTs might facilitate a 'performance' of reflection and reflexivity. WBCTs have a number of features that enable them to facilitate a performance of reflection and reflexivity in three forms: a representational performance for an audience; the authentic performance of a personally meaningful activity, akin to occupational performance; and performance as role play, in which an individual enacts a personally meaningful activity before an audience, in order to gain understanding of the performed activity. WBCTs may contribute to the development of reflection and reflexivity through facilitating role play of these skills.

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Keywords

Education (CPD LL skills), Performance, Integration, Engagement

Session no 32.2**iTeaching and learning – iPad developments in occupational therapy education**

Ribchester H, Jones J, The University of Huddersfield

The use of mobile technology within teaching and learning is the subject of many studies within Higher Education (Melhuish and Falloon 2010), and practice based learning (Lea and Callaghan 2011). Applications on the iPad are also being developed to support service users in practice (Tomori et al 2012). It is, therefore, widely recognised that mobile devices have the potential to make a significant contribution to education and practice within occupational therapy.

The University of Huddersfield launched a pilot study of the use of iPads to support teaching and learning on the BSc(Hons) Occupational Therapy programme in 2011, supplying iPads to all year 1 students. The project was evaluated throughout the year, highlighting benefits of flexibility, access to information and workload planning. Evaluation also highlighted a need for specific applications to further support teaching, learning and professional development on the course.

In September 2012, the project will be continued with the next new intake of students, and will be further developed, in collaboration with computing colleagues, with the aim of developing applications to support occupational analysis/assessment skills and professional development. The applications are intended for use both within teaching and on practice placement, linking academic theory to practice. The applications will be contributed to, tested and evaluated by both cohorts of students throughout the academic year.

This presentation will summarise the progress of this project, including staff and student reflections and evaluations of both iPad use and the application development process. Delegates will be introduced to applications developed to date, and our future plans.

References

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Meluish K, Falloon G (2010) Looking to the future: M-learning with the iPad. *Computers in New Zealand Schools: Learning, Leading, Technology*, 22 (3), 301–316.

Tomori K, Uezu S, Kinjo S, Ogahara K, Nagatani R & Higashi T (2012) Utilization of the iPad Application: Aid for Decision making. *Occupation Choice Occupational Therapy International*. 19(2), 88–97.

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Presenter's CV

Helen has been a Senior Lecturer at Huddersfield since 2008, and has a particular interest in IDL and the use of technology within teaching and learning.

Keywords

Education (CPD LL skills)

Session no 32.3**Inspiring innovation and creativity within the occupational therapy curriculum****McClure P, Martin S, University of Ulster**

Educating and preparing the occupational therapy workforce of tomorrow is a demanding and challenging role in order to equip practitioners with the entrepreneurial skills to make a unique, innovative contribution in the world of work. In this session, the importance of innovation in occupational therapy education and practice will be explored. In small groups, participants will discuss how entrepreneurship and innovation can be embedded within the occupational therapy academic and practice curricula, for the benefit of service users and the profession. The sharing of ideas within the workshop will identify examples of current, good practice and stimulate ideas for further curriculum development. In our world of rapidly changing technologies, political structures and lifestyles, there are many more opportunities for new venture creation than ever before. It is crucial for occupational therapists to grasp these opportunities to drive the profession forwards into new and exciting areas of practice. Services within health and social care can benefit from the entrepreneurial effort in ensuring that how we provide our business remains efficient, effective and responsive in managing change within competitive markets. Universities have a vital role to play in ensuring that every learner is given the opportunity to acquire the skills and develop the attributes required to make an innovative and creative contribution within diverse practice settings (COT 2008; COT 2009).

References

College of Occupational Therapists (2008) *The College of Occupational Therapists' pre-registration education standards* (3rd edition). London: COT.

College of Occupational Therapists (2009) *The College of Occupational Therapists' Curriculum Guidance for Pre-Registration Education*. London: COT.

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Presenters' CVs

Patricia McClure is Associate Head of the School of Health Sciences, University of Ulster and a member of the COT Learning & Development Board.

Suzanne Martin is Academic Enterprise Lead for the School of Health Sciences at University of Ulster and Chair of the COT Research & Development Board.

Keywords

Education (CPD LL skills), Practice development, Service innovation, Knowledge transfer

Session no 34.1**Determining individual access spaces for supported and independent wheelchair users****Abraham B, Newcastle University**

Wheelchair access planning is challenging; manual handling risks, service user inclusion and financial and building processes must be considered. When existing domestic properties are adapted, professional standards require that individually tailored access solutions are determined.

As no theoretical or research-based methods of determining these solutions exists, a suitable method is in development. This access planning method views manoeuvres as rotations

around fixed points (Abraham and Johnson 2006). Research was conducted to determine these points for four-caster vehicles (e.g. glide-about chairs) (Abraham 2012). Ethical approval was given by School Ethics Committee, Mechanical and Systems Engineering, Newcastle University, UK: 2009 requirement for healthy subjects.

This workshop presents this novel and practical method of improving access planning advice for self-propelled wheelchair users, scooter users and for all four-caster vehicles such as shower chairs, glide-about chairs and mobile hoists. It shows that using suitable fixed points for understanding these manoeuvres allows individual body shape, weight and chair size to be easily incorporated and indicates where space provision has smaller or greater impact: user inclusion and control of costs and risks are consequentially facilitated.

Every attendee will have the opportunity to practice the method.

References

Abraham B, Johnson G (2006) Constrained outlines: a method for creating access guidelines for individual wheelchair users. *British Journal of Occupational Therapy* 69(8): 379–385.

Abraham, BB (2012) *Forces applied and space required relationship for four caster vehicle manoeuvres*. Ph. D. Newcastle upon Tyne: Newcastle University.

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Presenter's CV

Occupational therapy practitioner in equipment and adaptations service Newcastle Adult Services 1983–present. Guest member of staff Newcastle University.

Keywords

Adaptation, Research, Accessible environments, Assistive technology

Session no 35.1**Remote goal setting using telerehabilitation****Jackson T, NHS Grampian**

National clinical guidelines (SIGN 2010) recommend the use of goal setting in stroke units to support a person-centred approach. Stroke rehabilitation is provided by a coordinated multidisciplinary team with a special interest in stroke care. In a large remote and rural setting regular access to specialist support can be limited and alternative approaches to service provision are required. This service development project examined the use of video conferencing for telerehabilitation purposes, specifically using remote specialist input by a consultant occupational therapist for goal setting meetings with patients and families. The aim was to determine if the use of telerehabilitation was an effective and efficient way of delivering this integral aspect of stroke rehabilitation. Feedback was gained on patient and carer experience, staff perceptions, technical reliability and the economic impact. Results of this service development project suggest that the use of telerehabilitation to deliver goal setting of telerehabilitation to deliver goal setting is a satisfactory method of service delivery, and has a positive economic impact. This session will outline the methods of service delivery, and present the results of the service development project. Use of telerehabilitation for goal setting will be demonstrated using a short video presentation. Application of this innovative approach to other healthcare settings and occupational therapy services will be discussed.

References

Scottish Intercollegiate Guidelines Network (2010). *Management of patients with stroke: Rehabilitation, prevention and management of complications, and discharge planning*. Edinburgh: SIGN.

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Presenter's CV

Therese is a consultant occupational therapist in stroke and clinical lead for a stroke rehabilitation unit.

Keywords

Service innovation, Recovery and rehabilitation, Service user involvement, Service transformation

Session no 36.1**Qualitative synthesis: examining the effectiveness of interventions in mental health**

Wimpenny K⁽¹⁾, Cook C⁽²⁾, Savin-Baden M⁽¹⁾, Coventry University⁽¹⁾, Birmingham and Solihull Mental Health NHS Foundation Trust⁽²⁾

Introduction: This qualitative research synthesis (QRS) examined the effectiveness of interventions used by occupational therapists within mental health, in particular considering client and carer perspectives.

Background: Synthesis of qualitative research evidence provides user-led, personalized perspectives which are more difficult to locate through quantitative systematic reviews (Major and Savin-Baden, 2010).

Method: QRS uses qualitative methods to analyse, synthesize and interpret the results from qualitative studies. Twenty two studies were synthesised, carried out by a practice-academic partnership and three steering groups involving clients, carers and occupational therapists.

Results: Effectiveness related to the ways in which occupation-focused interventions were negotiated, paced and how they engaged clients. They were delivered by skilled, artful, practitioners, demonstrating genuine care and attention, mindful of working within culturally relevant, inclusive environments. Unexamined relationships and unarticulated practice affected client recovery and the therapeutic relationship and was seen as damaging for the profession.

Impact for service users: Future research should focus on active, collaborative research methods with clients and carers to examine the effectiveness of occupation-focused interventions delivered by occupational therapists, and their perceived contribution to clients' and carers' lives.

Implications for occupational therapy: Services need to ensure occupational therapists adopt tools and approaches to measure the effectiveness of their interventions through use of qualitative evaluation processes and user-led, occupation-focused outcomes measures as standard practice.

References

Major, C. H., & Savin-Baden, M. (2010) *An introduction to qualitative research synthesis: Managing the information explosion in social science research*. London: Routledge.

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Presenters' CVs

Katherine Wimpenny is a Research Fellow; her interests include participatory practices with clients, carers and practitioners,

occupational therapy theory, therapeutic reasoning and qualitative research methodologies.

Clare Cook is a lead occupational therapist in neuropsychiatry, responsible for supervising a number of occupational therapy colleagues, and has a specific interest in therapeutic reasoning.

Keywords

Mental health, Research, Partnerships, Knowledge transfer

Session no 37.1**Occupational therapy within the Probation Trust: a role emerging placement**

Jenkins C, Watson H, McKenna C, Teesside University

Within a role emerging placement at the Probation Trust, an area for occupational therapy intervention was identified. An assessment tool was created in order to help identify the needs of service users, enhance their well-being and help them to integrate back into society through achieving goals, furthering the aims of the Probation Trust. Evidence was gathered through interviews with offenders, identifying areas that they considered to be beneficial to them. Once we had advised the offenders that the information would be confidential and outlined the groups to them, positive feedback was gained. Information was collected anonymously to allow for honest opinions and was incorporated into the assessment. Activity groups were developed with the aim of reducing re-offending through decreasing risk factors such as boredom and allowing them to re-assess what is important to them, resulting in them making the decision to give up crime (McNeill et al., 2012, p.3). Following a presentation outlining the role and need for occupational therapy to the Probation Trust, the audience feedback provided positive evidence for the concept to be implemented. The incorporation of occupational therapy into the Probation Trust would enable a new perspective and add an 'occupational' dimension to service user intervention.

References

McNeill, F., Farrall, S., Lightowler, C. and Maruna, S. (2012). *How and why people stop offending: Discovering desistance*. IRIS Insight.

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Presenters' CVs

Claire Jenkins is a Final year MSc Occupational Therapy student, Teesside University. Placement experience: adult affective disorders; stroke; and child and adolescent mental health. Previous degree in Digital Forensics.

Hayley Watson is a Final year student, MSc Occupational Therapy at Teesside University. Previous experience in orthopaedics and mental health for older persons. Previous degree in Sports Therapy.

Keywords

Health and wellbeing, Integration, Practice development, Service transformation

Session no 37.2**Student perspectives of using a peer group supervision model on role emerging placements**

Callister G, University of Cumbria

Like most higher education institutions (HEIs) this university offers role emerging placements within its occupational therapy

programmes (Wood 2005). It was identified that traditional placement supervision was not viable as it would detract from offers of traditional placements. Thus a peer group supervision model was developed using HEI tutors as placement supervisors. Groups of 4–8 students meet weekly to discuss placements, with a focus on reflection, evaluation, reasoning, linking theory to practice, using evidence and professional development.

From the HEIs' perspective this model enables more students to access role emerging placements. Placement assessment outcomes suggest students achieve high standards of practice (Thew 2008). However, what is not known are students' views of peer supervision in this context. The study aimed to investigate this. A qualitative approach using focus groups to obtain views and perceptions of students who had undertaken role emerging placements was considered appropriate. Ethical approval was granted via the university Ethics Committee. In total, 4 focus groups were conducted over two years. Data was analysed using a content analysis approach. Results demonstrated that students found the peer supervision sessions supportive and beneficial in terms of professional development. Confidence in articulating the OT role and process was highlighted. Reflective evaluation and problem solving skills were also developed. This research demonstrated that where students feel supported in their learning different methods of supervision can be used for placements which are successful in terms of assessment and capacity; it therefore has wider implications for education processes.

References

Thew, M. Hargreaves, A. Cronin-Davis, J. (2008.) An evaluation of a role emerging practice placement model for a full cohort of occupational therapy students. *British Journal of Occupational Therapy*. 71 (8), 348–353.

Wood, A. (2005). Student practice context: Changing face, changing place. *British Journal of Occupational Therapy*. 68 (8), 375–378.

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Presenter's CV

Graduated in 1982 and completed 18 months within the NHS as a Basic Grade OT before joining Social Services as a Senior II. Remained in social care moving up to the equivalent of a Head post until moving into higher education in 2003, joined what was St. Martin's College, now the University of Cumbria. Since 2003, within Senior Lecturer responsibilities have had the role of Placement Tutor and also presently Programme Lead for the BSc (Hons) programmes.

Keywords

Practice development, Research, Service innovation

Session no 37.3

Role emerging placement within a young carer's charity

Desai A, Brady N, Cleminson S, Teesside University

The aim of this placement was to develop the role of occupational therapy within a young carers' charity. The role of occupational therapy within the area of young carers is unexplored and the placement offers an opportunity to incorporate the occupational therapy process within this client group. The UK strategy, the *Whole Family Pathway* (Leadbitter 2008), highlighted the assessment process as an area for practice development to improve services for children and their families. During the placement, collaborative practice

enabled students to work in partnership with staff and service users. It became apparent that a more comprehensive assessment form was needed to incorporate the whole family in a holistic approach when considering young carers and their needs. Using the foundations of occupational therapy, a holistic model was created to underpin compilation of the form, which was primarily guided by principles of the Model of Human Occupation (MOHO) and Person, Environment and Occupation (PEO) models. During group activities, service users were encouraged to voice their own concerns regarding the assessment process and contribute ideas to ensure client centeredness. The placement highlights opportunities for the role of occupational therapy in non-traditional practice settings and how the core skills of occupational therapy students can assist with service improvement. As students, this placement provided the skills needed to promote the occupational therapy profession, work autonomously and develop personal practice and competency in preparation for graduate roles. It allowed for the development of a useful assessment form which will ultimately improve the service for children and their families.

References

Leadbitter H. (2008) *Whole Family Pathway: A Resource for Practitioners*. London: The Children's Society. <http://www.childrenssociety.org.uk/youngcarer> (accessed 29 August 2012).

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Presenters' CVs

Both authors have been studying the master's occupational therapy programme since January 2011 and chose their role emerging placement due to a shared desire to gain experience of working with a younger client group.

Keywords

Practice development, Children and families, Partnerships, Third sector

Session no 37.4

Role-emerging posts: finding your place as an occupational therapist

Cookson K, Occupational Health, South West Yorkshire Partnership NHS Foundation Trust

Occupational Therapists (OTs) can contribute to various levels of public health (COT, 2011). Despite this, role-emerging posts are an often misunderstood and underused opportunity to develop new and exciting experiences in practice. Role-emerging is defined as practice in settings with no established occupational therapy service (Totten and Pratt 2001), and can further emphasise core skills, professional identity, and autonomous working (Raine and Cooper 2007). This abstract is the conclusion of a lone OT's journey to securing a permanent position in a well-established Occupational Health (OH) team via implementation of a pilot occupational therapy post. As opportunities to work in new areas of practice increase for us as clinicians, those considering non-traditional areas of practice can truly question whether their practice is occupationally-focused. This workshop will be an opportunity to explore:

- Experiences in role-emerging practice.
- Outcome measures available to sustain service delivery.
- Links to useful service development resources.

This session will attempt to inspire reluctant and experienced innovators to look further afield with regard to their unique

contribution to health and social care. Group work, discussion, and feedback will enable practitioners to re-affirm the value of occupational therapy and the benefit it provides for individuals accessing occupationally-focused interventions. Health and social care is evolving; creating new posts in non-clinical areas as well as requiring us as healthcare professionals to prove we are making a difference more and more. Tools and ideas for encouraging promotion of innovative practice will help to support greater understanding and implementation of occupational therapy to wider audiences.

References

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Raine R, Cooper R (2007) Role-emerging practice education placements within the voluntary sector. (Abstract.) *College of Occupational Therapists' 31st Annual Conference and Exhibition: final programme, exhibition show guide, abstracts*. London: COT.

Totten C, Pratt J (2001) Innovation in fieldwork education: working with members of the homeless population in Glasgow. *British Journal of Occupational Therapy*, 64 (11), 559–63.

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Presenter's CV

Kayley Cookson is an Occupational Therapist working in the SWYPFT Occupational Health and Wellbeing service in Castleford, West Yorkshire and qualified in 2010.

Keywords

Participation, Practice development, Service innovation, Performance

Session no 38.1

Embedding collaborative international learning into occupational therapy programmes

Siddons L, Hewson D, The University of Northampton

Internationalisation is high on the agenda for Higher Education Institutions. How courses address this is diverse around the country and is becoming increasingly challenging to address, given the new regulations from the UK Boarder Agency (Home Office, 2012). Therefore, the Division of Occupational Therapy at The University of Northampton is carrying out a Pilot project with the Occupational Therapy courses at JAMK University of Applied Sciences, Finland, and the University of Jonkopping in Sweden. The aim is to develop a new method of international teaching to facilitate students' learning as to how occupational therapy can enhance health and well-being through environmental adaptations. The three courses are working collaboratively to address issues, related to the use of virtual technology with each institution establishing a common learning environment to facilitate shared learning and teaching. The project is in the early stages and has included exchange visits of lecturers and students between institutions and ongoing communication via Skype. It is envisaged that all the students will have the opportunity to participate in a truly internationally shared learning experience through the use of virtual technology and exchange visits.

References

UK Boarder Agency (2012)[ONLINE] Available from: <http://www.ukba.homeoffice.gov.uk/news-and-updates/?area=Studying> [accessed 19/09/12].

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Presenters' CVs

Leonie Siddons is Programme Leader (Full-time cohort) on the BSc (Hons) Occupational Therapy programme at The University of Northampton.

Deborah Hewson is Programme Leader (Full-time cohort) on the BSc (Hons) Occupational Therapy programme at The University of Northampton.

Keywords

Accessible environments, Education (CPD LL skills), International perspectives, Integration

Session no 38.2

Undergraduate peer education: a means to promote interprofessional understanding?

Collins B, Clark C, Bournemouth University

Introduction: Peer education was introduced in the occupational therapy (OT) and physiotherapy (PT) programmes to promote students' communication, facilitation and education skills. It involves peer-led collaborative facilitation of learning, supervised by an academic. It was initially conceptualised in the eighteenth century by Bell (Topping 1988); it has recently been used in clinical settings (Priharjo and Hoy 2011) and in health education (Lipton et al 2006).

Method: Third year students facilitated first years in their own profession (intraprofessional peer education). Third year OTs and PTs also facilitated skills sessions for each other (interprofessional peer education). The results of both intraprofessional and interprofessional experiences were evaluated using questionnaires and analysing comments. The total number of third year participants were 32 OT and 23 PT.

Results: The most helpful aspects were: preparation of sessions (OT 70% PT 100%); facilitation itself (OT 88% PT 80%); reflection on the session (OT 100% PT 72%) and learning from peers (OT 78% PT 100%). OT students found it helpful to understand what PT students knew about OT: PTs had little understanding of the role of OT, particularly in mental health and learning disability. Likewise OTs had limited understanding of PT roles. It helped both groups to understand the link between the two professions.

Discussion: Students were very positive about peer education. It was anticipated that it would enhance communication and facilitation skills but the outcome that it enhanced their knowledge and respect for each other's professions was striking. Could peer education be introduced more widely as a core strategy to enhance interprofessional working?

References

Lipton HL, Lai CJ, Cutler TW, Smith AR & Stebbings MR (2010) Peer-to-peer interprofessional health policy education for medicare Part D. *American Journal of Pharmaceutical Education* 74 (6) 1–6.

Priharjo R & Hoy G (2011) Use of peer teaching to enhance student and patient education. *Nursing Standard* 25 (20), 40–43.

Topping KJ (1988) *The Peer Tutoring Handbook; Promoting Co-operative Learning*. Cambridge: Brookline Books.

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Presenters' CVs

Programme Lead and senior lecturer in OT. Bethan undertook research about peer education as part of an education excellence programme.

Dr. Clark is a lecturer in physiotherapy in Bournemouth University and was co-researcher in the introduction of peer education.

Keywords

Education (CPD LL skills), Practice development

Session no 38.3**How are disabled students supported to undertake practice placement education?**

Currey S⁽¹⁾, Cole F⁽²⁾, LancashireCare Foundation Trust⁽¹⁾, University of Cumbria⁽²⁾

The purpose of this qualitative study was to examine if occupational therapy students with a declared disability are supported by practice educators to experience quality practice placements. A phenomenological approach was used to collect data from students with a declared disability and practice placement educators. One-to-one semi-structured interviews were undertaken with the students to discover their perceptions of a quality placement and a focus group of experienced occupational therapists with Accredited Practice Placement Educator (APPLE) were conducted to ascertain their views of supervising students with a disability. Both sets of interviews were audio taped and the data was transcribed verbatim and the emerging thematic coding and analysis provided rich data to identify themes and sub-themes to inform the study. The overall findings were similar to other identified studies such as Hirneth and Mckenzie, (2004). However, three main areas for further investigation became apparent. Both students and occupational therapy practice educators considered that disability awareness education to inform the educators was required as many were unaware of what constitutes reasonable adjustments when planning placements for disabled students and the up-to-date legislation that is currently in place to support them. The students also considered a system where they received a placement allocation suited to their particular needs would ensure they experienced quality learning. The implications for further research into issues raised by both the students with disabilities and the practice educators are the need for further education in disability issues and closer links between the university and the placement provider.

References

Hirneth, M., Mackenzie, L. (2004) 'The practice education of occupational therapy students with disabilities: Practice educators' perspectives', *British Journal of Occupational Therapy*, 67(9), 396–403.

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Presenters' CVs

Suzanne Currey is an Occupational Therapist and Manager of the Restart and Recovery Team Parkwood Blackpool and is passionate about student education.

Fiona Cole is a Senior Occupational Therapy Lecturer at the University of Cumbria. Her interests are Mental Health and the benefits of physical exercise.

Keywords

Education (CPD LL skills), Participation, Practice development, Inclusion

Session no 38.5**Clinical secondment: is it still a viable method of professional development?**

Alty B, South West Yorkshire Foundation Trust

Secondment is defined as the temporary loan of an employee to a different department or organisation for a specific purpose and specified time (Dryden and Rice, 2008). It is recognised within healthcare settings as a method of professional development and brings benefits to both the host and the substantive organisation, including partnership working and skill sharing. However, there are also risks to secondments, including the temporary loss of experienced staff and potential disruption to services during handover periods (Kedward and Jones, 2008).

The author was recently supported to undertake a clinical secondment to a different service. In attempting to backfill the post through secondment, however, there was considerable resistance from other managers who were reluctant to release staff. It appears that in the current financial climate, the benefits of secondment are increasingly perceived as being outweighed by the risks, making secondments less viable and so limiting opportunities for clinician and service development.

This poster presentation will explore this idea and consider strategies identified from related studies and personal experience that can be employed to ensure that secondments make good business sense. Use of these strategies may encourage managers to consider secondments more favourably and so support the release of staff.

- Clear objectives; articulating the benefits to the substantive organisation and the opportunities offered by the host.
- Careful selection procedures to ensure the seconded employee can meet the specified objectives.
- Streamlined handover procedures to ensure most effective use of time.
- An expectation that the returning employee will share and integrate new learning to develop services.

References

Dryden, H. and Rice, A. M., (2008) Using guidelines to support secondment: a personal experience. *Journal of Nursing Management*, 16, 65–71.

Kedwood, A. and Jones, E., (2008). Surviving secondments. *Nursing Management*, 15(7), 12–14.

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Presenter's CV

Bronwen Alty is a specialist Occupational Therapist working in the acute therapy service at Fieldhead Hospital, Wakefield.

Keywords

Education (CPD LL skills), Management and leadership, Practice development, Knowledge transfer

Session no 38.6**Research into practice: supporting the implementation of practice guidelines**

Sainty M, Roberts J, Clampin A, College of Occupational Therapists

Practice guidelines provide an invaluable contribution to an occupational therapist's ability to deliver evidence-based interventions (COT 2011a). However, how readily are guideline

recommendations translated into practice, particularly when studies identify lack of time and high workloads as potential barriers (Dopp et al 2012)?

A cross-cutting activity involving the College of Occupational Therapists' Professional Practice, Research and Development, and Education and Learning groups set out to develop resources to assist practitioners taking guideline recommendations from theory into practice.

Three practical tools were designed to facilitate:

- Awareness and understanding (a continuing professional development session);
- Audit (a tool to evaluate recommendations); and
- Application (a Quick Reference Guide).

A draft implementation toolkit was compiled for the COT Specialist Section-Trauma and Orthopaedics' evidence-based guideline *Occupational therapy with people who have had lower limb amputations* (COT 2011b) and shared with members of that guideline development group. The format was subsequently approved by the College's Practice Publications Group.

Support tools cannot guarantee local implementation of guideline recommendations. However, as a freely available resource, they can support the active engagement of practitioners, managers and commissioners, in meeting the challenges of delivering evidence-based practice.

The presentation outlines how the toolkit, now available for guidelines published by the College since 2011, forms part of an implementation pathway. It also highlights how the College uses routine website download statistics, and a feedback form, to monitor interest and response to the resources.

References

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College of Occupational Therapists (2011b) *Occupational therapy with people who have had lower limb amputations*. London: COT.

Dopp CME, Steultjens ENJ, Radel J (2012) A survey of evidence-based practice among Dutch occupational therapists. *Occupational Therapy International*, 19(1), 17–27.

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Presenters' CVs

Mandy Sainty is the Research and Development Manager at the College of Occupational Therapists, leading on research governance and supporting the development of practice guidelines.

Julia Roberts is the Quality Programme Manager at the College of Occupational Therapists, responsible for the quality assurance of practice documentation produced by the College.

Keywords

Practice development, Research, Education (CPD LL skills), Audit

Mental Health Annual Conference

Session no 41.1

Creating sustainable occupations

Griffiths S, University of Northampton

There is a growing body of research showing that, for those who find them meaningful, participation in creative activity

can produce positive health and social outcomes as well as a growing sense of well-being (Secker 2007, Peruzza and Kinsella 2010). The Arts and Health movement has strengthened in the UK over the last decade, but occupational therapists are often not immediately visible within it. Occupational therapists are encouraged to use community-based resources, which whilst laudable can be challenging for both service user and resource. Building on my previous work (Griffiths 2008) this doctoral study is using a participatory action research methodology to develop, implement and evaluate a community-based creative activity group for people with long-term mental health problems. It will assess the impact that participation in such a group has on well-being, health status, social inclusion and sustainable creative occupations. The stakeholder group comprising service users, occupational therapists, students and the researcher will determine the operational nature of the group and some of the data collection methods; for example, interviews and arts-based research methods. The project has been approved by the University of Northampton and is in the process of obtaining IRAS approval. By the time of the conference it should have completed the pilot phase of delivery. This interactive seminar will be underpinned by Occupational Therapy and Arts and Health literature to explore what unique contribution occupational therapists bring to creative activity groups and how we might use them to develop sustainable occupations.

References

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Secker, J., Hacking, S., Spandler, H., Kent, L. and Shenton, J. (2007) *Mental Health Social Inclusion and Arts: developing the evidence-base. Final Report*. London: Department of Health.

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Presenter's CV

Principal Lecturer and Subject Lead at the University of Northampton. MSc in Evidence-based Healthcare (Oxford) and currently undertaking PhD (Northampton).

Keywords

Engagement, Community, Health and wellbeing, Mental health

Older People Annual Conference

Session no 42.1

Resilience in older people: systematic literature review and standardised tool

Whitehead J⁽¹⁾, Forsyth K⁽²⁾, Irvine L⁽³⁾, Clark C⁽⁴⁾, McWilliam K⁽³⁾, Cunningham E⁽⁴⁾, Campbell T⁽⁴⁾, Simpson E⁽⁵⁾, Queen Margaret University⁽¹⁾, Firefly Research, Queen Margaret University, Edinburgh⁽²⁾, NHS Lothian⁽³⁾, The City of Edinburgh Council⁽⁴⁾, Edinburgh Voluntary Organisations' Council⁽⁵⁾

Background: Community resilience for older people is an emerging concept identified in national policies; however, little is known about the factors which contribute to it. A systematic literature review was completed to clarify the concept, and the findings informed the development of a resilience self-report tool which explores the assets and resources that can support resilience in older people.

Method: Systematic literature review findings, expert opinion and stakeholder consultation were used to generate information about factors affecting resilience. These were incorporated into a patient report measure, which was sent to approximately 400 older adults for psychometric testing.

Results: The literature review revealed the individual assets and community resources that can help older people bounce back from adverse life events. These have been translated into a resilience tool and the process of development and the subsequent pilot will be explored.

Implications for OT: Resilience is promoted in the AHP National Delivery Plan (Scottish Government 2012) to encourage care to be delivered in the home and occupational therapists can support this valuable feature of successful ageing. The tool will enable clinicians to objectively measure this concept, identify intervention options and create profiles for service users with low resilience who may require additional support.

Impact on service users: Exploring resilience will help clinicians to consider factors which can support successful ageing and can aid them to develop the most effective interventions at individual, service and public levels.

Ethics: Ethical approval has been granted by The City of Edinburgh Council.

References

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Presenters' CVs

Jacqueline Whitehead is a Research Practitioner, Firefly Research, Queen Margaret University, Edinburgh.

Dr Kirsty Forsyth is a professor of occupational therapy, Firefly Research, Queen Margaret University.

Keywords

Community, Ageing and older people, Research, Practice development

Work Annual Conference

Session no 43.1

From sheltered work to social enterprise: lessons for OT in a changing practice arena

Morgan M, Accession Social Enterprise

Both the previous Labour and current coalition government have been keen to promote social enterprise as a vehicle in which health services can be delivered outside of statutory NHS provision (Cabinet Office, 2011). This policy has primarily affected occupational therapy staff in one of two ways. Firstly, many former primary care trust (PCT) provider arms have needed to reconfigure in different forms, following the dissolution of the PCTs through recent legislation (Health & Social Care Act, 2012). This has often led to formerly PCT-run services forming social enterprises. Secondly, there have been a number of smaller services that have chosen to "spin out". This term describes the process in which formerly NHS-run services reconfigure as social enterprises (Miller & Millar, 2011). This seminar will describe the process of voluntarily spinning out a number of mental health sheltered work units, so that they could be formed into commercially viable businesses within their local communities. The relative merits and limitations of each configuration will be described, as well as the role of the occupational therapist within each. Reflections on the process will be offered, as a means of

informing participants of the pitfalls and opportunities that have emerged through going through the process. The seminar will conclude with an open discussion on the role of occupational therapy within the social enterprise sector, guided by the reflections of practitioners who have gone through the process of spinning out and how this has influenced their practice.

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Presenter's CV

Martin Morgan is a Consultant Occupational Therapist who has worked in vocational rehab for over 14 years.

Keywords

Transitions, Practice development, Vocational rehabilitation/work, Service transformation

College of Occupational Therapists Annual Conference

Session no 44.1

What enhances the transition into higher education?

Ball V, Harding P, University of Northampton

Transition into higher education is a complex multi-faceted process, which is compounded by individuals' cultural, economic and social background (Smith, 2001). To demonstrate how these issues impact upon an individual's transition, the 'Student Life cycle' from the '*Strategies for Widening Participation in Higher Education*' (HEFCE 2001) was applied to establish the student's transition onto the undergraduate occupational therapy programme. Transition is a subjective process, which is experienced differently by each student. The life-cycle enables areas of importance to be established. McInnis et al (2000a) suggested that the initial experiences on campus are important, and influence students' persistence in higher education. Therefore the process of engagement needs to begin with their first encounter with a number of social media, including the University website, open days, and the admissions process. This experience will be judged not only by the prospective student, but also their families and friends who have considerable influence. Finally, the White Paper '*Students at the Heart of the System*' (BIS 2011) identifies the need for a better student experience and this presentation outlines research carried out by the authors to establish the student experience, through focus groups, which revealed how well we did!

References

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Presenters' CVs

Veronica Ball is an Admissions Tutor and part of the Induction team, who over a number of years has witnessed many issues with students' transition into Higher Education. She believes that through the focus groups they have begun to understand the transition through the student's perspective.

Pat Harding has worked within Education for a number of years and has seen many students through the process of practice placement and Admissions. She believes that a student's transition can be enhanced through a good Admissions and induction process.

Keywords

Transitions, Education (CPD LL skills)

Session no 45.1

Preparing for integration: exploring the management of conflict within teams

Deane S, Brownings M, West Sussex County Council

"Integration of health and social care is a core policy for the coalition government in England" (The King's Fund 2012). As part of the implementation of integrated teams, staff conflict is likely to occur. The authors will share challenges and successes in the management of conflict within their current teams. Personal experience, management theory and modern business texts such as *Buy In* (Kotter and Whitehead 2010) and *Drive* (Pink 2011) will be referred to. Participants will discuss their experiences in small groups and consider strategies to manage conflict effectively. Using the information gathered from participants, common themes and successful management strategies will be recorded and collated. The authors will conclude by summarising the findings to create a toolkit to invigorate and support participants' practice. The session will aim to address a challenging topic in an engaging and memorable way and stimulate networking and information sharing. The outcomes will include:

- Provide participants with tools which can be applied when managing conflict in teams as a result of change.
- Improve efficiency of service delivery to service users by improving staff performance.
- Empower Occupational Therapists to positively and professionally influence a new horizon of service delivery.

References

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Presenters' CVs

Stacy Deane qualified in 1997 and has worked in Social Care for 15 years as OT, Senior OT Practitioner and Team Manager and has been in her current post for 2 years.

Meg Brownings has worked in her current position as Team Manager for 3 years. She qualified as an OT in 1997.

Keywords

Management and leadership, Social care, Service transformation, Integration

Session no 46.1

Carpe diem: opportunity and challenge for occupational therapists in social enterprises

Stickley A, University of Northampton

Introduction: The changing landscape of health and social care provision in the UK provides occupational therapists with new opportunities to practice. This research identified occupational therapists within social enterprises in the UK and explored their perceptions of their practice, service users' experiences and the social entrepreneur's involvement in the provision of occupational therapy.

Method: This was a mixed methods exploratory study. In Phase 1, twenty-one online questionnaires were completed by occupational therapists working in social enterprises in the UK. In Phase 2, eight of these social enterprises participated as case studies. The case studies consisted of twenty-six semi-structured interviews with occupational therapists, social entrepreneurs and service users. Formal documentation respective of each case study was used for triangulation. The interviews were analysed using qualitative thematic analysis (using Braun and Clarke, 2006 guidelines).

Results/conclusions: In the seminar I will present the findings and conclusions of the research, which are currently being analysed and then apply this to practice for occupational therapists in the UK today.

Implications for occupational therapy: Social enterprises can provide an environment where occupational therapists have freedom to practice according to their profession without the limitations of the medical model and in a socially inclusive environment. The current health and social care climate provides many opportunities for occupational therapists to create and shape their own environments for practice. Now is the time to be proactive as a profession to determine our own destiny and seize the day.

References

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Presenter's CV

Anna qualified in 2000, worked for the NHS specialising in adult mental health; then worked in Uganda and Sudan managing and delivering psychosocial projects with people affected by war.

Keywords

Research, Service transformation, Service innovation, Third sector

Session no 47.1**A national survey to evaluate current splinting practice for stroke survivors****Khatri R, Logan P, Kay T, Lehner A, University of Northampton**

Stroke is the third largest cause of death in the United Kingdom and causes at least 450,000 people a greater range of disabilities than any other condition (Stroke Association, 2006). Turkel et al (2006) and Dewey et al (2007) state that disability occurs as a result of paralysis, spasticity, depression, pain, cognitive and other deficits, which significantly interfere with the ability to perform daily activities, and reduces quality of life (QOL). Upper limb spasticity in stroke, which is the focus of this study, is a consequence of an imbalance between spastic and paretic muscles, often acting on unstable joints (Tonkin, 2003). The presence of spasticity primarily leads to the development of contractures, abnormal limb postures and inevitable pain in addition to difficulties with dressing and hygiene for up to 40% of sufferers (Thompson et al. 2005). There are numerous spasticity management methods for the upper limb but many are ineffective in addressing impairment and functional ability and further research is needed to investigate their impact on the quality of life for patients with spasticity following stroke (Hardy et al. 2010). The aim of this research study was to determine the current practice of occupational therapists (OTs) that use splinting for upper limb rehabilitation with stroke survivors. To achieve this it was decided that a survey would be sent to all OTs who belong to the Specialist section for Neurological Practice (SSNP) working with stroke survivors to determine the nature of their practice. Data collected from the group of participants will serve to determine the devices and techniques used for assessment and treatment process as well as the nature of the clinical reasoning process and the many factors that influence their practice within the current health care climate.

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Presenter's CV

Roshni is a senior lecturer and programme leader at the University of Northampton. Professional interests include Adult Neurology, technology enhanced learning and Evidence based practice.

Keywords

Long term conditions (including neurological), Recovery and rehabilitation, Physical health, Research

Session no 47.2**Weekend working on HASU: occupational therapy and physiotherapy alternating days****O'Neill C, The National Hospital for Neurology and Neurosurgery**

The NICE quality standards for stroke (2010) have included assessment from therapists as a measure of quality on the hyperacute stroke unit (HASU), which is audited through the Stroke Improvement National Audit Programme (SINAP) (Royal College of Physicians 2010). 'Patients with stroke are assessed and managed by stroke nursing staff and at least one other member of the specialist rehabilitation team within 24 hours of admission to hospital and by all relevant members of the specialist rehabilitation team within 72 hours' This can be challenging for units with no weekend therapy cover. During March 2012, 88% of patients met this standard. A 6 month audit revealed that on average 27% of patients admitted over the weekend waited until Monday to be assessed by therapists. These patients could have gone home at the weekend if there was a therapy service. Therapists on HASU looked into the provision of a weekend therapy service comprising of occupational therapists (OTs) and physiotherapists (PTs). Core skills of both professions, plus skills that both professions share were looked at to establish professional boundaries and identify areas of cross over. This pilot looks at whether OTs and PTs can work individually at the weekend to complete initial assessments and facilitate discharge. The OT/PT weekend working started in August 2012. Preliminary data indicates 98% of patients were assessed within 24 hours during September, and weekend discharges have increased. Low numbers of patients remained in hospital waiting for the other discipline to assess demonstrating that for the purpose of weekend working, OT and PT can cover the unit alternating over the days of the weekend.

References

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Keywords

Service innovation, Long term conditions (including neurological), Audit, Service transformation

Session no 47.3**Return to work after traumatic brain injury (TBI): how is it supported?****Truman J⁽¹⁾, Demain S⁽¹⁾, Wiles R⁽²⁾, Ellis Hill C⁽³⁾, University of Southampton⁽¹⁾, National Centre for Research Methods⁽²⁾, Bournemouth University⁽³⁾**

Return to work (RTW) following traumatic brain injury (TBI) is often lengthy, complex and unsuccessful (Enberg and Teasdale 2004; Levack et al 2004). The ability to RTW is often severely compromised and not easily predicted by medical sequelae (Murphy et al 2006). How it is achieved is poorly understood but the importance of the environment and support has been identified (Ownsworth and McKenna 2004). This longitudinal study sought to explore the role of support in the re-establishment of identity in the workplace. This poster discussion will focus on one of the study aims: how people with TBI are

supported to maintain their workplace impressions to assist in maintaining employment.

A multiple case study approach was selected. Data were collected over two years using semi-structured and unstructured interviews, genograms and social networks diagrams following approval from South Central National Research Ethics Committee. Analysis has been informed by the work of Goffman (1959) and the findings are presented in keeping with his dramaturgical metaphors. The data suggest that there are a range of backstage actors who participate in a number of differing roles that help to shape the performance given in the workplace. These backstage actors utilise a number of strategies such as: manipulating tasks; making undesirable traits invisible; and highlighting skills to help save the show.

These findings will be of value to occupational therapists working in vocational and TBI rehabilitation. To identify:

1. Who the backstage supports might be;
2. How these people may be utilised to support RTW programmes; and
3. Where professionals might offer support during the process.

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Presenter's CV

Juliette is a Lecturer in occupational therapy at the University of Southampton, a PhD student and previously worked in work rehabilitation services.

Keywords

Vocational rehabilitation/work, Recovery and rehabilitation, Integration, Transitions

Mental Health Annual Conference

Session no 50.3

Effort as fundamental to motivation and participation: a theory for occupational therapy

Sherwood W⁽¹⁾, Casteleijn D⁽²⁾, Taylor C⁽³⁾, London South Bank University⁽¹⁾, University of the Witwatersrand⁽²⁾, University of Bournemouth⁽³⁾

The theory of creative ability explains the link between motivation and occupational performance for occupational

therapy (OT) practice (du Toit 2006); relevant to mental health (de Witt 2005), developmental delay (Hosier et al 2011), and other fields. The theory postulates that 'effort' and 'maximum effort' are essential to activity participation and to enabling growth in motivation and occupational performance. However, the theory lacks definitions of these constructs. To date, their relations to activity participation and change are neither fully understood within the theory of creative ability nor within the OT profession. This Grounded Theory PhD study sought to discover the significance of these constructs to activity participation: What is the theory that explains effort and maximum effort in relation to activity participation? Interviews and non-participant observation was undertaken with a total sample of 50 patients and OTs and interviews undertaken with 20 members of the general public. Constant comparison of emerging concepts with other substantive grounded theory studies led to the development of a formal grounded theory: 'the theory of effort in relating'. The findings indicate that effort is essential for developing motivation to act on the world, for activity participation and for relating to the world. The theory provides definitions of effort and maximum effort and explains their significance to the conditions and processes of activity participation. This new theory makes a significant contribution to understanding how activity participation occurs thus developing the middle-range theory of the occupational therapy profession, whilst also contributing to the theory of creative ability to guide assessment and intervention.

References

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Presenters' CVs

Wendy Sherwood has 21 years experience of mental health OT practice and OT education.

Daleen Casteleijn is a Senior lecturer in Occupational Therapy and developed the Activity Participation Outcome Measure from her PhD study.

Keywords

Participation, Theory, Engagement, Mental health

Session no 50.4

The levels of creative ability as a measure of activity participation – fact or fiction?

Casteleijn D, University of the Witwatersrand

Vona du Toit, one of the first South African trained occupational therapists left a legacy for the profession when she developed the concept of Creative Ability to measure the sequential development of recovery in patients. Du Toit was not only developing a philosophy of activity participation and purposeful engagement in everyday activities but also a measurement tool for Occupational Therapy (du Toit 2004). This model of practice is called the Vona du Toit Model of Creative Ability

(VdTMoCA) and is widely used in South Africa as well as in the United Kingdom. Criticism of this model is that it is not well supported by research, with a consequent lack of peer reviewed publications. The question was raised whether the levels of Creative Ability, in fact, exist; and if they exist, where is the evidence of this? Casteleijn investigated this fundamental question by using the Rasch Measurement Model and came up with empirical evidence that the levels indeed exist and that it may be used in measurement of activity participation. This evidence will be presented. The validity of the levels opens up a myriad of opportunities to apply the VdTMoCA in assessment, outcome measurement and intervention strategies for those with restriction in activity participation. The application of assessment methods and how the findings direct intervention plans will be presented. Two outcome measures based on the levels of Creative Ability have also been developed to compliment the VdTMoCA as a comprehensive practice model. Examples from mental health care settings will be presented to promote the validity and clinical utility of this model.

References

du Toit V (2004) *Patient Volition and Action in Occupational Therapy*. 2nd ed. Pretoria: V&M du Toit Foundation.

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Presenter's CV

Daleen Casteleijn is a senior lecturer in Occupational Therapy at the University of the Witwatersrand. Her research focus is outcome measurement and the validity of the levels of Creative Ability.

Keywords

Mental health, Participation, Performance, Care pathways

Older People Annual Conference

Session no 51.1

The effectiveness of social care occupational therapy for older people in Great Britain

Riley J, Boniface G, Cardiff University

This presentation draws on the findings from a critical review of the literature generated from 2000 to 2012 on the effectiveness of social services' occupational therapy interventions for older people in England, Scotland and Wales (Great Britain). The rapid growth in numbers of older people places increasing pressures on social care services at a time of scarce resources. A literature review of local authority social services occupational therapy prior to 2000 identified the importance of occupational therapy interventions in maintaining older people's independence (Mountain 2000). Since then, systematic reviews relating to occupational therapy for community-dwelling older people have been conducted in Europe (Steultjens et al 2004, Johansson et al 2010), but no reviews have concentrated specifically on Great Britain. The research team employed a systematic approach to identify, select, critically appraise and synthesise the published and unpublished accessible evidence. Ethical approval was not required. Data were coded to develop a framework, refined and synthesised to generate themes. The findings revealed no substantial differences in the nature of occupational therapy provided for older people across Great Britain. However, the integrated nature of social services and differences in working practices across local authorities, made occupational therapy difficult to disaggregate from other services. Despite this the review identified that occupational therapy interventions, if timely, are effective in maintaining older people's independence and improving their quality of life in a cost-effective way. This

can be compromised by organisational constraints and the high demand for occupational therapy services.

References

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Steultjens, EM. et al (2004) Occupational therapy for community dwelling elderly people: a systematic review, *Age and Ageing*, 33(5), 453–460.

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CV

Jill is a lecturer and researcher in the school of healthcare studies at Cardiff University. Her areas of interest include the effectiveness of occupational therapy in social care services and occupational science.

Gail is a senior lecturer in the school of healthcare studies in Cardiff. Her interests include using the theory of OT models in practice and action research.

Keywords

Social care, Ageing and older people, Adaptation, Community

Session no 51.2

Do intake professionals provide enablement for community dwelling people with dementia?

Dawson S, Medway Council

Intake Teams were developed to focus on the personalisation of Social Care, providing "enablement" for service users to regain skills with activities of daily living (Department of Health 2007). Evans (2008) recognises that enablement can maximise quality of life and independence for people with dementia. However, staff and family perceptions of cognitive decline, skill loss and dependence can result in skills building through enablement not being recognised. Fourth Generation Evaluation critical theory was used to evaluate sources of data such as academic literature, national and local policy, pathways of people with dementia, audit and personal reflexivity. This was to determine whether service users accessed enablement or were passed onto longer-term teams with a care package implemented. Findings show some effective occupational therapy work with people with dementia, but also that service users are not always referred for enablement due to lack of professional knowledge, lack of positive risk taking or recognition of potential to regain/maintain skills despite cognitive decline. Recommendations include the need for a specialist dementia worker in the team, development of a training programme and information pack for all professional groups and informal/formal carers. This may emphasise people's potential to participate in enablement, consistent with the principles of personalisation and adult safeguarding (Carr 2011). Not considering enablement can lead to a decrease in existing strengths and abilities and further increase for the need of Social Care Support. This research is part of a Master's dissertation and has a particular relevance and innovation to occupational therapy practice.

References

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Presenter's CV

Sam works as a Senior Practitioner in Medway Kent for Social Services. Her team provides enablement intervention for adults who require Social Care support.

Keywords

Health and wellbeing, Engagement, Participation, Mental health

Session no 51.3**Human occupational impact of family caregiving in dementia: a qualitative systematic review**

Yong A, Price L, Sussex Partnership NHS Trust

Introduction: Many people with dementia are cared for by their families at home (Alzheimer's disease international 2008). The national dementia strategy (Department of Health 2009) for the United Kingdom identified poor support to family caregivers. It highlighted the need to assist families so that people with dementia can remain to be cared for at home. The strategy reported a lack of knowledge about dementia in healthcare providers, recommending that professionals should identify knowledge gaps and rectify this through education. Occupational therapists could increase their knowledge and support families by understanding the impact of dementia caregiving in human occupation concepts. These concepts include how one is motivated to perform activities, shaped by past experiences, life roles and skills (Kielhofner 2008).

Aim: To systematically review qualitative studies and assimilate information about the human occupational impact of dementia caregiving on families.

Method: A search was conducted across healthcare databases using keywords: occupation*, lifestyle*, leisure, respite, family care*, experience, dementia and Alzheimer*. A quality appraisal tool was developed for the study selection process. Data on human occupational caregiving experiences were extracted, organized and analysed within a model of human occupation (Kielhofner 2008) framework.

Results: Five themes emerged: adapting to dementia, staying motivated and in control, preserving occupational balance and wellbeing, gaining meaning from the caregiver role, losses and burden.

Conclusion: The findings provide occupational therapists with accessible information about the human occupational experiences of family caregiving in dementia and help to guide intervention.

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Presenters' CVs

Audrey Yong graduated from Curtin University, Australia in 1991 and completed an MSc in 2011. She is a specialist community learning disability occupational therapist in Sussex.

Lee Price graduated from St. Katherine's College, Liverpool in 1989 and practiced until 1996. He currently lectures at the University of Brighton and formerly at Southampton.

Keywords

Research, Ageing and older people, Health and wellbeing, Community

Session no 51.4**Detection and prevention of elder financial abuse in health and social care**

Harries P⁽¹⁾, Davies M⁽¹⁾, Gilhooly M⁽¹⁾, Cairns D⁽¹⁾, Gilhooly K⁽²⁾, Brunel University⁽¹⁾, University of Hertfordshire⁽²⁾

Introduction: For every abused and neglected older person, reported and substantiated, there are more than five additional cases that have not been reported (National Center on Elder Abuse, 1998). Health and social care professionals are well placed to identify and prevent abuse. Financial abuse is the second most common form of abuse (Mulroy & O'Neill 2011). The research aim was to establish the factors that have the greatest influence on health and social care professionals' detection of elder financial abuse and the likelihood of taking action.

Method: UK health and social care professionals (n = 152) including occupational therapists (n = 33), viewed 65 elder financial abuse case scenarios online, and gave their judgements as to certainty of abuse and likelihood of taking action. Multiple regression analysis and incremental F tests were conducted to compare the impact of each factor on the professionals' judgements. NHS REC Ref. 08/H0206/57.

Results: Factors that had a significant influence on judgements included the nature of the financial problem suspected and the older person's mental capacity. Mental capacity accounted for more than twice the influence on likelihood of action than the type of financial problem.

Conclusions: The findings raise questions as to whether professionals consider situations as more risky where mental capacity is of concern; however, professionals need to be willing to intervene in cases of abuse even when older people have full mental capacity. The findings have been used to develop a freely available online decision training aid: www.elderfinancialabuse.co.uk. Enhanced professional capacity to detect and prevent elder financial abuse will promote quality of life for service users.

References

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Presenters' CVs

Priscilla Harries is a Senior Lecturer Divisional Research Lead for Occupational Therapy & Chair of the Editorial Board for BJOT.

Miranda Davies is a Research Fellow, previously employed on NDA and ESCR grants and currently employed on a UKCOTRF grant held by Dr Harries.

Keywords

Ageing and older people, Social care, Health and wellbeing, Research

College of Occupational Therapists Annual Conference

Session no 53.1

What does *Any Qualified Provider* mean for occupational therapists in England?

Smyth G, Bishop K, College of Occupational Therapists

Commissioners in England are now expected to break monopoly provision of any public service unless there is a special reason to retain it (HM Government 2011). This will be via an expansion of "Competition for the market" with competitive tendering for a service contract or "Competition in the market" using Any Qualified Provider (NHS confederation 2011). Some community occupational therapy (OT) services are already coming under Any Qualified Provider (AQP) and this is likely to spread further as the model rolls out. AQP means that any provider (e.g. NHS, social enterprise, independent sector) can be in the "market place" for NHS patients as long as they meet certain standards and prices (Department of Health 2011). This promotes competition around quality rather than price and offers more choice for service users (Office of Health Economists 2012). This workshop will explore the following via presentation, group exercise and discussion:

- What are the risks and opportunities of AQP for the profession?
- How will AQP affect OT services in the future?
- How will AQP affect service users/colleagues?
- How can OT services prepare for AQP?

The outcome of the workshop will be that delegates will have a better understanding of this new approach to commissioning services and how they can survive and thrive in this new landscape.

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Presenters' CVs

Genevieve Smyth is employed as a Professional Affairs Officer at the College of Occupational Therapists.

Karin Bishop is the Interim Head of Professional Practice at the College of Occupational Therapists and is also the COT Consultancy Service Manager.

Keywords

Commissioning, Management and leadership, Independent practice, Policy

Session no 53.2

Reablement – a new innovation or core occupational therapy?

Christie D, West Sussex County Council

The Care Services Efficiency Delivery programme concluded in 2007 that 'there is a compelling case for councils . . . to consider the introduction of reablement' (Care Services Efficiency Delivery 2007). Since then many adult social care services in England have responded to this drive, now emphasised in the Adult Outcomes Framework (DOH 2012) where the importance of early intervention and prevention through reablement is highlighted. But is 'reablement' new or an approach core to occupational therapy, ensuring people are maximising their potential, supporting them to get on with life in the way that they choose? Using a lessons learned approach the presentation will reflect on the development of a reablement service since 2009, through the transformation of the in-house home care service with occupational therapists as core team members. This presentation will define reablement and show that it provides occupational therapists with a significant opportunity to demonstrate that daily living rehabilitation, recuperation and tailoring care packages to meet people's needs can be life changing for them. Reablement also minimises the need for longer term care provision, placing occupational therapists in a key role to deliver the objectives of the Adult Outcomes Framework. The presentation will highlight the essential interfaces required between social care professionals and the NHS to ensure positive outcomes for people receiving reablement, detailing outcomes for people, statistics and savings made. Finally, the author will set out how outsourcing part of the reablement service to the independent sector is providing occupational therapists with new opportunities to work in partnership with the provider to shape the future service.

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Presenter's CV

Dee Christie an OT with 35years experience in social care manages the Independent Living Services comprising OTs, Sensory Services and Reablement.

Keywords

Service transformation, Social care, Service evaluation, Knowledge transfer

Session no 53.3**Measurement of occupational therapy treatment outcomes (MOTTO): to commissioners and beyond****Lever S, Tracey S, East Lancashire Hospitals Trust
Community Division**

The Clinical Specialists within East Lancashire Hospitals Trust Community Division Occupational Therapy (OT) Service were asked by the service manager to identify an outcome measure that could be used across the service. Our remit was to find a measure that would demonstrate the effectiveness and impact of OT intervention to: the individual; the local population; OT Managers; and Commissioners across Lancashire. We reviewed a range of different outcome measures and identified there was no single outcome measure that captured the range of information that was required, that is, patient led goal setting, patient satisfaction and functional rating. As a result we developed the Measurement of Occupational Therapy Treatment Outcomes – MOTTO. A pilot study compared the effectiveness of MOTTO with the Therapy Outcome Measure and the results demonstrated that MOTTO successfully provided the data required to prove the effectiveness of OT. The MOTTO was designed to capture exactly the right information required, both clinically and at a service level, to assist therapists to clearly identify target areas for OT intervention. The aim of the outcome measure is to provide qualitative and quantitative data regarding the types of interventions carried out by therapists working across a diverse range of patients. In order to do this, occupational therapy intervention has been split into 4 main areas in terms of possible overall aims/expectations of treatment: Restore function; Risk reduction; Self management; Comfort. This presentation demonstrates how the MOTTO has been implemented into practice and how the results can be used to influence service development and provide robust evidence as to the effectiveness of OT both qualitatively and quantitatively.

Contactnicola.lever@elht.nhs.uk**Presenters' CVs**

Nicola Lever is a Clinical Specialist Occupational Therapist in Palliative Care working in East Lancashire Hospitals Trust Community Division.

Sue Tracey is a Clinical Specialist Occupational Therapist for Older People working in East Lancashire Hospitals Trust – Community Division.

Keywords

Management and leadership, Practice development, Commissioning, Service user involvement

Session no 53.4**The snowball effects of occupational therapy volunteering using appreciative inquiry****Hortop A, The University of the West of England**

Inspiration and empowerment of occupational therapy students is a core concern; the more we achieve in building the confidence, enthusiasm, resilience and tenacity of the next generation the greater our professional influence and legacy. Following a lecture three years ago using voluntary work in Croatia, a new project was initiated when two students approached with a question, "can we come too?".

'Appreciative inquiry' encourages creating questions that offer opportunities for possibility developed from affirmative topic

choices involving all participants (James 2009). This approach to the original request has grown beyond expectations through annually trying to create the best possible volunteering experience. There have been additions of local and Nepal opportunities; involvement of practice educators to facilitate volunteering; use of social and virtual media to promote activities; and links forged inter-professionally and with the community.

This project takes positive risks in providing less predictable environments and clinical challenges but also affirms students' capabilities as developing practitioners. The management of boundaries living with students for longer periods and helping them to cope with distressing differences in health care and standards of living, combined with the ongoing demands on time constraints, is taxing and worth it. Hammond (2009) proposed that people have more confidence moving into an unknown future if they take with them the best parts of their past. These experiences help prepare students to take their best parts into changing health and social care landscapes with an appreciative inquiry perspective. This presentation explores the development of volunteering using 'appreciative inquiry'.

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Contactalice.hortop@uwe.ac.uk**Presenter's CV**

Alice is a senior occupational therapy lecturer in UWE, Bristol, with a wide range of clinical experiences and research interests.

Keywords

International perspectives, Deprivation, Partnerships, Community

Session no 54.1**The inclusion of sexuality in occupational therapists' training: UK lecturers' perspectives****Grant K, Sheffield Hallam University**

Occupational Therapists (OTs) can face client issues related to sexuality as part of their clinical practice (Weerakoon et al, 2008). However, there has been a lack of professional discourse on sexuality, despite OTs' ethos of client-centred holistic practice (Couldrick, 2005). The lack of emphasis given to sexuality in undergraduate training, has been highlighted as an explanation for OTs' reluctance to discuss sexuality as a valid healthcare concern (Sengupta and Stubbs, 2008; Jones et al 2005). To examine the inclusion of sexuality in OTs' training, the researcher invited lecturers at 10 UK universities to participate in semi-structured interviews. Six participants were interviewed and asked to reflect on their own experiences of training and clinical work, before considering sexuality in their own teaching. The interviews were anonymised before being analysed using an interpretative phenomenological approach. The results demonstrate that participants did attempt to address sexuality issues in their teaching. However, its inclusion was due to their individual interpretation of the curriculum rather than an accepted requirement of OTs' training. Exploration of participants' own experiences demonstrated that training must challenge the assumption that clients do not want to discuss sexuality concerns. There was recognition of the barriers some professionals face in feeling confident to discuss sexuality, with

the suggestion that students needed to be reflective and 'know themselves' before this topic can be explored confidently with clients. The implications for OTs' education and practice will be explored, as well a call for sexuality issues to be recognised as a valid role for OTs.

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Presenter's CV

Kirsty is currently working towards an MSc in Occupational Therapy at Sheffield Hallam University and is due to graduate in April 2013.

Keywords

Education (CPD LL skills), Research

Session no 54.2

Back to our roots – students promote their core skills in general hospital settings

Szekely T, Clarke C, University of Brighton

Current changes in health and social care in the UK and internationally have influenced the development of role-emerging and non-traditional placements (Thew et al 2011). This is now extending into traditional settings, presenting an important opportunity for students to revisit their professions core skills, values and philosophy and promote a wider perspective of occupational therapy in physical settings (Clarke 2012). As suggested by Molineux and Baptiste (2011) this may encourage occupational therapists to move away from the mechanistic paradigm that has dominated the profession in recent decades and return to an occupation-based approach to health and well-being that is more congruent with the core beliefs of the profession (Wilcock 2006). This presentation will focus on our experience of placements in traditional settings where students' interventions have included the use of creative activities on an orthopaedic ward, a memory group on an elderly medical unit and a breakfast club in a community hospital. The experiences and outcomes for students, together with the views of practice placement educators and practice placement tutors, will also be discussed. One practice placement educator commented – "this placement has given us an effective baseline from which we can further investigate the efficacy of therapeutic group work in this setting to evidence the benefit of continuing group work and possible funding to develop this".

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Presenters' CVs

Tracy Szekely is a Senior lecturer and practice placement tutor.

Channine Clarke is a Senior lecturer and practice placement tutor.

Keywords

Education (CPD LL skills), Practice development, Service innovation

Session no 54.3

Preparing occupational therapy students to manage challenging situations on placement

Muir M, Glasgow Caledonian University

Introduction: Practice placement providers work in partnership with Higher Education Institutions (HEIs) to facilitate student development through experiential learning. HEIs also offer specific placement preparation classes. Since occupational therapy students will work with many vulnerable client groups in a variety of environments, inclusion of training in managing challenging situations was considered to be an important aspect of placement preparation.

Method: A two-hour session was developed for piloting with the Master's (pre-reg) students, (n = 9) which included a PowerPoint presentation, video clips of non-verbal communications, and student role play of specific scenarios. Students were sent questionnaires after placement to evaluate the usefulness in preparing them for handling challenging situations.

Results/Conclusions:

- All students found training beneficial (n = 5).
- 2 disliked use of role play.
- 2 utilised the de-escalation skills learned whilst on placement.
- Modification to suit larger student group was required.
- Student role play was replaced with staff video of role play and a written scenario with worksheet.
- Modified training has been delivered to undergraduate students and will be evaluated post placement (n = 68).

Impact on service users: The training now suits larger group teaching, provides both written and visual methods of learning, thus accommodating different learning styles (Fry et al, 2009) as well as being less intimidating than student role play.

Clear implications for occupational therapy: Occupational therapy students should have more confidence in their skills to manage difficult situations in practice and have an increased awareness of maintaining personal safety.

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Presenter's CV

Moyra Muir has been practice placement co-ordinator/lecturer in occupational therapy at Glasgow Caledonian University since 2005, initially joining the university on a two year secondment from the NHS. In 2012 she became programme leader for the Master's (pre-reg) occupational therapy programme and also won the Student Led Teaching Award for "Effective teaching that offers support and recognises students as individuals". Moyra continues to teach students in both the Master's and undergraduate programme and is committed to close partnership working with practitioners to facilitate occupational therapy student education to ensure students are fit for current and future practice.

Keywords

Education (CPD LL skills), Audit

Session no 55.3**Occupational impact of anorexia nervosa: occupational meaning, motivation and engagement**

Godfrey N, Central & North West London NHS Foundation Trust

Anorexia nervosa is considered able to take over people's entire lives (Singlehurst 2010). Occupations can promote health and wellbeing (Turner 2007) while lack of occupation is detrimental (Christiansen and Baum 2005); however, little is known about how anorexia nervosa, or other eating disorders, affect occupation (Clark and Nayar 2012). This research aimed to investigate the perceived impact of anorexia nervosa on occupational engagement. Qualitative phenomenological methodology was used to explore experiences of six occupational therapists recruited from the College of Occupational Therapists' Special Interest Group for Eating Disorders on the occupational impact typically experienced by clients through semi-structured telephone interviews. Ethical approval was obtained from the Leeds Metropolitan University Faculty of Rehabilitation Sciences Research Ethics Committee. Thematic data analysis indicated that anorexia nervosa was considered to affect the meaning of occupations, which alters occupational motivation and engagement, with occupations being facilitated or inhibited according to how they concur with anorexic beliefs. This often leads to occupational imbalance and relationship difficulties. A diagram was produced to demonstrate this process. There is a clear occupational impact of anorexia nervosa that transcends individual client variation and affects many areas of individuals' occupational lives. This can cause further deterioration of physical and mental health and wellbeing. This research demonstrates a clear and unique contribution that occupation-focussed occupational therapy can make to support these clients. This needs to be understood and applied in this, and potentially other, areas of practice.

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Presenter's CV

Nicola studied MSc (pre-registration) in Occupational Therapy at Leeds Metropolitan University. She also works part-time with young people with learning disabilities.

Keywords

Health and wellbeing, Mental health, Research, Practice development

Session no 56.1**'It's not just sitting and breathing': a straightforward guide to mindfulness**

Beynon-Pindar C, The Retreat, York

Mindfulness is both a state and a skill that we all have the ability to cultivate. While it is an ancient Buddhist practice, it does not involve being religious or spending hours in meditation. It is an active state of 'being' rather than 'doing'. It is about "coming back to our senses", being aware of ourselves, others and our environment in the present moment.

Mindfulness could be seen as irrelevant to the profession of occupational therapy, as the increase in mindfulness-based approaches has occurred within psychology and psychotherapy. These evidence-based approaches exploit the therapeutic qualities of mindfulness and are shown to be effective with numerous populations. However, the language of occupation can enhance the development of informal mindfulness practices with clients who maybe resistant to "Just sitting and breathing". Reid has eloquently explored the interlinked concepts of mindfulness, flow and occupational presence with relation to occupational engagement. She suggests that mindfulness has 'implications for how occupational engagement can influence well-being as a way of being present in the world' (p.54, 2011).

This workshop presents a straightforward guide to mindfulness. No prior experience of mindfulness or meditation is needed. It illustrates the link between theory and practice with every day occupational examples such as "TRY: Being present in the shower. When you are in the shower, are you really in the shower? Do you feel the water and soap on your skin or are you lost in thought, missing the shower completely?" It has potential to be used in both educational and clinical settings, to support service users, students, clinicians and educators to synthesise mindful and occupational practice.

References

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Presenter's CV

Catherine Beynon-Pindar is a Senior Occupational Therapist, with six years experience of using mindfulness-based approaches with women who engage in self-defeating behaviours including self harm.

Keywords

Health and wellbeing, Engagement, Knowledge transfer, Mental health

Session no 58.1**Occupational therapists need to grasp economic evaluation in health and social care**

Smyth G⁽¹⁾, Morley M⁽²⁾, Parkinson S⁽³⁾, College of Occupational Therapists⁽¹⁾, South West London and St Georges Mental Health NHS Trust⁽²⁾, Independent OT⁽³⁾

The British HM Treasury spending review (2010) set unprecedented levels of efficiency savings in health and social care until 2014. As a result, occupational therapy services are increasingly scrutinised for clinical effectiveness and value for money in comparison to other interventions (COT 2010). The profession needs to grasp how to carry out economic evaluations which are defined as "The comparative analysis of alternative courses of action in terms of their costs and consequences" (Drummond et al 2005, p.9). This workshop will explore the following via presentation, group exercise and discussion:

- What is economic evaluation and why is it important?
- What information about economic evaluation in occupational therapy currently exists?
- How do we identify and measure costs and consequences?
- What can we do now as practitioners/managers/researchers to move this agenda forward?
- How do we involve service users/colleagues in this work?

The outcome of the workshop will be that delegates will be better able to choose which method of economic evaluation would suit their area of practice, including manualisation of occupational therapy interventions, use of data and information systems, literature searches and extending the range of standardised data collection tools. Despite the complex nature of occupational therapy interventions and the wide range of practice settings (SCIE 2011), economic evaluation is possible and will be vital to ensure that service users can continue to benefit from our interventions in the future.

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Presenters' CVs

Genevieve Smyth is employed as a Professional Affairs Officer at the College of Occupational Therapists.

Dr. Mary Morley is the Strategic Lead OT at SW London and St. Georges Mental Health Trust.

Keywords

Service evaluation, Practice development, Research, Management and leadership

Session no 59.1**Infant observation; learning about research differently**

Nicholls LE⁽¹⁾, Hunter H⁽²⁾, Brunel University⁽¹⁾, Queen Margaret University⁽²⁾

Ester Bick (1964), a child psychoanalyst, introduced the method of 'Infant Observation' as a foundation training requirement for all psychodynamic therapists. This closely observed reflexive process with new born babies and their carers has been incorporated into the research methods used with organisations (Hinshelwood, 2002) and shares theoretical roots with psychoanalytic ethnographic participant observation methods (Kvale, 1999).

The authors will describe the theory and process of a 1 year project of observing an infant, reflecting on the links that they made with occupational therapy theory, e.g. the potential use of activities as a protection (defence) against deprivation and loss, i.e. 'second skin'.

Through a process of keeping detailed notes on each observation (including internal reflections) infant observation students are encouraged to use free association in their seminar groups to explore and understand the material from the recorded observations. The skill of observing the external and internal world is a foundation for many of the phenomenological qualitative research methods that endeavour to understand and/or express the life world of an 'other', e.g. participant observation and free association narrative interviews (Hollway and Jefferson, 2000). These methods require a high degree of reflexivity, i.e. being in touch with one's internal experiences.

The authors will discuss how observation methods are used in organisational contexts. These methods are invaluable for therapists and researchers in developing a capacity for intuitive reasoning by 'tuning in' to the emotional world of their clients or research participants. The method described could be incorporated into post graduate occupational therapy course work.

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Presenters' CVs

Lindsey Nicholls works at Brunel University. Her current interests are in the use of countertransference as clinical reasoning and reflexivity in research.

Heather Hunter is an occupational therapy educator at Queen Margaret University, Edinburgh. Her interests include valuing psychoanalytic thinking and promoting personal reflexivity in undergraduate education.

Keywords

Research

Session no 60.1**The need for a 7 day therapy service on an emergency assessment unit****Williams R, Lord-Vince H, Robinson A, Ipswich Hospital NHS Trust**

This seminar acknowledges the changing nature of healthcare, recognising the need for a 7 day therapy service on an Emergency Assessment Unit (EAU) within the acute sector. A critical reflection on practice is offered to share the experiences of trialling a 7 day therapy service as a solution to managing today's political, economic and demographic challenges. An aging population with complex long term conditions is increasing demands on services and finances (DH 2007, Kings Fund 2010) at a time when many hospitals are feeling the impact of a reduction in acute NHS bed capacity (Allder et al 2010). A distinct lack of access to services over a 7 day period can significantly reduce outcomes for patients and NHS Trusts. Services must adapt delivery to ensure 'equality' of treatment is provided regardless of the day of admission, ensuring positive patient outcomes (DOH, 2007), improved bed flow and reduced length of stays. To ensure patients have improved access to comprehensive assessments that address both medical and social needs with no margin of error for readmission, a Monday to Friday service is no longer acceptable within the acute sector of healthcare. The EAU integrated Therapy Team piloted an additional weekend service with 4 hour shifts on an overtime basis. The data collected during the pilot (September 2011–August 2012) demonstrates that therapists can discharge 40% of patients assessed on EAU at the weekend. The trial evidences the need for a permanently funded 7 day service to sustain these results on a long term basis. The findings are relevant to all occupational therapists and physiotherapists working in the acute sector.

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Presenters' CVs

Rebecca Williams is a Specialist Physiotherapist working as the Team Leader for an Integrated Therapy Team Based in the Emergency Assessment Unit at Ipswich Hospital NHS Trust.

Hannah Lord-Vince is an Advanced Occupational Therapist working as a Team Leader in the Integrated Therapy Team on the Emergency Assessment Unit at Ipswich Hospital NHS Trust.

Keywords

Acute Health, Service transformation

Session no 61.1**Occupational therapy and neurolinguistic programming (NLP) working together to change lives****Roberts S, Blades B, NTW**

Occupational therapy has long understood the role of purposeful occupation in improving health and wellbeing alongside the crucial role of the dynamic between the person, their environment and task expectations (Law et al 1997) The identification of needs-led goal-orientated outcomes plays an intrinsic part in facilitating the client to achieve their optimum occupational performance and is invaluable in creating desired change. Building on these principles and combining them with NLP (Bandler R & Grindler J 1981) has allowed the development of the Positive Transformation Clinic in a child and family Service in Northumberland. The clinic, developed by an OT and nurse, both qualified as NLP practitioners and Hypnotherapists, has run for eight months and has achieved outstanding success. Using goal-orientated interviews to establish occupational dysfunction and desired outcomes, promotes the client's understanding of change from a visual, auditory and kinaesthetic perspective allowing them to imagine in detail a possible future. Reflecting on client experience in differing environments and relationships facilitates identification of resources, which can then be transferred into less resourceful situations. Establishing behavioural and thinking patterns, through the use of sub-modalities, meta programs and neurological levels (Diltz R 2006), offer invaluable insight into a person's 'map of the world', motivation for change, and operating beliefs, thus aiding goal accomplishment. Currently the clinic has successfully changed the lives of over forty young people, the majority being discharged after four sessions and occupationally displaying significant improvements in function.

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Presenters' CVs

Sara Roberts has 20 years of OT experience working with children and young people and leading an OT child and adolescent team.

Brian Blades works as a CPN in a busy community based child and young people mental health service.

Keywords

Children and families, Health and wellbeing, Mental health, Service transformation

Session no 61.2**Early occupational therapy rehabilitation within major trauma centres of America****Williamson R, Nottingham University Hospitals NHS Trust**

Nottingham University Hospitals NHS Trust has recently been named as the East Midlands Major Trauma Centre. Early occupational therapy rehabilitation in major trauma centres is the focus of my Nottinghamshire Roosevelt Travelling Scholarship (2012) project. From 3rd November 2012–21st December 2012 I will visit major trauma centres and conferences in Boston, New York, Washington D.C and Atlanta. This independent study will identify development opportunities along the major trauma pathway.

The Department of Health (DOH) has identified “rehabilitation has repeatedly been shown to be the worst performing element of the trauma care pathway . . . and not matched to patient or clinical goals and timelines” (DOH 2009). The USA has a high performing infrastructure for major trauma rehabilitation. This is a fantastic opportunity to gain an international perspective on the issue and influence improved outcomes to reduce the “societal cost significantly” (DOH 2009). Occupational therapists that work in the major trauma pathway need the appropriate knowledge and skills to undertake intervention with complex cases and to deliver “an appropriate programme of rehabilitation to assist their recovery” (NHS Choices 2012). Early rehabilitation is widely practiced in the USA “early administration of PT and OT in critical illness is safe, effective, and improves overall functional independence” (Brahmbhatt et. al. 2010). With this in mind it is important to promote the work of occupational therapy in early rehabilitation and look at the opportunities this presents.

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Keywords

Acute Health, International perspectives, Physical health, Recovery and rehabilitation

Session no 61.3**Occupational therapy in a care home – evaluation of a practice placement opportunity****Stewart E⁽¹⁾, MacIntosh E⁽²⁾, The Robert Gordon University⁽¹⁾, Care Inspectorate⁽²⁾**

Introduction: In Scotland there are 1,431 registered adult care homes. Within the care homes the range of services is extensive, adjusting to meet more complex physical and/or mental health issues (Scottish Government 2011). Until recently, there has been

no significant history of placing pre-registration occupational therapy students in care homes (Scottish Care 2008).

An elective practice placement opportunity was developed and implemented between Robert Gordon University and a local care home to evaluate the potential role of occupational therapy within a care home setting.

Method: Development and implementation of a learning contract and supervision structure to allow an exploration of the potential role of occupational therapy.

Results/Conclusions: Specific areas of intervention by occupational therapy were identified. These included care plan protocols to promote engagement in occupation and development of life stories. This resulted in possible funding for an occupational therapy post for the care home.

Impact on service users: Identification of goals in relation to occupational performance and maintenance and/or enhancement of their engagement in occupation.

Implications for occupational therapy: Occupational therapy believes that the performance of activities which are purposeful and meaningful to the individual can promote and restore health and quality of life (College of Occupational Therapists, 2002). The potential role for occupational therapy within a care home setting may be informed by the evaluation of this practice placement experience.

Ethical implications: Continuation of aspects of occupational therapy after the end of the practice placement.

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Presenter's CV

Elaine has specialist clinical knowledge in neurorehabilitation and currently teaches undergraduate occupational therapy students. She also has special interests in practice education and vocational rehabilitation.

Keywords

Ageing and older people, Engagement, Third sector, Participation

Session no 61.5**Utilising the 'NHS Route Map for Sustainable Health' in occupational therapy****Whittaker B, Centre for Sustainable Healthcare**

The NHS Carbon Reduction Strategy highlights how addressing climate change is core to our society becoming healthy, just and fair and supports the UK Government's target of an 80% reduction in carbon emissions by 2050 (NHS Sustainable Development Unit 2009). Being sustainable is about maintaining balance and making decisions that meet economic, social and environmental agendas. The NHS Route Map for Sustainable Health provides a framework for developing

sustainable health systems in this way (NHS Sustainable Development Unit 2010).

There is a push for significant improvements in NHS outcomes and the Route Map identifies six areas that require progress in order to improve health, save money and resources, and make enduring changes. These are in models of care, technology, system governance, resource use, and societal and individual behaviours and attitudes.

The Route Map describes the roles that health professionals need to play and where we can continue to make a difference. It forms the basis for highlighting opportunities and coordinating action so sustainable healthcare can be implemented at a local, regional, national and international level. This is in line with the Department of Health's Quality, Innovation, Productivity and Prevention (QIPP) agenda.

This presentation will explore how occupational therapists can utilise the Route Map as a framework for action on sustainable practice. Participants will be asked to consider what is required at individual and organisational levels to make the NHS more sustainable and how the Route Map might evolve over time.

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Presenter's CV

Ben Whittaker is a senior occupational therapist at Bluebell House Recovery Support Centre and is Occupational Therapy Programme Lead at the Centre for Sustainable Healthcare.

Keywords

Service innovation, Service transformation, Practice development, Natural environments

Session no 61.6

"Is it time for dinner yet?" Food routine: a concern for occupational therapy?

Smith S, Bournemouth University

How often do occupational therapists (OTs) discuss aspects of food routine with service users? Some OTs are employed within services specifically focussing on food (such as in eating disorder services) but what about those working in services where food is not an overt part of their 'bread and butter' practice?

Daily routines have an integral role in enabling people to effectively manage their day-to-day lives. Food routine can play a significant part in this (Jastran et al 2009). Many factors influence food routines, which may change throughout life and are influenced by life changes (a new baby, a new job, retirement). In some cases changes to food routine has not been chosen or could be undesirable, such as health differences, bereavement or age-related changes (Jastran et al 2009).

People need time to adjust to changes in food routine and have "identities based on their eating routines" (Jastran et al

2009 p.133). Some people will adapt to food routine changes more robustly than others; there are different levels of 'dietary resilience' demonstrated by older people (Vesnaver et al 2012).

This round table will discuss the potential and actual role of OTs in the area of food routine. It is commonly recognised that OTs are key to working with people to adapt to altered routines but how often do they focus specifically on the food routine? Do OTs need to further consider food routine, and would it have an impact on other areas of intervention? Should food routine be an integral component of occupational therapy intervention?

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Presenter's CV

Sophie Smith is an Occupational Therapy Lecturer at Bournemouth University; areas of interest include food routine and its relevance to OT; universal and inclusive design; OT within social care.

Keywords

Ageing and older people, Children and families, Health and wellbeing, Occupational science

Session no 61.7

An ergonomic MDT approach to reduce absence amongst NHS staff from work-related injuries

Conroy A, Owen P, East Lancashire NHS Trust

Purpose: To provide a service aimed at improving health, safety, productivity and efficiency of the workforce within a NHS Trust.

Method: Funding for a year's pilot was obtained from all sectors within the Trust as a potential need for this service was established. A team consisting of two occupational therapists (OTs) and two physiotherapists to provide an Ergonomic service across all sectors; medical and non-medical, hospital/ward based, office based and community division was launched in August 2012. Although much work has been completed within Ergonomics and Vocational Rehabilitation amongst OTs (Stein, et al 2006), research indicates that this has not previously been implemented within a NHS service. Therefore, a holistic, participatory approach was adopted when problem solving. Assessment recommendations have included improvements to layout of the environment to minimise the risk of injury and improve efficiency and making suggestions to alter the working routine or providing equipment to assist occupational performance.

Findings: This pilot is in its infancy but early indicators suggest the services of the team may contribute to a prevention of

sickness or injury-related absence. There is also potential to ensure a successful return to work after musculo-skeletal injuries or surgery. What has become apparent is the value of the dual training, unique to OT, to the success of this pilot due to the multi-faceted dimension to an individual's difficulties within their working environment.

Conclusion: At present there is no data available to support or negate the efficacy of the team.

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Keywords

Service evaluation, Accessible environments, Physical health, Vocational rehabilitation/work

Session no 62.1

The benefits of ecotherapy interventions on mental health conditions

Bibby P⁽¹⁾, Wild A⁽¹⁾, Bodell S⁽²⁾, Lancashire Care NHS Foundation Trust⁽¹⁾, University of Salford⁽²⁾

No health without mental health (DH, 2011) outlines the coalition government's mental health strategy, and with it a commitment to improve the mental wellbeing of the UK population. Ecotherapy is an umbrella term for treatment modalities that include the natural world and which aim to enhance physical and/or mental health and wellbeing. Whilst the use of ecotherapies by occupational therapists in mental health settings is widespread (Parkinson et al 2011) a review of the literature reveals a scarcity of any larger scale studies to demonstrate the efficacy of such interventions. The Branch Out project is a partnership consisting of a statutory mental health service and six charitable organisations, delivering a variety of ecotherapies to people with a range of mental health problems. 105 service users completed the Warwick and Edinburgh Mental Well Being Scale (WEMWBS) both pre- and post-ecotherapy intervention. Results demonstrate an increase in WEMWBS scores across a range of mental health conditions, indicating that engaging in ecotherapy occupations improves perceptions of mental well being amongst those with mental health problems. These outcomes support the profession's pledge to research the effectiveness of occupations (College of Occupational Therapists, 2007), as well as providing clear evidence on which practicing occupational therapists can base ecotherapy interventions. The results also provide justification for a future larger scale study to further the robustness of the evidence base for occupations of this nature. This paper details an appraisal of the project and has been registered with the local NHS trust as a project evaluation.

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Presenters' CVs

Paul Bibby is the manager of Community Restart, a social inclusion service based in East Lancashire, and part of Lancashire Care NHS Foundation Trust.

Andy Wild is a rural development officer with Community Restart, part of Lancashire Care NHS Foundation Trust.

Keywords

Community, Mental health, Natural environments, Recovery and rehabilitation

Session no 62.2

Evaluating an occupation-focused group for carers of people with mental health conditions

Levins K⁽¹⁾, Bodell S⁽²⁾, Hook A⁽²⁾, Lancashire Care NHS Foundation Trust⁽¹⁾, University of Salford⁽²⁾

There are multiple UK drivers to provide support to carers of people with mental health conditions, in order that they may continue to be effective in their role (Slade 2009). It has been suggested that the various demands placed on carers can lead to occupational imbalance and reduced wellbeing (Moller et al 2009). By providing carers with strategies to achieve a more favorable balance, their wellbeing and their ability to continue to care may be enhanced (Savage et al 2004). This paper presents both the content and delivery of the programme, along with the results of a post-completion evaluation undertaken from the carers' perspective. The 4-week programme was developed by drawing on the evidence base of occupational therapy and occupational science. It was delivered to a group of 12 carers, by an experienced occupational therapist supported by 3 occupational therapy students and included personalised elements as well as group interventions. Once the intervention was completed, evaluation was sought via a focus group and analysed thematically. The intervention evaluated ambivalently. Some aspects of content and delivery were extremely useful, and others less so. Overall it can be concluded that the carers found it useful to be introduced to the concept of occupational balance, and they understood the value of managing their activities differently, even though they struggled to put it into practice. It can be concluded that there is merit in exploring the concept of occupational balance with carers; however, the most effective way of doing this and achieving sustained change is to be determined by future research.

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Presenters' CVs

Ken Levins is a Clinical Specialist Occupational Therapist/Restart and Recovery Manager at Scarisbrick Centre, Ormskirk District General Hospital.

Sarah Bodell is a Senior Lecturer in Occupational Therapy.

Keywords

Mental health, Health and wellbeing, Service innovation, Service evaluation

Session no 62.4**Providing a positive learning experience within a secure service – a reflective log**

Cowburn A, Lancashirecare NHS Foundation Trust

Poor basic skills reduce an individual's ability to communicate, comprehend and interpret information, resulting in a lack of confidence and low self-esteem, thus providing a major barrier to participation within the hospital population. Occupational therapists needed to look at ways of increasing participation and develop a way to increase Functional skills in and out of the 'classroom'. A series of evaluation and research reports (Clarke et al, 2003) have shown that ICT courses are often effective in building confidence and improving the self-esteem of disadvantaged learners. Given the growing reliance of society on technology and the internet the logical step is to provide improved computer access. ICT is essentially a set of tools; it is therefore able to be embedded into other subjects. This has been widely discussed in the context of helping adults to develop their literacy skills. Lack of motivation is partially effected by the stigma attached to literacy while there is little stigma in admitting a lack of technology skills. ICT is seen as a motivating factor in encouraging adults to attend literacy programmes and increasing participation. To be effective, the learner should benefit from the development of not only knowledge and skills but the confidence and the ability to put the skills into effect, put simply, learn-think-do. Given our client group, in order for any learning to take place the content, task topic and structure has to be relevant to the individual.

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Keywords

Forensics, Education (CPD LL skills), Inclusion, Recovery and rehabilitation

Session no 62.5**Ravin' about the Haven – mentally healthy growth in Fife**

Sanders D, Hynie A, Sinclair P, Lindsay G, Hamilton J, Thorbjornsen F, NHS Fife

A wealth of qualitative evidence on therapeutic benefits of horticultural therapies within mental health exists. Less well documented is the use of allotments, an activity enjoying a renaissance within the wider national demographic in recent austere times, and seen as having a strong cultural background within people's local communities. Partridge (2010) found limited published work with these particular resources when reviewing the psychological benefits of gardening literature. Therefore evidencing this within mental health is essential. Development of such a resource was driven by need to meet recommendations made in *Realising Potential* (Scottish Government 2010) by offering socially inclusive interventions, for those with vocational

based goals and those whose are not, and which support patient's recovery journey. The poster charts the evolution of Kely Haven from a derelict plot in 2007 to a thriving community allotment, using existing NHS Fife Occupational Therapy Services resources. Developing the site has involved service users at all stages as part of therapeutic interventions, including design, construction, and cultivating the site, plus involvement in design and content of this poster. Outcomes demonstrate client's goal achievement, improvements in mood, mental state, and lifestyle. Clients increasingly felt socially included and accepted within local cultures whilst protecting their confidentiality, commonly describing a sense of ownership of the project. Health benefits via physical activities, healthy eating/diet, creativity, relaxation and coping skills, peer support and socialisation, new skills and hobbies, time structure, and sense of purpose were recognised.

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Presenter's CV

David Sanders is a Senior OT who works within a mental health assertive outreach team providing community rehabilitation. He initiated and continues to lead the development of Kely Haven.

Keywords

Recovery and rehabilitation, Service user involvement, Mental health, Natural environments

Session no 62.7**The design, development and use of a serious game activity in a low secure service**

Fitzgerald M, Kirk G, Pennine Care NHS Foundation Trust

Background: Engaging service users in treatment is part of the supportive and therapeutic care provided by low secure services (DoH 2002). However, low secure service users can be difficult to engage because they often do not value or believe they will benefit from the treatment offered (Lecomte et al. 2008). Novel treatment approaches such as serious games, are increasingly being used in mental health settings to engage service users (Fitzgerald et al. 2010). This paper describes the development and use of a serious game intervention at a low secure service. Despite this service using care pathways to manage clinical interventions, many service users were bewildered by their treatment experience and did not understand its relevance to their care and often failed to progress through the pathway.

Method: A snakes and ladders game designed and developed to improve service user understanding of the pathway and trialled in a clinical setting.

Conclusion: Anecdotally the game was well received. Most service users stated that the game improved their understanding of the pathway. The game facilitated service user discussion about how treatment could facilitate progression through the pathway, it promoted the sharing of real life experiences and explored the personal relevance of the pathway to individual care.

Implications: Understanding the relevance of treatment to self is central to the rehabilitation process. The anecdotal, but successful use of this occupational therapy activity as an intervention to improve motivation and concordance to

treatment shows promise and merits further evidence based development.

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Presenters' CVs

Martin Fitzgerald is Head of Occupational Therapy and Clinical Lead for Low Secure Service. Involved in the development of engagement strategies for this hard to engage client group.

Gemma Kirk is a Band 6 Occupational Therapist, Low Secure Service. He has designed and implemented serious games activities to engage Low Secure service users for the past four years.

Keywords

Engagement, Mental health, Recovery and rehabilitation, Forensics

Mental Health Annual Conference

Session no 66.1

Transforming rehabilitation pathways through innovative occupational therapy

Jones C, Cheshire and Wirral Partnership NHS Foundation Trust

Rosewood Intensive Rehabilitation Unit was developed in 2007 in Chester, England, in response to an unmet demand for service users with very complex needs where there was no local care pathway. Following a service redesign involving service users, carers, staff and commissioners, a fifteen-bed inpatient unit was created and individuals were identified in 'out of area', acute and secure services that could benefit from such intensive care closer to home. An example from clinical audit demonstrates significantly improved outcomes such that two thirds of service users are now successfully living in the community despite length of stay for up to ten years prior to admission to Rosewood Unit. Other outcomes include recurrent commissioner savings of over £2 million, fewer delays in acute wards and increasingly skilled staff delivering recovery principles in practice. This presentation will highlight factors that underpin this success, including the key ways in which dynamic occupational therapy is integral to service innovation and development. Five years into the Recovering Ordinary Lives strategy (College of Occupational Therapists, 2006) we are realising the vision and will demonstrate the delivery of the 2013 objectives. We have developed the roles of occupational therapists to include taking clinical, development and audit lead roles. This facilitates closer working with commissioners leading to continuing innovation in the service, including developing, delivering and managing an occupational therapy led Complex Recovery Assessment and Consultation Team. In

conclusion, this presentation will demonstrate practical ways in which occupational therapists are vital to improving quality and reducing inefficiency.

References

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Presenter's CV

Clair is a band 7 Specialist Occupational Therapist and Team Leader who specialises in complex rehabilitation and recovery in Chester.

Keywords

Care pathways, Mental health, Recovery and rehabilitation, Service innovation

Session no 66.3

Occupational therapy and psychosocial interventions (accredited) in a mental health unit

Mckenzie A, Enfield Down

This presentation explores the implementation of Psychosocial Interventions (PSI) in a Rehabilitation and Recovery Unit for People with Psychosis by a Lead Occupational Therapist who has recently completed a degree in PSI. Issues around the challenges and benefits of this for service users, carers and staff will be examined in the context of organizational change. Selected Occupational Therapy assessments and interventions (Kielhofner 2007) will be compared with assessments and interventions related to PSI. This will take place with particular focus on the conceptualization of 'negative symptoms' of psychosis (Beck et al 2011). A number of references will be made to the contemporary evidence base around this (Mairs et al 2011), and will lead onto clinical examples. These will be shown to derive from occupational formulations that propose the possibility of an integrated approach. The proposal that PSI training can enhance the depth and range of occupationally focused work is put forward.

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Presenter's CV

Amanda works in a Recovery unit for people with Psychosis and has recently completed a BSc degree at York University in Psychosocial Interventions.

Keywords

Mental health, Recovery and rehabilitation, Practice development, Theory

Session no 66.4**Bridging the gap to vocational empowerment within in-patient mental health units****Levins K, Halsall K, Lancashire care**

Our ability and opportunities to participate in occupation is essential to our health and wellbeing (Mossakowski 2009). People who are occupied either through paid or vocational work recover faster from illness and are more likely to remain well (Perkins 2009); however, 76% of people who suffer from longer term mental illness are unemployed (Mind 2010). The occupational therapy (OT) Restart and Recovery service in Central Lancashire recognised a need to guide more patients towards employment through innovative projects and challenging stigma. The challenge for the OT team was to introduce employment/vocational organisations early into a patient's treatment journey that created personal links and knowledge of how to access these services upon discharge. The project involved working partnerships with local charity trusts, educational and employment services and service users during their in-patient stay. Interventions occurred through group work and individual working. The environmental assessment of settings and activity analysis of occupations available to service users by the Occupational therapy team maintained appropriate partnership and service user suitability. Following the introduction of this programme there has been an increase in service users within our service engaging in volunteering opportunities with our community partners. There is a clear need to promote the value of roles in health and wellbeing. Occupational therapists must continue to demonstrate innovative practice. Service users' feedback identified that their experiences in this programme delivered confidence and belief in their abilities.

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Presenter's CV

Ken is an Occupational Therapist within an acute in-patient setting supporting the empowerment of people experiencing mental health challenges to be the person they can and want to be.

Keywords

Mental health, Health and wellbeing, Service innovation, Partnerships

Session no 66.6**Implementing service users computer and internet access whilst in hospital – the journey****Booth R, Tees, Esk and Wear Valleys NHS Foundation Trust**

Internet and computer access is a vital activity of daily living for paying bills, submitting university essays, communicating with friends via email and social networking, as well as getting information and shopping for people of all ages. There are

several research articles on using information technology in mental health to support patient education (Hátonen et al 2008 is one example). Ensuring access to computers and the internet, which is a normal activity of daily living, while a mental health in patient, does not seem to have a research base; however, this clearly has become an area of importance to Occupational Therapists working in this setting (Wardapedia 2012). Tees, Esk and Wear Valleys NHS Foundation Trust has embarked on a Trust wide project aiming to allow service users access to computers and the internet on every ward. This poster will depict the journey, initially driven from one occupational therapy department to the Trust Board, recognising computer and internet access as a future human right and acting on it before it becomes a NICE guideline or minimal standard in commissioning. Interestingly, the United Nations passed a landmark resolution in July 2012 affirming internet freedom as a human right. (New York Times 2012). The Poster will:

- Highlight the difficulties along the way.
- Outline the growing demand.
- Look at challenges, including: understanding the risks; managing the IT requirements; getting all staff and departments on board!
- And finally outline implementation and success – a 10 year journey.

References

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Wardapedia (2012) www.wardapedia.org/58-internet Accessed on 14/9/12.

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Presenter's CV

Rachel has interests in group work, creativity as an aid to recovery, and modernising services to meet culturally, technological and social developments. Qualifying in 2006 Rachel has worked in a range of Adult Mental Health in patient services.

Keywords

Inclusion, Mental health, Other, Service transformation

Older People Annual Conference**Session no 67.1****Innovation at the front line – developing an immediate falls response service****Aitkenhead S, Palmer A, Lawrence C, Cambridge Community Services**

With the rising older population and the aim to maintain the older person within their own home, the occupational therapist is ideally suited to embrace this current climate in delivering their expertise in assessing function and delivering interventions to facilitate independence at home. The Cambridge Falls Partnership Vehicle (FPV) combines the skills of an advanced paramedic (ECP) and an occupational therapist (OT) to deliver an immediate response to people over 65 who have fallen at home. This pilot scheme has now been fully commissioned and much can be learnt from reflecting on its journey. It has been an exciting project where the skills of the OT are ideally suited

to work across boundaries of primary and secondary care, working holistically with their patients to enable independence. The primary objective of the FPV is to avoid inappropriate acute admissions of patients who would normally have accessed accident and emergency departments (A&E) via the Ambulance service. Following a comprehensive assessment, interventions are provided to assist the patient to remain safely at home. The ECP provides immediate medical assessments and seeks to establish the cause of the fall. The therapist completes a functional and environmental assessment and has immediate access to equipment. A weekly virtual ward round with the Consultant Geriatrician provides clinical governance and has proved invaluable in ensuring the team expedite robust clinical reasoning. OTs have, for some time, proved their worth within A&E and emergency assessment unit (EAU) departments; integrated working with the Ambulance service is a natural progression and fulfils the government's drive to deliver the right care at the right time in the right place (Goodwin et al 2011).

References

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Presenters' CVs

Abigail Aitkenhead is an Occupational Therapist working in the Rehab and Falls Unit in a Community Hospital.

Annam Palmer is Therapy Lead for Rehab and Falls service in a Community Hospital.

Keywords

Service innovation, Ageing and older people, Integration, Partnerships

Session no 67.2

Encouraging active ageing in a complex client group

Grant K, Wise C, Pedley-Clues H, Sheffield Hallam University

Active ageing involves optimizing opportunities for health, participation and security in order to enhance quality of life as people age (WHO, 2002). Providing person-centered care that promotes older people's health and independence is a key standard for health and social services in the UK (DOH, 2001) and for Occupational Therapists in Europe (Council of Occupational Therapists for the European Countries 2010). This presentation will focus on the work of three Occupational Therapy students and their experiences designing and implementing interventions, which aimed to promote active ageing with marginalized groups. Working in role emerging placements with older people we were able to introduce Occupational Therapy to services that had no Occupational Therapists employed. The services we worked with were targeting groups of older people with visual impairments, substance misuse and a history of homelessness. All of these clients faced barriers beyond their age, including isolation, loss of independence and ill health. Interventions focused upon active ageing by encouraging social engagement and confidence through participation in self-care and leisure activities. These included a health and wellbeing program for clients actively engaged in substance misuse, cooking lessons and a gentle exercise group with the visually impaired. Outcome measures indicated that the offer of meaningful activities elicited a palpable change in the environments and outlook of individuals.

Client feedback demonstrated that each intervention enabled clients to make a leap towards a more positive future involving a more confident, healthier life style where they felt more able to participate fully in society.

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Presenters' CVs

Kirsty Grant is currently working towards an MSc in Occupational Therapy at Sheffield Hallam University, due to graduate in 2013.

Charlotte Wise is currently working towards an MSc (preregistration) Occupational Therapy course at Sheffield Hallam University, due to graduate in 2013. Previous degree: BSc (Hons) Psychology with Sociology at University of Hull.

Keywords

Ageing and older people, Third sector, Inclusion

Session no 67.3

Occupational therapy for care home residents with stroke: what is routine practice?

Fletcher-Smith J⁽¹⁾, Walker M⁽¹⁾, Drummond A⁽¹⁾, Sackley C⁽²⁾, University of Nottingham⁽¹⁾, University of East Anglia⁽²⁾

Introduction: Occupational therapy can specifically target the consequences of stroke by aiming to increase independence in daily activities and improving the ergonomics of the environment (World Federation of Occupational Therapists 2010). The purpose of this survey was to collect data on the content of occupational therapy for care home residents with stroke in the UK.

Method: Novel approaches were used to establish current UK practice. Following ethical approval, occupational therapists (OTs) were invited by email, social networking sites and flyers at conferences to volunteer to participate in an online questionnaire survey. The questionnaire collected data on respondents and service delivery (process and content).

Results: 114 questionnaires were analysed from OTs across the UK; the majority were employed by the NHS (n = 82, 72%). 62 (54%) had neurological expertise, of whom 18 (29%) were stroke specialists. 92 OTs (81%) had worked with stroke survivors in a care home setting in the last year. More than two thirds of these OTs (n = 62, 67%) had received stroke specific training. 'Bobath' and 'splinting' were amongst the three most common training themes. The Bobath approach was used by 42% (n = 39) of OTs working with residents with stroke. Splinting was a more frequently delivered intervention with this population, than the practice of self-care activities, task-based exercises, environmental adaptations, and cognitive rehabilitation. Three (4%) OTs were funded to provide a splinting service only to care home residents.

Conclusion: Despite the lack of evidence supporting the efficacy of the Bobath approach and splinting with stroke survivors, both are common aspects of routine practice in care homes.

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CV

Joanna Fletcher is a stroke rehabilitation researcher at the University of Nottingham and is a part-time PhD student. She is also Research and Development Officer for COTSS-NP.

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Keywords

Ageing and older people, Long term conditions (including neurological), Recovery and rehabilitation, Research

Work Annual Conference

Session no 68.1

Vocational rehabilitation following stroke: describing intervention

Grant M, Radford K, Sinclair E, Walker M, University of Nottingham

Introduction: A quarter of people who have a stroke in the UK are of working age but only 40% return to work (The Stroke Association and Different Strokes, 2006). A dearth of evidence and poorly described vocational rehabilitation (VR) interventions limit replication and implementation in clinical practice. This study aimed to describe the VR intervention delivered in a feasibility randomised controlled trial.

Method: VR intervention content delivered to 22 people (mean 59 (44–78) years, 17 men), working at stroke onset, recruited from an NHS stroke unit and randomised to receive VR, was recorded using a proforma adapted from a study of traumatic brain injury VR. Intervention components were categorized under 'face to face', 'liaison', 'administration' and 'travel' in 10 minute units.

Results: Intervention commenced between 10 and 53 (mean 29, SD 11) days following stroke and lasted between 21 and 369 days (mean 212, SD 112). Participants received a mean of 9 (SD 7, range 1–25) intervention sessions. Face-to-face intervention (44%) focused mainly on work preparation (20%) and the return to work process (work site visits, planning, and monitoring) (24%). Other interventions included dealing with psychological issues (8%), mobility and driving (7%) and cognitive rehabilitation (5%). Liaison consumed 21% of time (45% participants, 20% health professionals, 15% employers, 14% voluntary sector & stroke support service, 5% family, 1% Disability Employment Advisor). Only 4 participants permitted direct employer contact. Administration consumed 18% and travel 17% of time.

Conclusion: Vocational rehabilitation following stroke needs to be described so that effective components can be identified, evaluated and implemented.

References

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Presenter's CV

Mary Grant qualified as an occupational therapist in 1984 and has worked in clinical practice, education and research. She is currently studying for a PhD.

Keywords

Vocational rehabilitation/work, Research

Session no 68.2

Return to work following a brain injury: the lived experience

Beaulieu K, University of Northampton

Introduction: Brain injury usually results in different combinations and severity of physical, cognitive and behavioural difficulties within a working age population; therefore, has a huge health, social and economic impact. Work can support health and has been identified as giving individuals something to do as well as an income (Johnsson and Andersson 1999). Work provides a daily structure and defines aspects of status and occupational identity (Yerxa 1998) but why is return to paid work post brain injury impossible for most?

Method: Following ethical approval, a qualitative phenomenological approach was used to investigate the lived experiences relating to return to work following brain injury. Sixteen brain injured people and employers of brain injured people were recruited and interviewed. Following transcription, significant statements were extracted and meaning units were aggregated into clusters of themes to create description for both participant groups. A list of thematic elements was then integrated into an exhaustive description of the phenomenon (Giorgi 1985).

Results: The common themes across both the brain injured employees and employers which impact the return to paid work of individuals following a brain injury are: fear, coping with ongoing difficulties, disclosure, expectation and timing of return to work, benefits, fatigue, workplace colleague reactions, a sense of control, change and return to work options and feelings of success.

Occupational therapy implications: Knowledge of the factors which influence successful return to work following a brain injury will enable interventions to be designed to be more effective for both service users and employers.

References

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Presenter's CV

Mrs Beaulieu is an MSc award leader at Northampton University. She started her PhD in 2009 researching return to work post brain injury.

Keywords

Vocational rehabilitation/work, Long term conditions (including neurological), Research, Recovery and rehabilitation

Session no 68.3**Qualitative study into the effect of acquired brain injury on productive occupations**

Simmons S, Wilson S, University of Cumbria

Introduction: Return to work is set as the ultimate goal of rehabilitation following Acquired Brain Injury (ABI) as it demonstrates return to normality and recovery (Johanasson and Tham, 2006). As the majority of people do not return to work following acquired brain injury (Van Velzen et al, 2009) an understanding of the relevance of productive occupations as a category of occupational theory with this group of people is needed.

Method: Qualitative research was undertaken with 4 male participants with longstanding ABI. Semi-structured interviews were conducted based around a daily activities table. Interpretative phenomenological analysis was used to identify the emergent themes.

Ethics: Ethical approval was obtained from the University of Cumbria. Findings: Four themes were identified:

1. Productive occupations provided rehabilitation as a benchmark of normality, recovery and positively impacted on health.
2. People were motivated to participate in productive occupations, they provided a challenge to master, enabled self determination and contributed to family and society, this was driven by a strong work ethic.
3. Difficulties were encountered as a result of reduced performance capacity which changed how occupations were experienced and created a need for strategies.
4. The context of occupations was an enabler or barrier, supportive social and physical environments were needed which included long term professional input and the ability to control temporal elements to manage fatigue.

Implications for practice: Barriers and difficulties were experienced in participation in productive occupations. Occupational Therapists can enable participation by teaching strategies and adapting the environment.

References

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Presenters' CVs

Sarah Simmons is an Msc Occupational Therapy Student (Pre-Registration).

Susie Wilson is Senior Lecturer at the University of Cumbria.

Keywords

Recovery and rehabilitation, Research, Theory, Vocational rehabilitation/work

Session no 68.4**Vocational rehabilitation for people with brain injury: a review of the literature**

McVey O, McKeown L, University of Ulster

It is well recognised that being employed can improve an individual's health and well being and reduce health inequalities (Arbesman and Logson 2011). The primary objective of this literature review is to critically appraise research regarding the effectiveness of vocational rehabilitation programmes in improving the employability of adults following brain injury. The following databases were searched: Medline, Cinahl, Assia, Ahmed and OTDbase (2005–December 2011). This search was supplemented by manual searches of the reference lists of all retrieved studies and review articles. Keywords searched were 'vocational rehabilitation', 'supported employment', and 'brain injuries'. Inclusion and exclusion criteria were formulated. Six studies that met the inclusion criteria were reviewed. A range of methodologies were used in the studies. Five of the studies were quantitative and, only one study was qualitative in nature. Overall, studies provide some evidence that vocational rehabilitation is effective in improving the employability and productivity of adults following brain injury. Limitations in the design of studies limit the generalisability of findings. This review provides contemporary evidence regarding the efficacy of vocational rehabilitation services. It should give those who want to return to work or productivity following brain injury faith in vocational rehabilitation programmes. The findings of this review should challenge occupational therapists working in vocational rehabilitation or neurology to carry out research and demonstrate that occupational therapists have the skills and experience to be key players in vocational rehabilitation services for adults with brain injury.

References

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Presenters' CVs

Olivia is a University of Ulster Occupational Therapy graduate and has experience working in condition management programme and progression to employment services. Areas of interest are return to work and vocational rehabilitation services, neurology and physical disability.

Laura is an Occupational Therapy lecturer at the University of Ulster, Northern Ireland. She has worked in the NHS and for a voluntary organisation and has range of clinical experience including dementia care, medicine and surgery and neuromuscular disease. Laura has a PhD in Rehabilitation Sciences. Areas of research interest include vocational rehabilitation, the needs of caregivers of people with long term neurological conditions.

Keywords

Vocational rehabilitation/work, Long term conditions (including neurological), Research, Recovery and rehabilitation

College of Occupational Therapists Annual Conference

Session no 69.1

Living with a powered wheelchair: exploring children's and young people's experiences

Gudgeon S, Cumbria Partnership NHS Foundation Trust

Introduction: Numbers of children who use Electric-Powered Indoor/Outdoor Wheelchairs (EPIOCs) in the United Kingdom are growing, yet little is known about their experiences as the limited numbers of previous studies have focused on parents' perspectives. This study aimed to explore these children's experiences to inform services. Ethical permission to conduct the study was obtained from the NHS National Research Ethics Service (ref 11/H1002/3).

Method: An exploratory study was designed using Interpretative Phenomenological Analysis (Smith et al, 2009). This approach allowed for the individual lived experiences of the children to be explored, and interpreted, by a non-EPIOC using adult. Nine children aged 7–16 years who used an EPIOC as their main form of mobility were recruited and their views explored through semi-structured interviews.

Results: Children appeared to be working to achieve an adequate fit between self, EPIOC and the environment. Where an adequate fit was achieved the child experienced positive consequences of using an EPIOC; however, an inadequate fit led to negative experiences. The ever changing self/EPIOC/environment interface appeared crucial in shaping these experiences, adding weight to reconceptualising the social model of disability.

Conclusions: Children who use EPIOCs value the improved participation gained and are resourceful in adapting to challenges faced. However, there are risks involved in EPIOC use including anxieties around control and the potential for harm, reduced participation and social isolation and a prevalence of incidences of discrimination. This study contributes to the development of occupational therapy practice and philosophy within the area of childhood disability.

References

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Presenter's CV

Sue qualified as an OT in 2000 and recently completed an NIHR Masters in Clinical Research. She currently works as a Children's OT in Cumbria.

Keywords

Children and families, Assistive technology, Research, Community

Session no 69.2

Impaired self-awareness following TBI in children – the impact of interrupted development

Wales L, The Children's Trust

Introduction: Impaired self-awareness following a Traumatic Brain Injury (TBI) in children is not commonly reported in the literature although it is commonly discussed in clinical practice. The adult literature reports impaired self-awareness as a common consequence following a TBI resulting in a failure to fully engage in rehabilitation and poor long term outcomes

(Hart et al, 2009). The findings of the adult research are not directly transferable to children as they are at various stages of development when their injury occurs (Stuss & Anderson, 2004). Many areas, such as self-awareness, are not fully developed until late adolescence and early adulthood (Harter, 1999).

Aim: To investigate the impact of an interruption to the ongoing development of self-awareness as a result of a TBI on in childhood.

Method: Multiple single case study design using mixed methodology. Participants n = 14; TBI; 4–18 yrs at injury; 1 yr post injury. Measures:

- Strengths and Difficulties Questionnaire.
- Harter Self Perception Scale for Children.
- Self-Understanding Interview.
- Knowledge of Injury Scale for Children.
- Comparative data using parent and teacher versions.

Ethics reference 11/LO/0833

Results: Preliminary qualitative and quantitative data of three cases. Injury profiles are outlined. Discrepancy scores are calculated numerically and analysed descriptively. Self-report scores and themes are compared to typically developing children.

Discussion: The initial analysis of data is encouraging and demonstrates a discrepancy between self-report and significant others. There is also a difference between the self-awareness profile of the TBI children and that of typically developing children. Occupational therapists can support children and young people to gain awareness of their deficits following a TBI using an approach that requires a fuller understanding of child development.

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Presenter's CV

Lorna works part time as clinical specialist in centre for children and young people with acquired brain injury. Studying part time for PhD.

Keywords

Research, Recovery and rehabilitation, Children and families

Session no 69.3

Parental experiences of an occupational therapy parent education programme

Porter J, Coventry and Warwickshire Partnership Trust

This service evaluation project formed the basis of the author's dissertation submission for a Master's degree at Coventry University in August 2012. The author has set out to evaluate a specific aspect of current service provision in a community children and young people's occupational therapy service. The focus for the evaluation has been parental experiences of parent

education sessions that address sensory processing difficulties. The context for this evaluation lies in a national agenda to support parenting. *The National Service Framework for Children, Young People and Maternity Services* (Department of Health 2004) states that "parents or carers have a key role in providing some forms of therapy in the home. It is crucial that they receive training and support from health professionals to do this confidently and effectively." A qualitative methodology has been utilised to conduct an in-depth exploration of the phenomenon of 'parental experiences of attending occupational therapy parent education sessions'. This has been achieved through semi-structured interviews in the natural setting of the family home. A purposive/convenience sampling method was used to recruit parents from the local children and young people's occupational therapy service. Data analysis was carried out using a thematic analysis methodology. The 'feedback' from parents in this evaluation indicated that parents perceive positive impacts of the group intervention in the form of improved health and wellbeing and quality of life with a heightened awareness of the fundamental and ongoing role that they play in implementing changes to child and family lifestyle and ways of doing things to bring about the positive outcomes desired.

References

Department of Health (2004) *National Service Framework for Children, Young People and Maternity Services*. SI 2004/40496. London: HMSO.

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Presenter's CV

Joanne Porter is the Principal Occupational Therapist for the Children and Young People's Occupational Therapy Service in Coventry and has just completed her Master's Degree at Coventry University.

Keywords

Children and families, Community, Long term conditions (including neurological), Service evaluation

Session no 69.4

A study into the effectiveness of a postural care education programme

Hutton E⁽¹⁾, Hotham S⁽²⁾, East Kent Hospitals University Foundation Trust⁽¹⁾ University of Kent⁽²⁾

Background: Research identified that parents & teachers lack knowledge & confidence when providing postural care to a child with a physical disability (Hutton & Coxon 2011). This can act as a barrier to the successful implementation of therapy & affect a child's function & well being. To address this problem an intervention for parents & teachers has been developed.

Aim: The aim is to determine whether this intervention improves parents' & teachers' knowledge & confidence.

Method: The intervention is designed for teachers & parents of mainstream primary school children with a physical disability and will be delivered by therapists across the South East of England. Participants will be identified by their local therapists & recruited to the intervention. A within-subject design, with the outcome measure completed at baseline & at follow-up, will be employed.

Results: Data collection will be completed in May 2013. Analysis of this data will determine whether the intervention has improved parents' & teachers' knowledge & confidence.

Impact: There has been an on-going partnership between the researchers and service users throughout. A parent is a co-applicant & other parents & teachers have been involved in the design & development of the intervention.

Implications: This intervention will promote knowledge sharing & closer working between parents, therapists & teachers – leading to improved outcomes for the child. South East Coast REC (11/LO/0653). All participants will be recruited after providing informed consent. Participation is voluntary & can be withdrawn at any time. All data will be anonymous & only broad trends will be reported. Data will be securely stored as required by the Data Protection Act 1998.

References

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Presenters' CVs

Eve qualified as an occupational therapist in 1987 and has worked for the majority of her career with children, young people and families. She is Head Paediatric Occupational Therapist for East Kent Hospitals Trust and Senior Lecturer in the Research Centre for Children, Families and Community at Canterbury Christ Church University.

Sarah Hotham is a Research Associate at the University of Kent. Her background is in health psychology and quantitative research methods.

Keywords

Children and families, Service innovation, Research

Session no 70.1

The art of admissions

Walker N, University of Derby

With approximately 6 applications per place offered on University Occupational Therapy programs, the key role of the admissions team is to ensure that the most dedicated, highest academic calibre of student is enrolled onto the programs (Lysaght et al 2009). The University of Derby has been developing their selection process over the past two years. The team have devised a more objective set of selection criteria, which utilises past experience of successful group work tasks and now incorporates tasks which enable the interviewing staff team to assess candidates on observational, reflective, team working, communication and literacy skills. We have also introduced psychometric tests to ascertain the empathy and attachment scales of the candidates, as these have been shown to have a definite link to motivation and levels of burn out in both students and qualified staff (McWilliams & Bailey 2010). The empathy level testing was introduced into selection days carried out in 2011; our retention of level 4 students joining the program in September 2011 has remained high at 98.8% throughout the academic year. This year the team decided to shift the psychometric testing to consider attachment scales, as research has linked the level of attachment to motivational engagement in students (Roney et al 2004) and levels of burn out in qualified staff (Meredith et al 2011). The aim of this paper is to highlight, share and engage admissions tutors and clinicians in a discussion about the methods we have employed to date, in order to further develop strategies to ensure that our profession

continues to recruit and retain the most motivated, creative and proactive students to take our profession forward.

References

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Presenter's CV

Nicolas has been employed as a lecturer for the past 11 years and has been the admissions tutor for the BSc and MSc (pre reg) programs at the university for the past two years.

Keywords

Education (CPD LL skills), Engagement, Practice development, Commissioning

Session no 70.2

The multiple mini-interview: a potential selection tool for occupational therapy students

Bullen H, University of Derby

Introduction: Admissions procedures need to be seen as equitable and transparent. The reliability and validity of traditional methods of admissions procedures are frequently queried. These concerns may negatively bias against under-represented minorities (Reiter and Macoon, 2007) and cause unsuitable candidates to be selected, affecting attrition. This paper will present findings of a literature review that contrasted traditional selection methods with the Multiple Mini-Interview (MMI); a selection tool which evolved from the Objective Standardised Clinical Examination (Eva et al, 2004).

Method: The review focussed on selection methods to health programmes worldwide and included Cochrane reviews of the MMI.

Conclusions: The MMI was widely viewed as the first "psychometrically defensible measurement tool of non-cognitive domains" (Moreau et al, 2006:60). Increases in time were contrasted with improved methods of selection. The MMI has the flexibility to be responsive to societal changes, and for practitioners and service-users to be involved in this process.

Impact on applicants: Students selected need to be those best able to meet the multiple requirements of future practitioners and of the OT programme. The MMI has the potential to do this. It reduces the effect of context specificity: the applicant can recover from a poor answer in one area.

Implications for OT: The evidence base is predominantly focussed on medical students. Incorporating the MMI into selection procedures for OT students and developing an evidence base in relation to selection, retention and quality of OT students is recommended.

Ethical Approval: As a literature review approval through the University Ethics Committee was not required.

References

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Reiter, H. and Maccoon, K. (2007) A compromise method to facilitate under-represented minority admissions to medical school. *Advances in Health Sciences Education. Vol 12:* 223–237.

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Presenter's CV

Heather is a lecturer at the University of Derby. Research interests include admissions procedures, employment and marginalised populations.

Keywords

Education (CPD LL skills), Theory

Session no 70.3

Student continuous professional development (CPD): is it ever too early to start?

Westcott L, Eyres P, Plymouth University

Introduction: The university team have recognised increasing tension to reflect the breadth of contemporary practice within a time constrained undergraduate programme. With a busy timetable, structured to develop knowledge and skills in a range of competencies (COT 2009, HCPC 2012), there is difficulty exposing students to a fuller range of specialist practice and experiential work. Alongside this is a need to form a culture of personal responsibility for career-long CPD within new professionals.

Method: This presentation will discuss drivers and enablers for a programme of student CPD at Plymouth University that sits outside the main curriculum. Presenters will draw on their educational knowledge to explore how this was used to develop professional identity and added value to the student experience. Challenges and limitations of this type of extra curricula CPD will be explored.

Results: Student evaluation of the CPD programme will be presented with reflection on the strengths and limitations of the initiative. This will include a focus on the content of the programme and the method used to structure student involvement in an integrated way across all years of study.

Impact on service users: Students with a strong identity as proactive therapists, for whom seeking CPD is an integral part of their practice, will be professionally fit for purpose.

Implications for occupational therapy: The knowledge, skills and values of UK graduates need to remain current. Therapists who value engagement in CPD as students, and who can demonstrate proactive participation, may be advantaged on qualification in this respect.

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Presenters' CVs

Lyn is an Associate Professor and Academic Lead for Occupational Therapy at Plymouth University.

Pat is Programme Lead for the BSc(Hons) programme at Plymouth University.

Keywords

Education (CPD LL skills), Practice development, Knowledge transfer, Practice development

Session no 70.4

Building 'capital' through problem-based learning, but what about knowledge?

Whitcombe S, Cardiff University

Problem-based learning (PBL) is an educational approach that uses problems or 'triggers' to initiate occupational therapy students' learning. Typically, students work in small groups (between eight and ten people), facilitated by a tutor, where they are required to identify, source, and contextualise knowledge to solve a given problem. Previous research on PBL has focused on issues such as, students' learning styles or approaches to group work but occupational therapy students' understanding of knowledge and PBL has received little attention in the literature. This qualitative study explored undergraduate occupational therapy students' perceptions of knowledge from one PBL course. The data were collected through the use of twenty semi-structured interviews and the findings were analysed thematically and in relation to theoretical constructs derived from the sociologists of education Basil Bernstein (2000), and Karl Maton (2010). The findings suggest that whilst PBL offered students the opportunity to develop and enhance forms of human and social capital such as research skills and team working, their understanding of professional occupational therapy knowledge was limited. In a climate where healthcare provision is becoming increasingly pluralised and inter-professional working is common, occupational therapists still require an understanding of the esoteric knowledge that differentiates their practice from others. PBL curricula and PBL tutors have a responsibility to make this knowledge explicit.

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Presenter's CV

Steven is a lecturer in occupational therapy at the School of Healthcare Studies, Cardiff University. He has been a lecturer for twelve years, previous to that he worked as an occupational therapist in a range of mental health settings in South Wales. His research interests centre on occupational therapy knowledge, professional identity and health professional education. He

has a longstanding interest in Problem-based learning as an educational approach and in 2008 he co-edited the text 'Problem-based Learning in Health and Social Care', Oxford, Wiley-Blackwell.

Keywords

Education (CPD LL skills), Knowledge transfer

Session no 71.1

Doing, being, becoming and belonging: circle dance promoting wellbeing

Borges da Costa A, University of Bolton

Circle dance derives from the tradition of folk dance and historically has been a popular form of dance throughout the world. As a meaningful physical and leisure activity, circle dance can be explored in the context of occupational therapy principles and practices to promote health and wellbeing (Borges da Costa, 2012). This paper aims to provide a brief analytical outline of my doctoral research in which the potential contribution of circle dance to wellbeing is explored through the subject field of occupational therapy.

The overall focus of this investigation is to develop an understanding of the complexity and meanings that participants attribute to circle dance and its impact on their sense of occupational wellbeing (Wilcock, 2007), generating a detailed knowledge of the process of being engaged in this shared occupation. It also considers how the principles of occupational therapy could enhance teaching strategies used in circle dance. Using a constructivist approach to grounded theory (Charmaz, 2006), thirty nine in-depth interviews were conducted with participants, teachers and coordinators of teacher training programmes from the circle dance network in the United Kingdom. The findings reflect the occupational experience of a diversity of people and explore correlations to the concept of serious leisure (Stebbins, 2008) and engaging occupation (Jonsson, 2008). The contribution to knowledge, informing occupational therapy practice and advancing occupation-based knowledge in the field of leisure, physical activity and wellbeing, will also be further explored in this paper.

References

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Presenter's CV

Ana Lucia Borges da Costa is an occupational therapist with over 22 years experience of working in the field of mental health in both Brazil and the United Kingdom. She has been using and teaching circle dance for the past 16 years in a clinical setting as well as in non-institutional and community settings. She is

currently a doctoral student in the Faculty of Well-Being and Social Sciences, University of Bolton.

Keywords

Health and wellbeing, Research, Community

Session no 71.2

Cycling as an occupation: its meanings within a health and wellbeing context

Butler K, Smith L, Blake A, Flower C, Hetreed L, Roberts A, Plymouth University

Introduction: Although the concept of meaning has been researched, the personal meaning of physical occupations such as cycling has not been widely studied within occupational science. This qualitative study sought to explore personal, experiential meanings of cycling for adults who cycle regularly and to generate an understanding of this under-researched area.

Method: Ethical approval was gained from a UK Undergraduate Research Ethics Sub-Committee. Participants were indirectly recruited through gatekeepers and gave informed written consent. Semi-structured interviews were conducted to collect qualitative data through exploration of experiences of five male adults aged between 28 and 60, who cycled at least once per week. Interviews were audio-recorded, transcribed verbatim and analysed thematically. Confidentiality and anonymity were assured through the use of pseudonyms, identifiable data removal and restricted access.

Findings: Four common themes emerged from the data. Participants derived a sense of personal and social identity from their participation in cycling, which they all identified as important to their routine. All acknowledged the physical health benefits and beneficial effects upon their mental wellbeing. However, there was diversity in participants' views on the social aspects of cycling. All of these meanings are shared by occupations reviewed in the literature search.

Conclusion: This study furthers occupational therapy and occupational science knowledge of the meanings of specific, physical occupations. It indicates the potential for cycling to be used as an effective occupational therapy intervention to enhance the health and wellbeing of service users.

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Presenters' CVs

Karen Butler graduated from Plymouth University in 2012 with First Class Honours in Occupational Therapy following a long and successful career in telecommunications engineering and management.

Louise Smith graduated (First Class Honours) from Plymouth University (2012). Fitness-management / mental health career. Aiming to specialise in promoting physical occupations for mental wellbeing.

Keywords

Occupational science, Health and wellbeing, Research, Engagement

Session no 71.3

Boxing as an occupation in deprived communities: constructive or simply controversial?

Robertson F, Sheffield Hallam University

The purpose of this presentation is to debate the use of boxing as a potential occupational therapy intervention. An investigation of the literature reveals that boxing is predominantly a leisure activity pursued by individuals from areas of deprivation (Anderson 2007). Sammons (1990) suggests that boxing can enable individuals to construct an identity and understand their place in society. If occupational therapy is to address issues of culture and diversity in areas such as race and social status, boxing can be explored as an occupation in disadvantaged and deprived areas. Boxing can also be utilised as an intervention in instances of anti-social behaviour with additional application to issues of anger management, bullying and racial abuse. Occupational therapists are in an ideal position to educate on aspects of health and safety and promote the physical and mental health benefits of engagement in physical activity. By using an occupational science framework and placing boxing in a social, cultural and economic context, its value as a human occupation can be addressed and future implications for occupational therapy practice can be identified. The success of boxers in the 2012 Olympics has raised the profile of this controversial pugilistic sport, demonstrating the need for further understanding and debate. Is this something in which occupational therapy should be involved?

References

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Sammons J., (1990) *Beyond the Ring: The Role of Boxing in American Society*. Illinois, University of Illinois Press.

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Presenter's CV

Having worked as an occupational therapy assistant, Fiona is currently in her final year of BSc (Hons) Occupational Therapy.

Keywords

Physical health, Deprivation, Occupational science, Participation

Session no 71.4

Did you hear the one about the funny occupational therapist? Humour therapy

Hortop A, The University of the West of England

Occupational therapists are creative practitioners able to use complex concepts such as humour therapeutically through the use of their unique core skills of activity analysis, therapeutic use of occupation and environmental adaptation.

There are two main types of humour, nonsense humour where the resolvability of the understanding isn't tangible and congruence resolution humour where the humour is obvious; for example, the difference between the comedies 'Monty Python' and 'Friends' (Eklan, 2010). Humour can be used as a tool for therapeutic interaction and as an intervention medium. Occupational therapists are equipped to progress beyond using comedy clips and cartoons to elicit a humour response, moreover to consider how humour can influence every aspect of a person's life. There is an opportunity to enable people to understand how to affect their daily living and relationships through producing a genuine humour response, not to elicit false laughter.

Using the Canadian model of occupational performance and engagement, this workshop will explore how occupational therapists can use their core skills to tailor and develop a person's humour style to their unique needs, occupations and environments. There will be an opportunity to explore humour assessment, specific techniques and resources developed to increase a positive humour response. As humour can be used destructively and inappropriately there will be exploration on the cautions of humour use.

References

Eklan D (2010) The Comedy Circuit. *New Scientist*. 205 (2745), 40–43.

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Presenter's CV

Alice Hortop is a senior occupational therapy lecturer and has been specialising in therapeutic use of humour, smiling and laughing for over a decade.

Keywords

Mental health, Health and wellbeing, Engagement, Physical health

Session no 72.1

Exploring the meaning of confidence after stroke

Horne J, Logan P, Lincoln N, University of Nottingham

Introduction: Loss of confidence and psychological distress is common after stroke, and can affect the success of rehabilitation. Regaining confidence, according to stroke survivors, is a top ten research priority (Pollock 2012), yet defining confidence and its meaning have been largely ignored. This ethically approved study aims to explore perceived barriers, and the factors that enable stroke survivors to regain confidence.

Method: This qualitative study forms part of a multi-centred randomised controlled trial of outdoor mobility. Semi-structured interviews were conducted with ten purposely selected stroke participants. The principles of interpretive phenomenology analysis were applied in both the collection and analysis phases. Ethical approval was obtained from Nottingham Research Ethics Committee 1 09/H043/55.

Results: Participants describe the essence of confidence as doing, choice, role participation and engaging in everyday activities, a meaning that underpins the philosophy of occupational therapy. Six key themes were identified: Identity; Fear; Team confidence; Role confidence; Skill mastery; and Self-constructs. Barriers were described as: loss of competence; negative reinforcement from others, including health professionals; and fear of everyday activities. Conversely, enablers included, positive reinforcement, successful skill mastery, and self-defined positive changes in roles.

Conclusion: Stroke survivors' perception of confidence is multi faceted and impacts on their daily lives and their carers' lives, as they endeavour to adjust. This knowledge, and its development, aims to enable occupational therapists and researchers improve and manage patients confidence in the longer term.

References

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Presenters' CVs

Jane Horne was previously a senior occupational therapist on the stroke unit, prior to pursuing a research career in stroke rehabilitation, at University of Nottingham. She was awarded the Stroke Association Junior Fellowship award earlier this year to complete a PhD on measuring confidence after stroke.

Professor Pip Logan is a clinical occupational therapist in addition to her role as a professor in the division of Rehabilitation and Ageing, at the University of Nottingham. She has many years of clinical and research experience and is currently chair of COT specialist section for neurological practice.

Keywords

Long term conditions (including neurological), Health and wellbeing, Ageing and older people, Adaptation

Session no 72.2

Multi-centre randomised controlled trial of an outdoor mobility intervention after stroke

Logan P⁽¹⁾, Horne J⁽¹⁾, O'Neil K⁽²⁾, Leighton M⁽³⁾, Newell O⁽⁴⁾, Walker M⁽¹⁾, Armstrong S⁽¹⁾, Woodhouse L⁽¹⁾, University of Nottingham⁽¹⁾, South Tyneside Foundation Trust⁽²⁾, CTU, University of Nottingham⁽³⁾, Service User⁽⁴⁾

Background: Up to 42% of all stroke patients do not get out of the house as much as they would like. This can cause people to have a reduced quality of life. A single centre randomised controlled trial (Logan et al, 2004) found that a targeted outdoor mobility rehabilitation intervention allowed significantly more people to say they got out of the house as much as they wanted to. However, the intervention was provided by only two occupational therapists in one location. The aim of this study was to evaluate the clinical and cost effectiveness of the intervention in a larger population.

Method: A multi-centred randomised controlled ethically approved trial with participants. Participants were randomly allocated to either the intervention group or the control group. Intervention group participants received up to 12 rehabilitation outdoor mobility sessions over 4 months from either an occupational therapist or physiotherapist. The main component of the intervention was that therapists went repeatedly with patients to practice outdoor mobility. The control group participants received the routine intervention for outdoor mobility limitations: verbal advice and provision of leaflets provided over one session. Outcome measures were collected using postal questionnaires, independent assessors and monthly travel calendars. The primary outcome measure was the Social Function domain of the SF36 quality of life assessment six months after recruitment.

Current Status: This is the largest study of an occupational therapy intervention. 568 participants (112% of the target 506) from 15 UK rehabilitation sites were recruited. 503 (89%) of the six month outcome measure have been returned. The 12 month assessments will be completed in Sept 12.

References

Logan, P., M. Leighton, et al. (2012). "A multi-centre randomized controlled trial of rehabilitation aimed at improving outdoor mobility for people after stroke: study protocol for a randomized controlled trial." *Trials* 13(1): 86.

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Presenters' CVs

Jane Horne was previously a senior occupational therapist on the stroke unit, prior to pursuing a research career in stroke

rehabilitation, at University of Nottingham. She was awarded the Stroke Association Junior Fellowship award earlier this year to complete a PhD on measuring confidence after stroke.

Professor Pip Logan, is a clinical occupational therapist in addition to her role as a professor in the division of Rehabilitation and Ageing, at the University of Nottingham. She has many years of clinical and research experience and is currently chair of COT specialist section for neurological practice.

Keywords

Research, Ageing and older people, Community, Long term conditions (including neurological)

Session no 72.3

Virtual reality intervention for upper limb rehabilitation: a practical demonstration

Richardson A⁽¹⁾, Whitehead P⁽¹⁾, Standen P⁽¹⁾, Threapleton K⁽¹⁾, Connell L⁽²⁾, University of Nottingham⁽¹⁾, University of Central Lancashire⁽²⁾

Background: There has been increasing research on Virtual Reality (VR) interventions for upper limb rehabilitation following stroke (Saposnick and Levin 2011). However, there may be barriers to the development and implementation of this technology in community settings (Standen et al 2012). We have developed a bespoke home-based infra-red glove and games suite, designed to promote intensive participation in rehabilitative upper limb exercises. The impact of this VR intervention on motor function and on the use of the affected limb in Activities of Daily Living (ADL) is currently being explored within a feasibility randomised controlled trial (RCT).

Method: This workshop will provide a demonstration of the infra-red glove and games suite. Delegates will have the opportunity to try out the equipment in a practical session. Examples from case studies of participants recruited to the RCT will be discussed, with the following aims: to encourage shared learning on the use of VR technology for rehabilitation in community or hospital settings; and to explore how technology could be used to rehabilitate stroke patients to be able to participate in ADLs.

Results/Conclusions: Delegates will gain an understanding of a bespoke VR intervention for upper limb rehabilitation. Discussion will encourage knowledge and learning related to the development, use and implementation of VR interventions in clinical and community occupational therapy settings. Further discussion aims to enhance learning of the link between VR rehabilitation and participation in ADL.

References

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Standen, P, Brown, D, Battersby S, Walker, M, Connell, L, Richardson, A, Platts, F, Threapleton, K, Burton, A (2012) *A study to evaluate a low cost virtual reality system for home based rehabilitation of the upper limb following stroke* Proc. 9th Intl Conf. Disability, Virtual Reality & Associated Technologies Laval, France, 10–12 Sept. 2012.

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Presenter's CV

Andy Richardson has worked for 10 years in community rehabilitation settings, and currently works for Derbyshire

Community Health Services. He is also seconded to CLAHRC NDL and works on the WiiSTAR study.

Keywords

Long term conditions (including neurological), Recovery and rehabilitation

Session no 74.1

There be dragons! How interview processes can lure the unwitting to ethical compromise

Ormston C, Taylor L, Walker S, Haper J, Lancashire Care NHS Foundation Trust

Employment opportunities for new UK occupational therapists have changed significantly in recent times. Some 'traditional' posts, previously an obvious choice for the newly qualified, have vanished or changed, while new 'emerging' roles present 'a time of great possibility' (Molineux and Baptiste 2011), with opportunities in third sector services or industries, and some disabled people employing therapists directly. As professional leads in a large NHS Trust, the authors have observed changes in the employment market affecting the number and quality of applications, and reflect in the success, or otherwise, of securing an interview. The quality of experience and skills offered by prospective therapists – gained either pre or post qualification – can be enriched through their previous 'caring' work-roles (making some really stand out from the crowd). For others, the manner in which they present that information is jeopardising careers before they've properly started; some applicants are seemingly struggling to balance showcasing their skills with protecting individuals' privacy. This session is for anyone considering applying for a new post. Providing a chance to consider some potential ethical and professional issues around describing learning from earlier work roles, and outlining past employment, it also gives those seeking new staff space to consider how recruitment processes can unwittingly provoke ethical dilemmas. The presenter will share personal observations and experiences, outline some concerns, and host a conversation to identify some "dos" and "don'ts" that boost successful interviewing, challenge habituated practices, and avert triggering breaches of our code of ethics and professional conduct (COT 2010).

References

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Presenter's CV

Cathy is Professional Lead for Occupational Therapy for Lancashire Care NHS Foundation Trust; champions service users' occupational rights and leads practice for 250+ occupational therapists across mental health and community services throughout Lancashire.

Keywords

Management and leadership, Opinion, Education (CPD LL skills)

Session no 76.1**The influence of role emerging placements on employability and career path****Thew M, Leeds Metropolitan University**

Employability is a key factor in measuring the success of students' graduation from a university course (QAA for Higher Education 2008). It is important that students are 'fit for purpose' for the occupational therapy market, particularly a market which has now widened and diversified from predominantly statutory service providers to embrace the ever-changing demands of health and social care, particularly within the third sector (DH 2009). In addition, occupational therapists of the future need to be prepared adequately to 'think outside the box' in terms of their longer term career paths (Withers and Shann, 2008); instrumental to that are innovative curricula and the Role Emerging or third sector placements (Lawson-Porter and Skelton 2009). Role Emerging Placements (REP) are now fairly commonplace in occupational therapy pre-registration education within the UK (Edwards and Thew, 2011), and they appear to be highly valued by students (Thew et al 2008). However, their impact in gaining jobs or influencing the careers of newly qualified occupational therapists is yet to be established. This paper describes a mixed methods research study involving a self-administered survey and thematic analysis of 6 interviews of alumni from the MSc Occupational Therapy (pre-reg) programme at Leeds Metropolitan University. Using a phenomenological approach, the research explores in depth the experience of new graduates in gaining permanent employment as either an occupational therapist or alternative post and considers whether, or to what extent, the Role Emerging Placement experience influenced their ensuing practice and career path.

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Thew M, Cronin-Davis J, Hargreaves A (2008) *An evaluation of role-emerging practice placement model for a full cohort of occupation*.

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Presenter's CV

Miranda is a Senior Lecturer. Her research concerns the impact of Role Emerging Placements she has authored an international book on role emerging practice.

Keywords

Education (CPD LL skills), Research, Third sector

Session no 77.1**Do I know who I am? Social care or health care? Occupational therapist or social worker?****Cambridge S, Devon County Council**

Times are changing, the environments in which we work are changing and the organisations we work for are continually changing/re-branding/reshaping/reorganising. The individuals and families we work with sometimes seem to be the only constant in the ever-changing environment of modern health and social care in the community.

Our challenge is to retain a professional identity whilst working in an increasingly integrated way across traditional organisational and professional boundaries to ensure seamless journeys for individuals. Or is it?

This presentation will provide a "tool kit" for those facing this challenge; the unique selling points, the techniques and approaches used to ensure that occupational therapists retain a pride in their unique profession and can confidently describe to commissioners and colleagues the "added value" that they provide in the integrated "new world" of social care.

It will identify the:

- practical techniques for achieving integration without loss of professional identity
- outcomes achieved, including increased professional confidence

One manager's journey into the future

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Presenter's CV

Sarah Cambridge has worked in Health and Social Care for over 31 years, as a frontline practitioner, manager, and now as a professional lead.

Keywords

Social care, Management and leadership, Integration, Practice development

Session no 77.2**Learning to use social media to develop a professional presence online: a masterclass****Hook A, Bodell S, University of Salford**

Social media is ubiquitous in the 21st Century, and can present huge opportunities for occupational therapists to connect, learn and share in the name of continuing professional development (Bodell et al 2009, Bodell and Hook 2011). This project sought to test an educational model designed to enable occupational therapy to maximize these opportunities whilst minimizing any associated risks (Boon and Sinclair 2009). It was led by the authors, who are both experienced in using social media for professional development. The authors designed and delivered a social media masterclass which ran over 8 months of an academic year and contained face to face and virtual learning opportunities. Both authors made themselves available as online mentors and shared their online professional networks with the participants. Content included using Facebook, Twitter, LinkedIn and Blogging, creating an online professional presence and creating and developing successful online professional networks. Interested students were invited to express an interest and 4 students then committed to the Masterclass; however, one became unwell and unable to continue. The remaining

students engaged with the project to varying degrees and all provided qualitative feedback during and on completion of the programme. All students expanded their online professional networks and presence. They felt 'safer' online, and more confident in managing their online presence and interacting with other professionals. They generally found Facebook the most useful platform for networking, though one student embraced Twitter and blogging enthusiastically too. All could see the value in being online professionally in relation to continuing professional development.

References

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Boon, S.; Sinclair, C. (2009) *A World I Don't Inhabit: Disquiet and Identity in Second Life and Facebook* Proceedings of the 6th International Conference on Networked Learning.

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Presenters' CVs

Sarah Bodell is Senior Lecturer in Occupational Therapy.

Angela Hoos is Senior Lecturer in Occupational Therapy.

Keywords

Education (CPD LL skills), Knowledge transfer, Practice development

Session no 77.3

How identity is conceptualised from the lived perspective of stroke: a meta-synthesis

Hefner K, Preston J, Glasgow Caledonian University

Background: Stroke has become one of the leading causes of disability in western society (WHO, 2011). After stroke, survivors frequently work with occupational therapists to regain activities of daily living which are lost due to the stroke. These losses may affect the stroke survivor's sense of self or identity.

Aim: To identify the impact stroke has on the maintenance and development of identity by evaluating the qualitative occupational science and rehabilitation literature examining the lived perspective post-stroke.

Method: A meta-synthesis approach was used to identify, assess and synthesise 8 from occupational science and 9 from general rehabilitation literature, exploring the lived experience post-stroke to generate an overarching theme of identity in stroke.

Findings: Stroke survivors experience a non-linear dynamic journey to integrate "Old Self or Pre-stroke identity" and "New Self or Post-stroke identity" with nine sub-themes or factors contributing to the complexity of identity: Who Am I, No Longer on Auto, Lost Independence, Social Support, Environment, Aha!, Physical Limits, Emotional Roller Coaster and Services.

Conclusion: Stroke survivors experience a tension between their "pre-stroke identity" and "post-stroke identity"; however, occupational therapy by its philosophy and definition is ideally suited to assist stroke survivors with regaining and developing their identities.

References

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Presenters' CVs

Kristen Hefner, BA, MRes, carried out this work for her MSc Occupational Therapy (Pre-Registration) degree at Glasgow Caledonian University, supervised by Dr Jenny Preston.

Dr Jenny Preston is a Consultant Occupational Therapist within NHS Ayrshire & Arran and lecturer at Glasgow Caledonian University.

Keywords

Theory, Occupational science, Long term conditions (including neurological), Disruption

Session no 77.4

Marketing occupational therapy

Shann S⁽¹⁾, Courtney L⁽²⁾, Northumbria University⁽¹⁾, South Tyneside NHS Foundation Trust⁽²⁾

Commissioning a patient-led NHS (DoH, 2005) created the expectation that primary care trusts would develop into 'world-class commissioning' organisations and service user choice and value for money would be ensured by developing the market and creating services with a cadre of innovative and confident practitioners. In order that commissioned services are utilised effectively (DoH, 2009) it is essential that organisations deliver effective services and that the principles of marketing and promotion are embedded into these services to ensure organisational survival in these changing circumstances. Increasingly, business methods and entrepreneurship are being taught as part of undergraduate occupational therapy curricula and are seen as a way of adapting and promoting our core professional skills (Withers and Shann, 2008). This poster will draw upon initiatives and teaching strategies at Northumbria University, in collaboration with clinicians, to help students develop marketing knowledge and skills. The poster will explore the concept and role of marketing in relation to occupational therapy and the context of the changing environment the profession finds itself operating in. Perspectives on marketing strategy (Scaffa, 2001) will be discussed, focusing on its relevance to current and future challenges that occupational therapists face. Examples from practice will be shared, drawing on the outcomes and perspectives of students, academics and clinicians.

References

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Withers, C., and Shann, S. (2008) 'Enhancing Employability for OT Graduates', *Occupational Therapy News*, 16(5); pp.32.

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Presenters' CVs

Samantha is a senior lecturer who is involved in promoting occupational therapy at local and international levels.

Lindsay manages a range of occupational therapy services across Gateshead and currently chairs the Northeast AHP Collaborative which aims to promote the role of AHPS across the region.

Keywords

Education (CPD LL skills), Practice development

Session no 78.1**Managing breathlessness in patients with lung cancer****Beveridge J, Queen Margaret University**

Lung cancer is a prominent cause of mortality worldwide, with 70% of patients being diagnosed in the advanced stage and between 55–90% of patients experiencing breathlessness (Xue and Abernethy 2010). Breathlessness is a subjective experience of breathing discomfort that consists of qualitatively distinct sensations that vary in intensity. The experience derives from physiological, psychological, social and environmental factors, and may induce secondary physiological and behavioural responses (The American Thoracic Society, 1999). It is a symptom frequently encountered by OTs working with people with lung cancer, and has devastating effects on a person's health and well-being. A broad range of literature has been critically reviewed relating to the management of breathlessness in patients with lung cancer, including the use of hand held fans, anxiety/panic management/ relaxation, planning and pacing, breathing techniques, and breathlessness clinics. There is no definitive process proposed to manage this symptom, suggesting an individualised approach is taken with each patient, utilising evidence, the occupational therapists skill, and the patient's experiences. Breathlessness is described by Connolly and O'Neill (1999) as a 'messy' problem, a complicated symptom requiring a complex response. What is apparent is that the high quality research studies cannot be directly translated into occupational therapy clinical practice, and that the majority of the practical techniques outlined by clinical experts in the literature are, as yet, not evidence based. Further research is required into the efficacy of approaches to breathlessness in lung cancer patients, to gain consensus about the most effective strategies.

References

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Xue, D. and Abernethy, AP. 2010. Management of dyspnea in advanced lung cancer: recent data and emerging concepts. *Current Opinion in Supportive and Palliative Care*, 4, pp.85–91.

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Presenter's CV

An OT for 18 years, Joanna has worked in the NHS as a clinician and manager, recently moving in to Higher Education as a Professional Practice Tutor. Palliative care is an area of great interest and Joanna was employed as a MacMillan OT for a period of time.

Keywords

End of life care, Health and wellbeing, Practice development

Session no 78.2**Recognising pain behaviours in learning disabilities; occupational therapy's contribution****James G, Bournemouth University**

Mencap reports highlight the failings of health professionals across the NHS to recognise and manage pain and associated illnesses in people with learning disabilities (Mencap 2007).

The International Association for the Study of Pain includes people with developmental delay in its pre-registration Curriculum Outline on Pain for Occupational Therapy (IASP, 2012). They suggest exploration of the impact of persistent pain on function, activity and quality of life and the barriers to effective pain communication; particularly for people with profound and multiple impairment. In order to build an informed component for the student programme a literature search and review will be used to establish key factors relevant to the challenges posed in pain recognition with those with limited communication and challenging behaviours.

Factors which help to indicate the role of pain and discomfort in reduced or maladaptive occupational performance are instrumental in informing the approaches used by occupational therapists in learning disability services. By working closely on daily activity with the individual and carer, occupational therapists are well positioned to recognise pain barriers to function and to decode non-verbal communication and behaviours which indicate distress.

Occupational therapists have a shared role in monitoring the health and wellbeing of those with whom and for whom they work and, when equipped with knowledge and understanding of pain presentation in those with limited verbal or expressive ability, can adapt their own approaches and provide expertise in pain recognition and effective communication across all services.

References

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Mencap (2007) *Death by indifference: following up the 'Treat me right!' report*. London. Mencap. Available at: <http://www.mencap.org.uk/node/5863>. Accessed on 17.09.12.

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Presenter's CV

Gwyneth is a Lecturer at Bournemouth University, Research and Development Officer, College of Occupational Therapists Specialist Section for People with Learning Disabilities; MSc in Rehabilitation and Research, Southampton University.

Keywords

Learning disability, Health and wellbeing, Education (CPD LL skills), Inclusion

Session no 78.3**Management of insomnia in end of life care****Beveridge J, Queen Margaret University**

Sleep is a universally common process, occupying a third of a person's lifespan. The incidence of insomnia in end of life care varies between 22% and 100% (Hajjar, 2008). The causes may be psychological, physical, medication related, or

environmental. Insomnia impacts negatively on health and well-being, heightening pain, lowering the ability to cope, thereby considerably affecting function (MacLeod, 2007). Identifying techniques to manage insomnia within end of life care will develop practice for the occupational therapist, as sleep is essential for occupational engagement. Daytime activities influence sleep, and sleep affects the performance of these activities. The issue about whether sleep is an occupation or not is controversial in the OT literature (Green, 2008) as occupation is usually seen as involving action (Christensen and Townsend, 2010). A literature review shows that various techniques can be employed such as sleep hygiene, imagery training, physical exercise and cognitive behavioural interventions. The role of the OT includes the use of relaxation, ensuring patients can be as independent as possible with bed transfers and mobility (Cooper, 2007), assessment of the sleep environment and pre-sleep routine, as well as management of other symptoms, i.e. breathlessness or anxiety. OTs may be involved in altering the home environment for end of life care, which can impact greatly on sleep for the patient and carers. Healthcare professionals should screen for insomnia as patients do not routinely disclose it; and OTs, as part of a team approach, can play a part in the management of insomnia.

References

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MacLeod, S. 2007. *The Psychiatry of Palliative Medicine: The Dying Mind*. Abingdon, Radcliffe Publishing.

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Presenter's CV

An OT for 18 years, Joanna has worked clinically and managerially mainly within acute hospital settings. Oncology and Palliative Care are clinical passions, and for a time Joanna was employed as a MacMillan OT. Joanna has recently moved into Higher Education as a Professional Practice Tutor.

Keywords

End of life care, Health and wellbeing, Practice development

Mental Health Annual Conference

Session no 81.1

The remotivation process as a service development tool

Cook S, Martin S, South London and Maudsley NHS Trust

The Remotivation Process was developed for use with clients with severe motivation problems (de las Heras et al 2003). The interventions recommended provided Occupational Therapists with a clinical structure within which to work. An emergent idea within our service was a wider application of the Remotivation Process's core principles, switching the emphasis from purely a clinical tool to a professional development tool. The basic premise of tiered volitional development and the emphasis on

volitional improvement was likened to professional learning and the acquisition of professional skill. The Southwark Acute OT team at South London and Maudsley NHS Trust have been using the Remotivation Process to underpin group interventions for three years. In this time the team have developed a coherent understanding of this and other MOHO concepts, and as a result their clinical reasoning has become intrinsically more sophisticated. The improvements in self reflection and evaluation and the enabling nature of the process, have not only benefited the clinical process but have also supported the therapists to engage in a more complex level of analysis. This seminar will provide detail of an eighteen month pilot project. It will consider how the principles of remotivation have been embedded into the supervision structures and the management structure and will consider how this has influenced the overall service culture. It will discuss the similarities between remotivation clinical processes and learning theories and explore the analysis that the service has made with regards this.

References

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Presenter's CV

Sarah Cook is a Clinical Specialist Head Occupational Therapist in the acute and crisis services at South London and the Maudsley NHS Foundation Trust. She has worked in a variety of services across London and South Wales after qualifying in 1999. Most of her experience has been in Forensic settings and Acute in patient services and she's also worked in community teams and in assertive outreach. She is passionate about the use of theory in practice and regularly provides workshops on the use of MOHO in practice. She is a visiting lecturer at London South Bank University and is completing a Master's in Occupational Therapy at Brunel University.

Keywords

Management and leadership, Theory, Practice development, Mental health

Session no 81.2

An occupational perspective to my shared pathway

Beal J, Cygnet Healthcare

Key Message:

- To align occupational therapy provision & delivery with My Shared Pathway (MSP).
- To address staff & patient training & support needs in promoting a recovery culture.
- To share a practice reality of incorporating occupational perspective on recovery into the care pathway.

MSP Rationale: MSP evolved as part of QIPP (Quality, Innovation, Productivity & Prevention) programme to improve quality of care, service user experience & reduce length of stay. It is underpinned by recovery approaches; recovery is the guiding principle emphasising a collaborative approach to care planning & managing a hospital admission. The organisation made a decision to roll out MSP to support & measure recovery.

Method:

- Joint staff & service user training workshops to understand MSP.

- Introducing MSP through activity.
- Promoting a recovery culture – to be evidenced in policies & practice in safety, clinical effectiveness, service user experience.
- Considering the inherent incompatibility between recovery & outcome measurement.
- Sharing the OT professional paradigm to influence the shift towards recovery.

Result: The ward workshops have been implemented; the results show high engagement and enthusiasm, service users are keen on the concept of MSP. MSP activities on Milestones & Pathway steps supported learning. The occupational therapy programme has been redesigned to focus on core pathways to increase skills & competencies whilst offering structure to risk and engagement – 6 pathways of red/amber/green activities in the core OT areas. Early thoughts are that this brings clarity to the OT role & ensures the OT focus is on occupation. OT emerges with prominence & influence to manage the inherent incompatibility of recovery & outcomes.

Contact

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Presenter's CV

I am head OT for Cygnet healthcare, I have worked in secure care since 1995 in both independent and NHS organisations. I am particularly interested in recovery in secure care, both the concept and measurement, and focused on this as the theme for my MSc dissertation.

Keywords

Recovery and rehabilitation, Care pathways, Forensics, Service user involvement

Session no 81.3

Working towards social inclusion: competences for shared learning

Kantartzis S, Queen Margaret University Edinburgh

ELSiTO (Empowering Learning for Social Inclusion through Occupation), an experiential learning partnership, includes people with experience of mental health services, occupational therapists and other staff, all volunteers. From 2009–2011 it was funded by the European Union Grundtvig programme, with partners from Belgium, Greece and the Netherlands. It aimed to explore the nature and process of social inclusion through occupation. A triological learning process for the development of knowledge (Paavola & Hakkarainen 2005) was used. This involved interaction between all members through engagement in the 'doing' of social inclusion – travelling, visiting projects, running workshops – followed by reflection and discussion. Social inclusion came to be understood as an ongoing process with inter-related objective and subjective aspects within the 'doing' of everyday activities. Competences were developed to describe the complex learning process in which professionals and service users mutually engaged. These outline the skills, knowledge and attitudes, which as they are developed within a learning partnership of all involved, create the space in which social inclusion may flourish. It was experienced that learning for social inclusion needs to be conscious and directed, and these competences are a useful basis for discussion between all stakeholders in preparation for and during the development of programmes and projects. They may also be useful in the education of students for practice with community-based projects. They reinforce understandings that social inclusion is not a linear process by an excluded minority towards the

included majority (Pinfold 2000), but a complex process that requires change by all.

References

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Presenter's CV

Coordinator of ELSiTO international partnership. PhD Candidate, Faculty of Health and Social Sciences, Leeds Metropolitan University, Leeds. Former lecturer and practitioner in Athens, Greece.

Keywords

Inclusion, Partnerships, Service user involvement, Mental health

Older People Annual Conference

Session no 82.1

Delivering strength and balance exercises to older visually impaired people who fall

McEvoy L⁽¹⁾, Ballinger C⁽²⁾, Skelton D⁽³⁾, Stanford P⁽¹⁾, Brundle C⁽¹⁾, Todd C⁽¹⁾, Waterman H⁽¹⁾, School of Nursing, Midwifery and Social Work, University of Manchester⁽¹⁾, Research Design Service South Central, University of Southampton⁽²⁾, School of Health and Life Sciences, Glasgow Caledonian University⁽³⁾

Introduction: Older people with visual impairment are 1.7 times more likely to fall than those with unimpaired vision (Legood et al 2002). The work we present in this workshop is derived from our qualitative research and associated feasibility trial (VIP2UK), funded through the NIHR Research for Patient Benefit programme.

Method: The workshop will begin with an explanation of visual impairment and falls. We will then explain the Otago programme (Campbell et al 1997), evidence-based exercises widely used in falls prevention. We will demonstrate modifications to adapt the programme for visually impaired older people. Workshop attendees will participate in the exercises, discuss the programme, and will receive resources to facilitate delivery. Uptake of and adherence to exercises will also be discussed.

Outcomes: Whilst occupational therapists are skilled in environmental adaptation in falls prevention, they are less frequently involved in the provision of strength and balance exercises. This workshop will promote occupational therapy in the delivery of Otago exercises to visually impaired elders.

Impact on service users: A review of falls prevention services in the UK by Lamb et al (2007) suggested that older visually impaired people are currently poorly served by these services. This workshop has the potential to enhance the service provided by occupational therapists to visually impaired elders who fall.

Implications for occupational therapy: This workshop will provide knowledge, resources and practice in exercise delivery, thus enhancing the role of occupational therapy within fall prevention.

References

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Presenters' CVs

Lisa is a Senior Occupational Therapist, currently seconded to work as the trial therapist on an NIHR Research for Patient Benefit funded study at the University of Manchester.

Claire has been an academic Occupational Therapist for over twenty years, and is the past Chair of the COT Specialist Section – Older People. She has research interests in health ageing and falls prevention.

Keywords

Ageing and older people, Research

College of Occupational Therapists Annual Conference

Session no 83.1

Building a knowledge acquisition and management system for clinical practice

Pentland D⁽¹⁾, Forsyth K⁽¹⁾, Irvine L⁽²⁾, Murray R⁽²⁾, Firefly Research, Queen Margaret University, Edinburgh⁽¹⁾, NHS Lothian⁽²⁾

Introduction: Accessing relevant research is central to effective service provision. Occupational therapists often rely on formal knowledge transfers such as clinical guidelines which are only variably effective in supporting changes to practice (Bero et al. 1998). In this presentation, we outline our work in enabling alternative methods for ensuring access to research evidence, and methods for improving knowledge acquisition and management in clinical practice.

Method: A collaborative action research programme based on Soft Systems Methodology (Checkland and Poulter 2006) was used with two multidisciplinary mental health teams. Primary foci of work included developing high level literature searching and management skills, creating a web-based knowledge repository and preparing the teams to use new resources effectively.

Results/Conclusions: The project successfully developed a socio-technical system supporting the teams' knowledge acquisition and management activities. This comprised a stable, centrally accessible and routinely updated knowledge repository which provided a gateway to relevant research identified in response to team requests. Outcomes included benefits for a range of professional development and clinical activities, as well as increased overall efficiency.

Implications for OT: This work has implications for OTs who aspire to engage in evidence-based practice. Integrated knowledge acquisition and management can be a useful way of supporting practitioners to use evidence. Recognizing the high

level of skill and time is essential to enabling the processes to be integrated into wider team activities.

References

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Checkland, P. and Poulter, J. 2006. *Learning for action: a short definitive account of soft systems methodology and its use for practitioner, teachers and students*. Wiley: Chichester.

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Presenter's CV

Duncan is an occupational therapist and research practitioner in Firefly Research at Queen Margaret University.

Keywords

Knowledge transfer, Practice development, Service innovation

Session no 84.1

Occupational therapists' lived experience of accident and emergency in Scotland

James K, Glasgow Caledonian University

Rationale/Aims: Occupational therapists have had a presence in Accident and Emergency Departments (AEDs) in Scotland for at least the last ten years (Mearns et al 2008). Occupational therapists in AEDs work in line with Scottish National Health Service strategies that aim to reduce unnecessary patient admissions onto acute medical wards through AEDs. The close alignment of AED occupational therapists to strategic targets, along with their integration into the highly systematised environment of an AED seems out of step with the core values of the profession (Yerxa 1990). Furthermore, Lopez et al (2008) have argued that that within environments like AEDs, where time constraints prevail, occupational therapy core values are hardest to achieve. This study explored what it was like for occupational therapists in AED environments as they continue to make sense out of their professional roles.

Method: Nine occupational therapists with experience of Scottish AEDs were recruited into the study. Semi-structured interviews were used to gather data. Interpretative Phenomenological Analysis (IPA) was followed as a methodology and method to explore the experiences of the participants (Smith et al 2009).

Findings: Two themes explained the findings. Theme 1 explored how the AED was experienced as machine-like. Theme 2 considered what it was like to enter a novel environment.

Discussion: The AED is a unique and challenging environment for occupational therapy. Despite this, occupational therapy core values continue to be applied. It is the environment of the AED that brings unique challenges to the profession.

References

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Presenter's CV

I have been an occupational therapist for over 20 years having graduated from The London Hospital Medical College School of Occupational Therapy. In 2008 I began a Professional Doctorate degree at Glasgow Caledonian University. This presentation summarises the findings of my research.

Keywords

Acute Health, Research, Theory, Ageing and older people

Session no 85.1

Time for occupational therapists to focus on low vision?

Collins B⁽¹⁾, Collins N⁽²⁾, Bournemouth University⁽¹⁾, Optima Low Vision Services⁽²⁾

The number of adults with sight loss is increasing. It is expected that, without intervention, the number of vision impaired people will double between 2000 and 2020 (Bosanquet & Mehta 2008). Sight loss can result in significant difficulties with activities of daily living (Warren 2011) and associated emotional difficulties (Evans et al 2007). Most adults with sight loss are older people who may have other age-related disability.

Historically, occupational therapy services may have addressed age related disability, but have not focused on issues directly arising from sight loss (Warren 2011). In the UK, people with low vision have been supported by low vision therapists or rehabilitation workers, but as the number of these specialists decreases, who will meet the needs of those with sight loss?

Several authors have argued that occupational therapists are best placed to provide rehabilitation services for people with sight loss (e.g. Scheiman et al 2006, Warren 2011). But do we have the skills to enable occupational performance for those with low vision? For example, how many occupational therapists are skilled in low vision aid assessment/prescription, eccentric viewing or use of tints? How many OTs are trained to teach orientation and mobility skills for people with sight loss? More basically, are OTs aware of the range of equipment available to support people with low vision in daily tasks? Are these specialist skills or should they be part of any undergraduate curriculum?

Participants will be asked firstly, whether OTs should ordinarily deliver low vision rehabilitation, and; secondly, if so, what and how should the specific skills be developed and enhanced?

References

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Presenters' CVs

Senior lecturer and programme lead for occupational therapy in Bournemouth University. Bethan has a keen interest in sight loss issues and enhancing the skill of OTs to work in this area.

Low vision therapist and trainer with Optima Low Vision Services. Nicholas has extensive experience training service providers and charities in low vision rehabilitation and also working with individuals with low vision.

Keywords

Practice development, Ageing and older people, Recovery and rehabilitation, Education (CPD LL skills)

Session no 86.1

Validation of the AMPS in people with Huntington's disease (HD)

Devlin R, Cook C, Rickards H, Birmingham and Solihull Mental Health NHS Foundation Trust

Introduction: The AMPS is a sensitive, observational evaluation used by Occupational Therapists to evaluate the quality of an individual's performance while completing activities of daily living (Fisher and Jones, 2010). It is yet to be investigated in Huntington's Disease (HD) services. HD impacts upon functional ability and engagement in occupation. The research aims to establish the validity and clinical utility of the AMPS with this client group.

Method: 60 participants with HD (20 late pre-manifest and 40 symptomatic) aged between 20–65 years old. AMPS evaluations take place in participants' homes and repeated after 14 days (test-retest study). Scores from other functional assessments used within the service will be used to investigate any correlations between the AMPS ability measures. Semi-structured interviews between carers and participants will explore their thoughts, feelings and experiences of the AMPS.

Results: Preliminary results expected Spring 2013. Quantitative data to be analysed using SPSS and appropriate statistical tests. Thematic analysis to be used to analyse the qualitative data. It is anticipated that the AMPS will prove to be a sensitive measure of everyday function for people with HD, providing more accurate information regarding levels of occupational function and skill deficit.

Impact on service users: It is expected that the AMPS will demonstrate clinical validity with persons with HD and its adoption as the outcome measure of choice will enable OTs to evidence levels of change following treatment. AMPS can also be used to identify client needs, design appropriate interventions based on deficits and track illness progression.

References

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Presenters' CVs

Clare is a lead occupational therapist in neuropsychiatry, and has a specific interest in Huntington's disease and therapeutic reasoning.

Rebecca is an OT Research Fellow carrying out research into Occupational Therapy and Huntington's disease and is undertaking this research project as part of MSc(Research).

Keywords

Long term conditions (including neurological), Research

Session no 86.2**The evaluation of daily activity questionnaire: psychometric testing in osteoarthritis (OA)**

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University of Salford⁽¹⁾, University of Manchester⁽²⁾,
University of Leeds⁽³⁾**

Introduction: The Swedish Evaluation of Daily Activity Questionnaire (EDAQ) measures activity limitation (Nordenskiöld et al, 1996). We previously revised and tested this in Rheumatoid Arthritis in the UK. It includes 14 domains (Eating/ Drinking; Personal Care; Dressing; Bathing; Cooking; Moving Indoors; House Cleaning; Laundry; Moving/Transfers; Moving Outdoors; Communication; Gardening/Household Maintenance; Caring; and Leisure), each split in two sections: A scores how activities are performed without aids, alternate methods or help; and B how performed with aids or alternate methods. Items are scored on a 0–3 scale (no difficulty to unable). We are now testing validity and reliability in osteoarthritis (OA).

Method: People with OA from 18 Rheumatology clinics completed questionnaires: demographic items, UK-EDAQ, Health Assessment Questionnaire, SF36v2 Physical Function (PF), arthritis severity, pain and fatigue scales. Correlations assessed validity of the 14 EDAQ domains with these. Cronbach's α evaluated internal consistency.

Results: 60 women and 13 men took part: age = 64.51y (SD 10.62); OA duration = 10.83y (SD 9.89); multiple joint OA: hand (55); knee (33); hip (29); with moderate pain (6.07 (SD 2.30) and fatigue (5.04 (SD 3.11)). Caring domain analysis was not possible as few considered it applicable. EDAQ domains correlated significantly ($p < 0.001$) with: SF36PF $r = -0.34$ to -0.81 (apart from Eating, Personal Care, Communication: $p = 0.01$); HAQ: $r = 0.57 - 0.89$; Arthritis Severity: $rs = 0.41 - 0.68$. Internal consistency was high: Cronbach's $\alpha = 0.88 - 0.94$.

Conclusions: These preliminary results indicate the UK-EDAQ is a valid and reliable measure of daily activity in OA for use in practice and research. Full psychometric testing ($n = 150$) is in progress.

References

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Contact

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Presenters' CVs

Professor Hammond has authored over 50 journal articles and book chapters and co-edited "Rheumatology: evidence based practice for physiotherapists and occupational therapists" (2010).

Yeliz is completing a PhD and current research includes: psychometric testing of the Evaluation of Daily Activity

Questionnaire (UKOTRF funded); and work rehabilitation in arthritis.

Keywords

Research, Long term conditions (including neurological), Adaptation, Recovery and rehabilitation

Session no 86.3**Using occupational therapy theory with third sector providers**

Boniface G, Reagon C, Cardiff University

Background: In 2008 MIND Monmouthshire management and its mental health commissioner reviewed and decided to alter its mental health drop-in centre provision. A Daytime Activities and Opportunities Sub-group was established with the remit of exploring options along the whole recovery pathway. Because of this emphasis on recovery pathway options, occupational therapy staff from the two Community Mental Health Teams (CMHTs) in Monmouthshire were seen as key Sub-group members. The review culminated in the closure of the drop-in centres and the design of a recovery-based service entitled the HiWay Project. In 2012, Cardiff University were commissioned to evaluate the new recovery-based project and develop a research bid for the creation of an appropriate outcome measure. This poster identifies:

- An initial brief outline of the HiWay evaluation as it related to recovery, occupational engagement and occupational therapy.
- The potential for creating an outcome measure for the HiWay service.
- The perceived benefits of working in partnership with a third sector provider such as MIND.
- The perceived issues of working in such a way.
- The extent to which occupational therapy theory can and should be used within a project such as HiWay, which is involved with, but does not employ occupational therapists.
- Discussion on the extent to which occupational therapy should share its theory with others.
- Discussion of the extent to which occupational therapy outcome measures should be used by others.

The impact on occupational therapists and service users is the potential use of occupational therapy's theory in wider practice settings.

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Presenters' CVs

Gail has been a lecturer in Cardiff since 1987. Her areas of interest are mental health in the community and the use of the theory of occupational therapy. She undertook her PhD in reflective practice and takes a reflective stance on research and evaluations.

Carly is a lecturer and researcher in Cardiff University. Her interests include work based research, recovery model and using singing for health.

Keywords

Recovery and rehabilitation, Mental health, Partnerships, Service transformation

Session no 87.1**Raising potential for employability: an evaluation of a module on employability and entrepreneurship****Rushton T, Gordon I, Coventry University**

It is widely recognised that occupational therapy programmes have a responsibility to prepare students for the dynamic and ever-changing health care environment and in doing so for their future professional practice (Overton et al 2009, Prigg & Mackenzie 2002, Holmes & Scaffa 2009). Higher Education Institutes are beginning to develop programmes which will allow students to develop skills that will be advantageous within the current economic and job situations (Higher Education Funding Council for England 2011, COT 2009). This project aims to evaluate the perceived effectiveness of a third year undergraduate module within the BSc (Hons) Occupational Therapy programme in exploring employability and entrepreneurship and its relationship to current Occupational Therapy practice. Research is being undertaken to investigate how engagement in this module might influence the students' future employability seeking the views of students, graduates and practice partners. The interim results of this research will be presented.

References

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Presenters' CVs

Teresa is Team coordinator for placements and Senior Lecturer BSc (Hons) Occupational Therapy at Coventry University. She is particularly interested in preparing students for contemporary areas of practice.

Imogen is Senior Lecturer in BSc(Hons) Occupational Therapy at Coventry University. She has a particular interest in student recognition of their entrepreneurial/intrapreneurial skills.

Keyword

Education

Session no 87.2**Employability of occupational therapy graduates – the transition into employment strategy (TIES)****Taylor L, University of East Anglia**

“Employability refers to a set of skills, knowledge and personal attributes that make an individual more likely to secure and be successful in their chosen occupation(s) to the benefit of

themselves, the workforce, the community and the economy” (Yorke and Knight 2006, p.29). A recent drive for improved employability within higher education requires curricular and extracurricular activities to provide a comprehensive approach to employability (Rake, 2009). Skills outlined in the employability guide (Kubler and Forbes, 2005) provide a plethora of skills and qualities that are expected of Occupational Therapy graduates. However, Hinchcliffe and Jolly (2011) suggest that employers are looking for more than just skill development in employability and that focussing purely on one aspect of employability is not adequate. Documents provide support to education establishments in the implementation of employability within the curriculum (Yorke and Knight, 2006) the key points of which need to be taken into account to ensure that the curriculum provides adequate support to students within the area of employability. The poster will present the Transition into Employment Strategy (TIES) that has been developed within the School of Allied Health Professions at the University of East Anglia. How the TIES addresses the multifaceted issue of employability will be represented on the poster to illustrate the ultimate aim of maximising the levels of employment of Occupational Therapy graduates in the coming years.

References

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Presenter's CV

Lisa is an Occupational Therapy Lecturer at the University of East Anglia, Norwich. Lisa's clinical experience and teaching is in neurological rehabilitation – her MSc dissertation evaluated the predictive ability of the FIM/FAM outcome measures on a rehabilitation unit and her PhD thesis focussed on formulating and evaluating a treatment programme for individuals with visual field deficits following stroke using a mixed methods approach. She has an interest in employability issues faced by Allied Health Professions graduates and is currently the School of Allied Health Professions employability lead.

Keywords

Education (CPD LL skills), Practice development, Knowledge transfer

Mental Health Annual Conference

Session no 90.1

Of what benefit is mental health rehabilitation? A mixed method longitudinal study

Dadswell R, Southern Health

The strategic development of rehabilitation services have, in recent years not formed part of mainstream mental health policy (Killaspy et al 2005). This has led to a reduction in services and an assumption that rehabilitation services are no longer required; the population they traditionally served has naturally reduced as a result of old age. With the reduction of mental health beds and the increased awareness of good mental health for all (DoH 2011), rehabilitation may be the answer to equipping a new generation of people with serious mental health needs with the skills to live a meaningful and contributing life. This paper will present preliminary findings of a mixed methods study which is exploring the benefits of mental health rehabilitation. An 'internal view' will be accessed by exploring the perspectives of people who use services; an 'external view' by measuring changes in occupational performance. The Lancashire Quality of Life Profile – European Version (LQLP-EV) (Oliver et al 1997), semi-structured interviews and the Assessment of Motor and Process Skills (AMPS) (Fisher 2010) are the methods being used. The longitudinal nature of the study means that people with severe and enduring mental health needs, are evaluated from the point of admission to a rehabilitation unit and at three months post discharge. This paper will explore if the individuals' rehabilitation needs have been met at the point of discharge, what it felt like to 'be in rehabilitation' and if, these changes correspond with any change in the person's occupational performance.

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Presenter's CV

Rachel works as a Consultant Occupational Therapist for Southern Health NHS Foundation Trust. As part of this role she is seconded to the Faculty of Health Sciences, University of Southampton where she contributes to both nursing and occupational therapy programmes. Rachel's post is varied, but since 2006 she has been extensively involved with embedding recovery oriented practice across the Trust and was a key member of the local ImROC (Implementing Recovery Organisational Change) pilot site project. Rachel is undertaking a part-time PhD at Brunel University.

Keywords

Mental health, Recovery and rehabilitation, Service user involvement, Service transformation

Session no 90.2

Self-referral to occupational therapy in community mental health services

Funai G, NHS Tayside

A Scottish Government strategy (2010a) endorsed self-referral to allied health professionals as a means of promoting early access and supported self management for mental health service users. There is a strong evidence base for the value of self-referral in musculoskeletal physiotherapy and podiatry. This evidence shows that contrary to concerns self-referral does not lead to an increased demand for physiotherapy or a two tier system of fast-tracking for those who self refer (Holdsworth and Webster 2006).

Funding from the Chief Health Profession Officer was awarded to the project described, which is believed to be the first of its kind in the United Kingdom. The project, carried out in community mental health teams (CMHTs) will allow self referral to occupational therapists for vocational interventions. However, as referrals to CMHTs are predominately in response to crises the project will involve collaboration with the multidisciplinary team and service users to allay possible concerns about accepting referrals without triage first. The project manager will address professional and governance issues around self-referral, set the system up with referral criteria, collate data from existing caseloads for baseline measurement, market the project to CMHTs and evaluate it for improvements in early access. If successful, the project could be rolled out across Scotland to ensure service users receive timely interventions in an equitable manner. The project can also highlight how occupational therapists can drive quality improvement in mental health services (Scottish Government 2010b).

References

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Scottish Government (2010b) *The Healthcare Quality Strategy for NHS Scotland*. Edinburgh: Scottish Government.

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Presenter's CV

Gillian is an occupational therapist who currently works in Community Mental Health Services in Dundee with a special interest in vocational rehabilitation.

Keywords

Practice development, Service innovation, Vocational rehabilitation/work, Service user involvement

Session no 90.3

Employment counts on adult acute psychiatric wards

Barnhouse J, Probyn J, South Staffordshire and shropshire NHS foundation trust

The aim of the study was to find out whether employment needs of service users who were admitted to the adult acute psychiatric wards in South Staffordshire were being addressed and met. There is a substantial amount of evidence that supports the health benefits of employment on an individual's mental health (DOH, 2011; Perkins et al, 2009; SCMh, 2009). Therefore Occupational Therapists (OTs) on four wards (one of which was

an eating disorder unit) planned to record the employment status of those admitted to the acute mental health admission wards, record any interventions offered and identify whether there was a need to address employment needs on the wards due to the acute nature of individuals' illnesses and short admissions. Data was collected from May to July 2011. Results indicated that 37% of service users were currently in employment on the acute admission wards and 60% of service users on the eating disorder unit were in employment. Around a quarter of the service users required some form of intervention such as a referral to an agency, advice or leaflets. This supports the fact that earlier assessment of employment needs and providing treatment is a valid use of clinical time and OTs are best placed in this role due to their training, competencies and use of occupation as a treatment tool. OTs should act as "employment champions" on the wards. The same audit will be repeated in January 2013 to establish if service users' employment needs remain the same. These results will also be presented at the conference.

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Presenters' CVs

Julie Barnhouse is an OT inpatient lead.

Jo Probyn is an OT community and employment lead.

Keywords

Service evaluation, Recovery and rehabilitation, Engagement, Vocational rehabilitation/work

Session no 90.4

Working together group – supporting transfer of skills from hospital to the community

Stickney J, Dorset Forensic Team, Dorset Healthcare University Foundation NHS Trust

The high rate of recidivism for forensic patients post discharge suggests some specific support and reflection might be helpful. The Working Together Group was developed by the Occupational Therapy Service within Dorset Forensic Team with the objective of supporting specific patients to understand how to transfer skills learnt in secure settings to community living. The composition of the group was 7 adult males known to Dorset Forensic Team with a primary diagnosis of mental disorder, close to discharge or struggling with community living. All group members were risk assessed prior to the group starting, to ensure their and others safety was maintained. The group was held in a community setting for 2 hours weekly for an 8-week duration, facilitated by 2 occupational therapists and a support worker. Prior to the group starting, each group member was interviewed and an Inclusion Web (NDTi 2010) completed. At the end of the 8 weeks The Inclusion Web was repeated, to assess whether the group promotes skills for social inclusion and group members completed a self-questionnaire. The findings demonstrated that patients:

- were more positive about their community,
- increased their access or wish to access community facilities and
- felt more skilled in applying specific community living skills.

Clinician perspective recorded that patients' level of engagement in the pre and post discharge process had increased, during the group and afterwards, compared to how they presented prior to the group starting. Originally this was a service development initiative, therefore no ethical approval was required. With these encouraging results a larger study is planned with support from the ethics committee.

References

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Presenter's CV

Since qualification in 1997 Jennifer has worked in Forensic Services promoting the importance of Occupational Therapy in successful discharge into the community.

Keywords

Forensics, Mental health, Inclusion, Knowledge transfer

Older People Annual Conference

Session no 91.1

The role of occupational therapy in behaviour that challenges in dementia

Thwaites S, Tees, Esk & Wear Valleys NHS Foundation Trust

The UK National Dementia Strategy (Department of Health 2009) states that opportunities for occupation have an impact on physical and mental health, function and behaviour. It is also suggested that lack of activities is a precipitating and contributing factor in behaviour that challenges, requiring urgent treatment. There is a clear need for Occupational Therapists to be a key member of a multi-disciplinary approach to understanding behavior that challenges in dementia as an expression of an unmet need. Occupational therapy can ensure that any occupations used as non-pharmacological interventions are graded to facilitate optimum engagement by creating a just right environment for success. If an activity presented to an individual is not matched accurately with their cognitive abilities, a state of ill-being can occur due to feelings of frustration and humiliation being compounded and can contribute to, rather than alleviate, a challenging behaviour (Pulsford et al 2000). The role of the occupational therapist is to accurately establish the abilities of the person, consider and adapt the demands of the occupation and ensure that the physical and care environment are matched to facilitate optimum engagement and function (Creek 2003). Current developments in our service include increasing knowledge and understanding of sensory processing and sensory integration and how this impacts upon the functioning and behaviour of individuals with advanced dementia. This facilitated poster discussion will explore the role of Occupational Therapy in working with individuals who present with behaviour that challenges synthesising themes from current national drivers, current best evidence and case examples.

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Presenter's CV

Susannah Thwaites is a Clinical Lead OT who has experience of working with behaviour that challenges in dementia across in-patient and care home settings.

Keywords

Ageing and older people, Engagement, Mental health, Practice development

Session no 91.2

Meeting the spiritual needs of people with dementia: a systematic review

Jones E, Coventry University

Dakin (2009) maintains that every person has a spiritual dimension to their lives. This is true not only of those who attach importance to faith and religious practices, but also those who profess no particular affiliation to a faith or tradition. We are all as Shamy (2003) puts it "More than body brain and breath." The relevance of spirituality in modern healthcare provision can be seen in the passionate debate and ongoing interest shown within the research literature, (Andrews 2010), (McNamara 2002). This study sought to explore current understanding of both spirituality and spiritual need within healthcare provision for people with dementia and the role of occupational therapy. The study used a systematic review of international healthcare research and through thematic analysis identified themes within the literature. Ethical consideration was made and as the study does not include participants it was assessed to be of low ethical risk. Findings from the review indicated that spirituality is a key component within health and is both a complex and personal concept. Spirituality was also identified as an important feature of identity for people with dementia. The study identified that through the use of meaningful occupation and the promotion of self-identity Occupational Therapists are well equipped to meet the spiritual needs of people with dementia. It is hoped that dissemination of the study's findings will promote improved quality of life for people with dementia through greater identification and understanding of spirituality and spiritual need.

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Presenter's CV

Currently working as a Lecturer at Coventry University Esme has previously worked as a specialist in dementia services in the North West.

Keywords

Ageing and older people, Health and wellbeing

Session no 91.3

Medication management for people with a diagnosis of dementia in East Lothian

Monk L⁽¹⁾, Anderson A⁽²⁾, NHS Lothian⁽¹⁾, East Lothian Council⁽²⁾

The paper presentation discusses a medication management project carried out by occupational therapists in East Lothian in liaison with the telecare team. The purpose of the project was to carry out an audit of telecare medication management systems with people who were recently given a diagnosis of Dementia and where issues with medication compliance were highlighted. In consultation with the memory assessment clinic, people were identified for the audit and then visited by an occupational therapist. During the visit the person and their carer (if present) were asked a set of pre prepared questions to establish how they were currently managing to take their medication and to identify which medication management system they would trial which was most appropriate to their lifestyle. The audit was carried out over a three month period. During the audit period the occupational therapist provided fortnightly visits to ensure the medication system in place was effective in ensuring compliance with medication. After the audit period the occupational therapist carried out a post audit interview to establish how effective the medication management system had been for the person. An evaluation report was then compiled, highlighting the most effective telecare medication management systems for people with a recent diagnosis of Dementia. Main points:

- Telecare medication management systems trialled;
- What the audit produced in terms of results and how it supported the person's compliance with medication;
- Establish the most effective telecare medication management systems for people with a recent diagnosis of Dementia.

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Presenters' CVs

Lynsey Monk is a Specialist Occupational Therapist working in the Older People's Mental Health Service in East Lothian.

Alison Anderson is a Telecare Development Worker at East Lothian Council, Scotland.

Keywords

Assistive technology, Ageing and older people, Practice development, Service evaluation

Session no 91.4

Perceptions on the use of the remotivation process for clients with dementia

Davis J, South London and the Maudsley NHS Foundation Trust

The Remotivation Process: Progressive Intervention for Individuals with Severe Volitional Challenges (Gloria de la Heras et al, 2003) is a manualised treatment for service users with motivational problems and it can be used with a wide range of service users across the age span. Work undertaken by Christine Raber and colleagues in the USA (Raber et al, 2010) has highlighted the benefits of this approach for people with dementia. As part of the OT treatment pathways for people with dementia within the South London and Maudsley NHS Foundation Trust (SLaM), the Remotivation Process has been identified as a treatment option for all service users with dementia.

A project was set up to encourage a specific group of Occupational Therapists to proactively deliver this treatment approach for SLaM service users who have a diagnosis of dementia. An in-house training on the Remotivation Process was delivered, and a peer supervision group was set up to facilitate this treatment in practice.

The project started in June 2012, and has involved five band 5 Occupational Therapists, and a band 6 Occupational Therapist. The band 5 Occupational Therapists identified service users who would benefit from this treatment approach with their teams using a range of methods. The peer supervision group was used to reflect on the use of the Remotivation Process, and follow-up interviews with the Occupational Therapists have taken place in November 2012.

This presentation reports on the findings of the perceived benefit of this approach for service users with dementia, and the identified barriers and facilitators in delivering this treatment. These findings have informed the OT treatment pathway development for service-users with dementia.

References

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Presenter's CV

James Davis is an Occupational Therapist working in the Croydon Memory Service in South East London.

Keywords

Ageing and older people, Care pathways, Knowledge transfer

Work Annual Conference

Session no 92.1

WORK-IA: developing a trial of work rehabilitation in inflammatory arthritis (IA)

Hammond A⁽¹⁾, Greenhill Y⁽¹⁾, O'Brien R⁽²⁾, Woodbridge S⁽³⁾, University of Salford⁽¹⁾, Sheffield Hallam University⁽²⁾, Royal Derby Hospital, Derby⁽³⁾

Work disability, sickness absence and reduced productivity are common in inflammatory arthritis (IA). Most with IA rate employment support as the least effective part of Rheumatology care (National Audit Report, 2009). Guidelines concluded there is insufficient evidence for vocational rehabilitation (VR) in IA in the UK (National Institute of Clinical Evidence, 2009), with only one small, short-term UK trial of OT and VR, which reduced work instability in long-standing RA (Macedo et al, 2009). A US trial showed a brief VR intervention reduced job losses in a variety of arthritis conditions (Allaire et al 2003). Is this VR intervention effective in the UK? In this session, we will discuss the design and implementation of a feasibility study to evaluate VR for employed people with IA (n = 100). This will include:

1. Intervention development and delivery: reviewing VR interventions in RA; identifying VR needs of clients with IA; developing the US work assessment and VR intervention for the UK; identifying current Rheumatology OT VR provision; developing an OT VR training course and resource manual; training evaluation; mentoring and monitoring.

2. Trial procedures: outcome measure selection; site selection; trial design; treatment and control interventions; trial procedures; recruitment.
3. Intervention content: problems identified and solutions offered.
4. Participants' and OTs' views of the interventions. Practical problems encountered and how these are being overcome will be discussed.

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Presenters' CVs

Sarah is an experienced ergonomist OT, runs the Work Fit, Work Safe service in Derby and teaches Ergonomics on the MSc Hand Therapy at Derby University.

Professor Hammond has authored over 50 journal articles and book chapters and co-edited "Rheumatology: evidence based practice for physiotherapists and occupational therapists" (2010).

Keywords

Vocational rehabilitation/work, Research, Long term conditions (including neurological), Recovery and rehabilitation

College of Occupational Therapists Annual Conference

Session no 93.1

Researching the development of occupational therapy in Ireland

Dunne B, Pettigrew Dr. J, Robinson Dr. K, University of Limerick

The importance of documenting the history of occupational therapy is accepted (Trentham 2011). By exploring how the profession developed, we can strengthen our identity, understand the evolution of the profession and document the history of occupational therapy for future practitioners. Little is known, however, about the development of occupational therapy in Ireland. The contribution of many pioneering occupational therapists has, to date, been largely unrecognised and unrecorded. In recent years a research team at the University of Limerick has begun a project on the development of occupational therapy in the Irish context. This paper will focus on three key aspects of the history of occupational therapy in Ireland.

1. The era of occupation informed by Moral Treatment (1850–1922);
2. the era of professional negotiation between craft teachers and occupational therapists (1930–1960);

3. the founding of St Joseph's College of Occupational Therapy, Dublin (1963).

The timeline will be supported by data gathered from: oral history interviews with occupational therapy practitioners from the 1960s; archival material from newspapers (1930–1965); books; hospital records from the Central Mental Hospital, Dublin (1850–1922); and reports from British Parliamentary and Irish Government papers. The methodological approach will be historical documentary research. Parallels and disjunctures between the development of occupational therapy in Ireland and the history of occupational therapy internationally will be drawn. The presented work will be located within an Irish social and political context with particular attention being paid to the relationship between these contexts and the development of the profession of occupational therapy.

References

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Presenters' CVs

Brid is a Phd Candidate at the University of Limerick.

Dr Pettigrew is Senior Lecturer and Head of Discipline of Occupational Therapy, Department of Clinical Therapies, University of Limerick.

Keywords

International perspectives, Service evaluation, Research, Policy

Session no 93.2

Occupational therapy education in Europe

Renton L⁽¹⁾, Kantartzis S⁽¹⁾, van Bruggen H⁽²⁾, Queen Margaret University⁽¹⁾, Tbilisi University, Georgia⁽²⁾

Introduction: OT Education in Europe was established in 1930 and since then has seen ongoing development, including recent work on Tuning Educational Structures in Europe (Tuning OT project group, 2008). As Eastern European countries have joined the European Union they have undergone social and educational reform, leading to initiatives to develop 'new disciplines', including, occupational therapy.

Method: Through exploring literature, synthesising the findings and describing the development activities undertaken, this paper will present the Tuning Process for occupational therapy, focussing on one Eastern European country.

Results and outcome: By synthesising this work a comprehensive record and exploration of the topic will be achieved. The complex political, economic, social and educational factors involved in the development of occupational therapy will be discussed.

Implications: This work is of interest to occupational therapists as it illustrates the development of occupational therapy in Eastern Europe through the Tuning process, incorporating differing educational structures and contexts within a partnership of multiple stakeholders.

Impacts: The main impact is that occupational therapy is increasingly seen as one of the solutions for social reform and that occupational rights are recognised and promoted in the whole of Europe. This (re)establishes the importance of including local contemporary political and social issues in the curriculum, realigning occupational therapy with the local political aims and issues for prospective populations, communities and clients.

References

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Presenters' CVs

Linda is OT Professional Lead. Programme Leader MSc OT. Interest: curriculum design, programme validation, e-learning and international work. Professional Doctorate student. Merit Award (BAOT) 2008.

Sarah Kantartzis is a Lecturer. Doctoral student at Leeds Metropolitan University. Special Secretary to the Board of the Hellenic Association of Occupational Therapists and former Lecturer TEI Athens.

Keywords

International perspectives, Practice development, Education (CPD LL skills), Inclusion

Session no 93.3

Towards culturally competent occupational therapy

Darawsheh W, The University of Jordan

Background: Occupational therapists are increasingly encountering clients from diverse cultural backgrounds, and need to meet their professional obligation of delivering culturally competent practice, yet the philosophy of Occupational Therapy (OT) is strongly influenced by western values such as independence.

Aim: To explore whether the concept of interdependence can serve as an alternative aim of occupational therapy to the concept of independence for actualizing a culturally competent practice, as perceived and experienced by occupational therapists.

Method: The study comprised two stages and both incorporated semi-structured interviews. First, 13 occupational therapists, identified as experienced in the delivery of occupational therapy practice in a culturally diverse area, were interviewed. Then, two theorists in the field were interviewed.

Findings: The practice of OT Independence is a concept with a western bias that formulates the identity and essence of occupational therapy, yet it is a relative concept that lacks clarity. Though interdependence reflects the reality of human lives and is inevitably employed in healthcare, it is poorly acknowledged. Cultural competency is a complex process that needs to be actualized at the level of practice, theory and research of OT.

Conclusion: The philosophy of occupational therapy needs to be updated by adopting an unbiased cultural perspective in order to actualize cultural competency. Research needs to be directed to investigate the influence of culture on occupation, and to further illuminate the process of cultural competency.

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Presenter's CV

PhD Occupational Therapy, University of Essex, 2011. MSc in Occupational Therapy, Brunel University, 2007. BSc in Occupational Therapy, UNIVERSITY OF JORDAN, 2004.

Keywords

Theory, International perspectives, Research, Integration

Session no 94.1**A phenomenological exploration of the concept of spirituality in occupational therapy****Harrison V, Cox D, University of Cumbria**

Creative workshops were organised for Occupational Therapy (OT) lecturers, in order to explore the concept of spirituality in OT education and practice. OT lecturers were selected for this phase of the research due to the level of their experience & expertise in the theory of OT. The participants took part in creative design work which expressed the meaning and role of spirituality in OT practice to them. They were then asked to share their views about their creative work in order to elicit deeper thoughts and feelings about the concept of spirituality in OT education and practice. The subsequent conversation followed an unstructured format, determined by the reflections elicited by the creative work, and was recorded via digital audio recorder for transcription and analysis. The creative work was digitally photographed to enable writing up of the findings. The transcribed verbal data from the workshop was analysed using interpretative phenomenological analysis (Smith et al 2009); the reflective data was analysed using Moustakas' method of heuristic analysis, (Moustakas, 1990). Spirituality is a debated issue within OT with no firm conclusions having been reached (Harrison, 2009). It is proposed that this phase of the research will add to the evidence base regarding this area of OT practice as well as providing areas for further exploration as part of my PhD studies. The paper presented will report the results of this initial exploration.

References

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Smith, J. A., Flowers, P. & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method & Research*. London. Sage Publications.

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Presenter's CV

Elizabeth is Senior Lecturer in Occupational Therapy; Doctoral Researcher.

Diane is Professor of Occupational Therapy.

Keywords

Theory, Research, Opinion

Session no 94.2**The impact of employment restrictions upon the occupational identities of asylum seekers****Barry V, South West Yorkshire Partnership NHS Foundation Trust**

In Britain, asylum seekers have been the subject of much media and political attention; however, can be misrepresented (Squire, 2009). Research pertaining to asylum seekers in the UK tends to investigate the psychological or physiological health needs. There are calls for an extension to the research into the occupational needs of asylum seekers (Whiteford, 2004). Legislation prohibits asylum seekers from gaining paid employment. There is little research nor enough known about the effects of employment restrictions upon the

occupational identities of asylum seekers. This qualitative research study used Interpretive Phenomenological Analysis (IPA) as the methodology to examine and interpret how employment restrictions impact the occupational identities of 4 asylum seekers. Local ethical approval was sought through Leeds Metropolitan University for post graduate research. Occupational Therapists fundamentally believe that humans are occupational beings and believe that occupation is integral to health (Wilcock, 1993); unfortunately not all people have equal opportunities to participate in meaningful and purposeful occupations. Occupational engagement develops and maintains people's occupational identity (Christiansen, 1999) thus Smith (2005) highlighted that the loss of role and identity cannot be underestimated, nor can the speed at which people feel deskilled as a result of employment restrictions. Findings of the study reveal the complex and multifaceted consequences of employment restrictions on the occupational identities of asylum seekers. Occupational deprivation, occupational alienation and occupational marginalisation (Whiteford, 2004) are identified as significant risk factors to the lives of this population.

References

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Wilcock, A.A. (1993a) A theory of the human need for occupation. *Journal of Occupational Science*, 1, 17–24.

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Presenter's CV

Specialist Occupational Therapist working in a Community Mental Health team for Older People. Currently completing MSc Occupational Therapy at Leeds Metropolitan University. Research presented contributes to final MSc award.

Keywords

Deprivation, Isolation, Health and wellbeing, Research

Session no 94.3**Using writing as therapy (UWaT): a six session course exploring identity and self esteem****Cooper P, Oxleas NHS Foundation Trust**

Introduction: Using Writing as Therapy (UwaT) is a new, six session course exploring identity and self-esteem; researched at doctoral level (Cooper 2008). The course evolved from collaborative writing work developed through post graduate diploma (Cooper 1999). UWaT is used with service users as part of the occupational therapy programme in the acute, working age adult context, over the last eleven years by Cooper. Benefits resulting from UWaT, noted in the research, have been replicated over time. UWaT is currently being evaluated in partnership with Oxleas NHS Foundation Trust Research and Development team having had prior ethical clearance.

Method: Six clinicians: three working in Day Treatment and three working in Short Term Intervention teams across the three Trust boroughs are being trained to use UWaT. The practical training includes observation and fidelity checks, with practitioners working from their caseloads with small groups of clients that have previously presented with depression in acute care. The study will use retrospective data from six months of client contact pre-UWaT intervention, compared with six months post UWaT, to identify benefits. The Research and Development Team will collect and analyse data to assess: financial benefits using NHS Reference Costs, and clinical benefits using Beck's Hopelessness Scale and Quality of Life standardised assessments. Assessments will be applied at the beginning, end and six month follow-up. The usual feedback questionnaire Cooper has used over time will provide additional qualitative patient experience.

Conclusion: An overview and progress report will be of great interest for practitioners interested in a pioneering intervention for depression.

References

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Cooper, PR (2008) *The use of Creative Writing as a Therapeutic Activity for Mental Health in Occupational Therapy*. Unpublished Doctor of Philosophy. University of Sussex.

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Presenter's CV

Post graduate degrees exploring writing as therapy in clinical practice, resulted in new interventions for depressed adults being developed with clients, carers and staff.

Keywords

Acute Health, Health and wellbeing, Engagement, Community

Session no 94.4

Whose occupational balance is it anyway? Strategies for living a more balanced lifestyle

Clouston T, Cardiff University

Occupational therapists believe that achieving meaningful lifestyle balance can create a state of wellbeing. Yet research of work-life balance in contemporary market economies suggests that how we spend our time is imbalanced, biased toward the activity of paid work (Bunting 2005; Hochschild 2008). This paper will describe the findings from a qualitative study that interviewed occupational therapists working in health and social care in the UK about their experiences of work-life balance (Ethical Approval No. REC Ref: 04WSE02178). I will summarise how the majority of respondents, regardless of their knowledge and understanding of occupational balance, felt pressured to spend more time and energy in paid work than in other life activities and described living very imbalanced lives. In support of theories of occupational balance, this was recounted as leading to experiences of stress and ill-health. Interestingly, some individuals, whilst experiencing the same pressures and conflicts in everyday life as their colleagues, were able to find solutions and make compromises that worked for them in terms of achieving a sense of balance and wellbeing in everyday life. It is the stories of these respondents that I focus on in this paper. Their attitudes and approaches to everyday work-life or occupational balance offered a sense of hope and some practical solutions for us as occupational therapists, and that of our clients, in managing the pressures of paid work in modern life. Notably, the choices these people made to achieve this

state were not without compromise: in essence it was how they perceived the outcomes of the decisions they made that was the true measure of their success in finding their occupational or work-life balance.

References

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Presenter's CV

Dr Teena Clouston is professional lead for occupational therapy in Cardiff University. She has researched work-life and occupational balance for over 7 years.

Keywords

Health and wellbeing, Occupational science, Research, Natural environments

Session no 95.1

Interdepartmental review of housing adaptations in Northern Ireland

O'Brien P, Department of Health, Social Services and Public Safety

Aim: To review current policy, resources, approval and delivery of housing adaptations in Northern Ireland on a cross tenure basis to ensure:

- i) value for money was being achieved for the public funding spent on adaptations; and
- ii) resources and delivery were achieving equality of provision across Health and Social Care Trusts and housing providers.

Focusing on processes which affect the lives of disabled people, a comprehensive stakeholder review team with robust service user and Occupational Therapy representation examined:

- Existing published evidence on housing adaptations in the UK (Heywood and Turner, 2007; College of Occupational Therapists, 2006).
- The current and projected future demand for the housing adaptations service.
- The key legislative (United Nations, 2008) and policy influences on housing adaptations services considering departmental/agency/professional and service user interfaces.
- The impact of housing adaptations investment on the health and well-being of service users and how adaptations investment leads to savings elsewhere.
- Cross sector resources and recycling of resources.
- Governance arrangements and current performance in Occupational Therapy assessment/housing adaptations delivery.
- Inter-agency co-ordination of complex case work and the systems of housing option appraisal.
- Design standards and communications.

Demand for housing adaptations is set to rise. There is potential to further improve coordination and maximise use of skills and resources. A number of equity issues have been

identified. Strategic recommendations include strengthening user involvement; implementation of specialist occupational therapy posts in housing; and improvements in service planning, coordination and delivery.

References

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Presenter's CV

Paraig is jointly employed by health, social care and housing bodies to facilitate the strategic development of housing adaptations services for disabled people.

Keywords

Accessible environments, Housing, Policy, Service evaluation

Session no 95.2

Assistive technology/equipment: why do customers decline items on delivery?

Collingwood K, Deane S, West Sussex County Council

Assistive technology is defined as "any product or service designed to enable independence for disabled or older people" (King's Fund Consultation 2001). In West Sussex, England, an integrated community equipment service operates for health and social care practitioners to deliver prescribed items of assistive technology/equipment. Each week a significant number of items are refused by service users at point of delivery, having a substantial cost implication for the annual delivery expenditure.

The author was approached on behalf of the community equipment service to investigate the potential reasons for refusal. During a 4 week period service users were identified randomly from refusal lists. A short multiple choice questionnaire was completed with service users over the phone. At the time of writing the abstract the findings were pending analysis.

The findings will aim to identify reasons for refusal and potential measures that could be put in place to reduce the occurrence of refusal.

The likely impact on service users will be clearer and less invasive equipment provision and an improved ability to make informed choices over their need for equipment.

The implications for occupational therapy are more effective prescriber practice, a greater understanding into service users' decision making around the acceptance of assistive technology, an increased awareness of the implications of gathering information from service users and an opportunity to improve on cost efficiency.

References

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Presenters' CVs

Katie Collingwood qualified as an Occupational Therapist in 2003. She has worked in mental health, Community neuro-rehabilitation and in current post in social care for 2 years.

Stacy Deane qualified as an OT in 1997 and has worked in social care for 15 years as OT, senior OT and currently as Team Manager.

Keywords

Assistive technology, Service evaluation, Service user involvement, Knowledge transfer

Session no 95.3

GenHOME (housing outcomes, information management & evidence): project phase 1 results

Parks M, York St John University

Heywood and Awang (2011) suggested that there are gaps and weaknesses in the current evidence base for the practice of occupational therapy in housing adaptations and recommended a coordinated and systematic approach to building the evidence base for effective housing solutions in the future.

In response, the College of Occupational Therapists Specialist Section for Housing has commissioned the author to develop the housing 'genHOME' in 2012. This research project, over a 3 year period, will deliver the following objectives:

1. Bring together relevant housing research and evidence systematically and identify gaps in knowledge (Phase 1).
2. Create an accessible and navigable information resource/database (Phase 2).
3. Evaluate the usability of the project resources and assess their impact in practice settings (Phase 3).

This presentation will report on the findings from phase 1 of the project, which, during 2012, conducted a systematic mapping exercise to identify national and international literature supporting effective housing interventions. This presentation will disseminate the recommendations for future research questions agreed by the genHOME Steering Group and stakeholder groups.

This work was supported by the College of Occupational Therapists' Specialist Section – Housing and the United Kingdom Occupational Therapy Research Foundation.

References

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Presenter's CV

Maria is a Senior Lecturer in OT at York St John University and PhD student at Warwick University. She is the Principle Investigator for the UKOTRF funded GenHOME Project.

Keywords

Housing, Accessible environments

Session no 96.1**Interventions for the effective self-management of breathlessness and associated anxiety****Hardman F, Cambridge Breathlessness Intervention Service**

Breathlessness is a common symptom of advanced disease, but one which is often not acknowledged or addressed. Breathlessness can be distressing and disabling for patients and can be equally frightening for carers who do not understand what is happening or how they can help (Dorman et al, 2009). If left unmanaged, breathlessness can lead to ongoing anxiety, fatigue, low mood and reduced engagement in day-to-day life (Booth et al, 2011).

Beyond maximal treatment of the underlying condition and pharmacological treatment, there is a range of highly effective interventions for breathlessness, supported by a compelling evidence base (Bausewein et al, 2008). Occupational therapists are ideally placed to deliver these interventions as they require a person-centred approach, involve physical, psychological and behavioural aspects, and uphold the ethos of self-management.

This session will give you: an understanding of breathlessness and its impact on patients and carers; an appreciation of the link between breathlessness and anxiety; a toolbox of simple but effective evidence-based interventions you can use to support patients in managing their breathlessness and associated anxiety. It will include an opportunity to try out some of the techniques and to practice communicating them to others. These take-away tools can then be easily incorporated into your day-to-day practice, regardless of context.

The impact on patients and their carers of having their breathlessness acknowledged and addressed includes improved self-efficacy, increased self-esteem and sense of empowerment, increased engagement in activity and improved quality of life (Booth et al, 2011).

References

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Presenter's CV

Fran has an MSc in Occupational Therapy. In addition to her role at Cambridge BIS, she works in specialist palliative care at St Nicholas Hospice.

Keywords

Adaptation, Long term conditions (including neurological), End of life care

Session no 98.1**Scottish pilot of the tailored activity programme (TAP) – progress to date****Reid J, NHS Lothian**

It is estimated that there are 84,000 people living with dementia in Scotland in 2012. These people will experience a range of cognitive, functional and behavioural changes which impact on their daily life. It has been stated that there is a cumulative risk of 90% prevalence of behavioural symptoms across the course of the illness (Banerjee 2009). These symptoms are significant for several reasons, including increased carer distress and likelihood of admission to care (Aalten et al 2002) and a faster rate of progression (Volicer and Hurley 2003). It is widely recognised that the use of antipsychotic medication to treat these symptoms is ineffective and is associated with significant risks. There is a mounting evidence base supporting a range of nonpharmacological treatments for the behavioural symptoms of dementia; however, current clinical practice does not always reflect this research evidence. The Tailored Activity Programme (TAP) is an innovative occupational therapy intervention, which involves training informal carers in how to engage the person with dementia in activities to cope with behavioural symptoms and enhance quality of life. Jenny Reid, AHP Dementia Consultant in NHS Lothian, has been working with Dr Gitlin and occupational therapist Cathy Piersol, as well as colleagues from Alzheimer Scotland, Edinburgh University, and 24 occupational therapists in 6 NHS Boards across Scotland, to pilot this intervention. The therapists were trained over three days in the intervention before being accredited to deliver the intervention in practice. Following this, a pilot is being carried with an evaluation of outcomes with a view to considering making this intervention available across OT services.

References

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Presenter's CV

Jenny Reid is the AHP Dementia Consultant based in NHS Lothian and an occupational therapist.

Keywords

Ageing and older people, Service innovation

Session no 99.1**Professionalism in the digital age: new horizons, new challenges****Bodell S, Hook A, University of Salford**

The use of social media is ubiquitous and this presents challenges for us as occupational therapists as our online and offline worlds may collide. Whilst there is evidence to suggest that social media offers great opportunities for us as professionals (Bodell et al 2009, Bodell and Hook 2011), there is no doubt that there are risks associated with it too, and health professionals are increasingly being required to consider the impact of online behavior in relation to their adherence

to professional standards (Greyson et al 2010). This seminar is facilitated by two academics who are experienced in using social media personally and professionally. It seeks to explore both the opportunities and risks associated with using social media as an occupational therapist, and seeks to simulate discussion and debate around three key questions:

1. What exactly is professionalism in the digital age?
2. What are the challenges associated with being visible online personally OR professionally?
3. How can occupational therapists maximize the benefits and minimize the risks associated with being online in a personal OR professional capacity?

Discussion will be underpinned by reference to current thinking, relevant research and professional guidelines. It is anticipated that the discussion will allow participants to examine their own use of social media in relation to their status as an occupational therapist, and to explore strategies for protecting their personal online reputation and that of the profession as a whole.

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Presenters' CVs

Sarah Bodell is Senior Lecturer in Occupational Therapy.

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Keywords

Education (CPD LL skills), Theory, Practice development

Session no 100.1

Working with the dying or living? Appreciative inquiry and students in palliative care

Roberts G, Cardiff University

The Occupational Therapy (OT) BSc (Hons) programme at Cardiff University uses problem-based learning (PBL) as a learning approach. PBL's focus is on organising the curriculum content around problem scenarios rather than subjects or disciplines. The primary focus is often on what is wrong or dysfunctional; since they look for problems, students often appear to emphasize and amplify them. When considering palliative and end of life care, students often express fear and anxiety about the prospect of working in this area (Machon and Roberts: 2010). When placed in palliative and end of life care practice settings, clinical educators reported that students, in general, tended to overtly concentrate on the negative aspects of working in this area. It is reported in evaluation reports of practising OTs that most students tended to focus excessively on the process of dying, forgetting the fact that therapists in this specialised area work very much with individuals who often aspire to live full meaningful lives. A qualitative phenomenological approach was adopted using semi-structured interviews with twenty final

year OT students. This research proposes the introduction of appreciative inquiry (AI) as a dimension within PBL. AI suggests that we look for what works first by using an appreciative eye. The development of transferable skills through this new proposed model may enhance the learning experience and clinical practice of students in palliative and end of life care. Findings show that introducing AI did change students' attitudes and confidence when working in this area. Particular pre-conceived prejudices and mind-sets appeared to be diminished.

References

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Presenter's CV

Gwilym Roberts qualified as an Occupational Therapist in 1982. He worked in Mental health specialising in Post Traumatic Stress Disorder. He has held academic positions in a number of UK Universities and is currently a Senior Lecturer in The College of Biomedicine and Health Sciences Cardiff University. A qualified psychotherapist, has a Masters in Higher Education and a professional Doctorate in Social Science. His research areas are in the use of Appreciative Inquiry in healthcare education and in its practice in mental health, homeless and palliative and end of life care. Currently on secondment to develop a Welsh Language healthcare and medical curriculum at Cardiff University.

Keywords

End of life care, Education (CPD LL skills), HIV/AIDS, Practice development

Session no 101.1

Research and service evaluation made easy

Morris K, Cox D, University of Cumbria

Have you always wanted to do research but never had the time to do it? Are you under pressure to demonstrate the effectiveness of your occupational therapy practice? Service evaluation and evidence-based practice are becoming increasingly more important (Fineout-Overholt et al 2005). This poster will highlight a series of activities which can assist the development confidence in their evaluation and research skills. The presenters will share their own experiences of occupational therapy service evaluation and research in physical and mental health settings. The boundaries and interface between evaluation and research, both within the NHS and in private practice, will be discussed (Jonker et al 2011). Action research is an ideal approach to fully include service users in research (Schneider 2012). A range of action research methods which can be easily incorporated into everyday working. Finally, issues around developing collaborative partnerships with other occupational therapists to enhance their occupational therapy practice will be discussed.

References

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Presenters' CVs

Karen is a senior lecturer in occupational therapy. Her particular interest is in forensic mental health and giving a voice to service users.

Diane is a Professor of Occupational Therapy with a particular interest in long term conditions especially Chronic Fatigue Syndrome.

Keywords

Engagement, Practice development, Service evaluation, Mental health

Session no 101.2

Seeing i2i: improving adoption and diffusion of research impacts into innovative practice

Ridout A, University of Leeds

Innovation, Health & Wealth (Department of Health, 2011) heralded a renewed focus on speeding the adoption and diffusion at scale, of innovations to improve healthcare and build the UK economy. Research funders such as National Institute Health Research require projects which can demonstrate clear plans to deliver this impact and engage patients from the inception to dissemination of findings. Higher educational institutions Research Excellence Framework also expects engagement with care providers, demonstrating the quality of their research. How can Therapists support this drive? The professional research challenges are clear (College of Occupational Therapists, 2007), but Therapists are facing increasing pressures at work as cuts deepen; so how can we work together to see evidence embedded in daily practice in the current fluxing landscape? Influencing new Clinical Commissioning Groups, Academic Health Science Networks/ Local Education and Training Boards is key to delivering innovative practice for the future. How much of a voice do we have in the new local structures? What steps will ensure diffusion of our growing evidence base, on the ground? The University of Leeds has established a team of Innovation Managers for sectors including Healthcare, to build robust bridges between researchers and the sectors they serve. The Health Services Hub has carried out a knowledge exchange audit of grant applications to identify priority interventions, supporting effective diffusion of applied health research outcomes. The audit findings will be shared with delegates followed by a semi-structured discussion on the implications/opportunities for Occupational Therapists to proactively engage with the health innovation agenda.

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Presenter's CV

Alicia is an OT with over 25 years of Health Service and charity sector experience, both as a therapist and a programme manager/commissioner.

Keywords

Knowledge transfer, Practice development, Management and leadership, Research

Session no 101.4

Justifying mental health OT practice: analysis of routine outcome measurement data

Carter M⁽¹⁾, Khatri R⁽²⁾, Northamptonshire Healthcare NHS Foundation Trust⁽¹⁾, University of Northampton⁽²⁾

The Health and Social Care Act 2012 heralds great changes to the National Health Service (NHS) in England. The act recognises the need to provide 'outcomes, which show the effectiveness of services' (Department of Health, 2012; p.39), something which the profession of Occupational Therapy (OT) continues to find a challenge. Ballinger (2012) acknowledges this, and forewarns that Mental Health Occupational Therapists (OTs) in the United States failed to document the effectiveness of services and now describe themselves as in 'crisis' (Gutman, 2011; p.236), with practitioner numbers decreasing and many services not being commissioned. This quantitative research study aims to discuss the efficacy of treatment at an NHS Adult Acute in-patient Mental Health OT Service. The service implements the Vona Du Toit Model of Creative Ability (Du Toit, 2004) and the Activity Participation Outcome Measure (APOM) (Casteleijn, 2010) as its chosen OT practise model and associated outcome measure. This retrospective piece of descriptive research will analyse anonymous routine outcome measurement data collected from two research sites over a one-year period. The study will then critically explore any significant themes, correlations or associations identified following statistical analysis of variables using SPSS. It is hoped that this research study, through highlighting the efficacy of the Model of Creative Ability, will contribute to the growing evidence base of the effectiveness of OT in mental health settings. It is anticipated that the results may be generalised to other settings and the findings may highlight the need for further research in this area of practice.

References

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Presenters' CVs

Matthew is a Specialist OT working in acute mental health in-patient services. This study was undertaken as part of an MSc in Advanced Occupational Therapy.

Roshni is a Senior Lecturer at the University of Northampton and supervised this MSc research study.

Keywords

Mental health, Acute Health, Research, Recovery and rehabilitation

Session no 101.5**Exploring the lived experience of dementia: midlothian dementia study**

Gorska S⁽¹⁾, Fairnie J⁽²⁾, Flockhart J⁽³⁾, Forsyth K⁽¹⁾, Irvine L⁽³⁾, Maciver D⁽¹⁾, Prior S⁽¹⁾, Reid J⁽³⁾, Whitehead J⁽¹⁾, Firefly Research, Queen Margaret University, Edinburgh⁽¹⁾, Midlothian Council⁽²⁾, NHS Lothian⁽³⁾

Background: In line with Scotland's National Dementia Strategy (Scottish Government 2010), and related policies (Scottish Government 2011a; 2011b), research was undertaken in Midlothian aiming to develop a deeper understanding of the lived experience of dementia and to identify people's needs in relation to dementia services. Commissioned by NHS Lothian and Midlothian Council as part of wider service re-design, Firefly Research within Queen Margaret University, Edinburgh completed this research.

Method: The study (Fairnie et al 2012) used data gathered from individual, narrative interviews. 31 people participated, 12 people with dementia and 19 unpaid carers. Thematic content analysis using the constant comparative method was used to interpret data.

Results: Principal findings related to:

- Impact of dementia on people's lives.
- Contextual factors shaping people's experience.
- Examples of good practice in terms of service provision.
- Challenges in relation to service provision.

These were considered in the context of the relevant policy shaping dementia care in Scotland.

Impact on service users: Recommendations based on the study findings were made in relation to diagnostic services, post-diagnostic support, non-pharmacological interventions, working with carers, and community level actions. The recommendations informed service re-design.

Implications for OT: The session will highlight findings and recommendations specific to the provision of occupational therapy and other services promoting activity and facilitating social involvement.

References

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Presenter's CV

Sylwia Gorska is an occupational therapist, research practitioner and PhD candidate in Firefly Research at Queen Margaret University.

Keywords

Long term conditions (including neurological), Service evaluation, Service user involvement, Practice development

Session no 101.6**Whose attitude is it anyway? Identities, models and impairments**

Bevan J, University of Sheffield

This PhD research study will investigate how disabled people's attitudes towards impairment or disability are formed, developed or changed by their experiences. By focussing on individual perspectives and understandings about who or what has made a difference, I hope to gain an insight into why contrasting attitudes exist and how they can contribute to theoretical debates surrounding the promotion of awareness, inclusion or empowerment. The study plans to utilise an ethnographic, participatory action research methodology, involving a diverse group of participants re-counting their experiences through interviews, narratives or focus groups. A flexible approach will promote the principles and practices of user-led research by encouraging participant involvement at all stages (Barnes and Mercer, 1997). A grounded theory analysis will primarily attempt to identify themes or similarities within the data and then, secondly, associations with a model (or models) of disability. The results could indicate how specific individuals or events can be instrumental in framing participants' attitudes or identities and the relevance of models within the context of the lives of people with impairments or disabilities. They may confirm or challenge established assumptions and expectations by identifying strengths and weaknesses in disability-related training, education, treatment and support, or in the planning, allocation and provision of services. The idea has stemmed from my own personal and professional experiences as an Occupational Therapist, so any constructive feedback on the concept, topic and methodology would be welcome. I would also be happy to hear from anyone interested in participating in the research.

References

Barnes C, Mercer G (1997) *Doing Disability Research*. Leeds, Disability Press.

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Presenter's CV

Julie Bevan was an OT for 16 years and is now studying for a PhD at the University of Sheffield.

Keywords

Inclusion, Integration, Participation, Research

Session no 101.7**Future gazing: lessons from research into consumer models for assisted living technologies**

Ward G⁽¹⁾, Winchcombe M⁽²⁾, Health Design & Technology Institute⁽¹⁾, Years Ahead⁽²⁾

Much has been made of the benefits of telecare and other electronic assistive technology in supporting people to live in their own homes into great old age, particularly with the prospect of dementia becoming more prevalent [Snell et al, 2012; Bonner et al, 2012]. Although the public sector plays

a role in providing support it is thought more than 90% of people who could benefit do not receive this help [PANSI, 2011]. Crucially, these technologies are not routinely taken up and used because people are not aware of them. Little has been published about how people between the ages of 50 and 70 plan for, or manage, their old age, or their attitudes towards these technologies and about the market itself [Ward, Ray, 2012]. This poster gives new insights into independent and assisted living in the 21st Century in Britain. The authors draw on a comprehensive literature review and consumer market study, undertaken as part of the Consumer Models for Assisted Living (COMODAL) study, (funded by the Technology Strategy Board) to explore the implications of people taking more responsibility for their own health and independence and purchasing their own assisted living technologies. In particular, ethical issues and occupational therapists' roles in influencing uptake of assisted living technologies by those who do not receive help from statutory services are highlighted. Aspects of this consumer groups' attitudes to ageing and the current market for these products are presented to raise questions and promote discussion about the future role of occupational therapists in signposting consumers.

References

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Ward, G; Ray S, (2012) *Unlocking the potential of the younger older consumer; consumer preferences and the assisted living market*. HDTI, Coventry University.

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Keywords

Ageing and older people, Assistive technology, Research

Session no 102.1

An introduction to the VdT model of creative ability and its use in clinical practice

Khatri R⁽¹⁾, Kane A⁽²⁾, University of Northampton⁽¹⁾, Berrywood Hospital⁽²⁾

The theory of creative ability originated in South Africa and was developed by Vona du Toit (VdT) in the 1970s. The VdT Model of Creative Ability is based on a developmental model and allows people to be seen in terms of their potential to develop to their optimum level of functioning (De Witt 2005). The key components of the model are Motivation and Action, which Vona du Toit describes as being linked and directly, influences our behaviour. Observation of an individual's actions enables the therapist to determine their level of motivation. The model outlines and describes the levels of action and motivation and illustrates a clinical picture of what a therapist may observe during the assessment process. The model also offers guidance for the choice of appropriate interventions, treatment principles, handling principles and grading of treatment for each level. During the workshop, a general overview of the model will be provided, including sharing of theoretical knowledge of the levels of motivation. Participants will have the opportunity to engage with the assessment and treatment process to examine its use in practice and apply the theory through examination of case

histories. There will be an interactive element to the workshop, where therapists will have an opportunity to develop a treatment approach appropriate to one of the levels of the model.

References

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Presenters' CVs

Roshni is a senior lecturer and programme leader at the University of Northampton. Professional interests include Adult Neurology, technology enhanced learning and Evidence based practice.

Alison is an occupational therapist who works at Berrywood Hospital in Northamptonshire, which provides inpatient mental health services using the VdT Model of Creative Ability.

Keywords

Practice development, Engagement, Health and wellbeing, Recovery and rehabilitation

Mental Health Annual Conference

Session no 105.1

Occupational engagement and mental health recovery: a meta-ethnography

Kemle C, Central and North West London NHS Foundation Trust

Occupational therapists are recognised as one of the five key professional groups in health services assisting in the recovery of those with mental health problems (COT, 2011). However, there continues to be a paucity of evidence that directly connects how the use of occupation can influence mental health recovery (Kelly et al, 2010). This study aimed to explore how engagement in occupation can influence improved mental well-being and recovery in working age adults. A meta-ethnography of qualitative research published between January 1990 and December 2011 was undertaken in order to explore individual experiences of engagement in occupation as a means to improved mental health. A total of 12 studies were found which reported on the use of occupation in facilitating mental health recovery. The seven steps to conducting a meta-ethnography (Noblit and Hare, 1988) were followed as a guide throughout the study. The translation of findings across the studies demonstrated that engagement in meaningful occupation has the potential to decrease symptoms of mental illness, facilitate the acquisition of new skills, develop intra-personal and interpersonal skills, within a socially-inclusive environment. A Model of Occupational Engagement for Adults Suffering from Mental Illness was developed to present the findings of the synthesis and the interrelation of these concepts. The results of this study hold great significance for occupational therapists working in the field of adult mental health, in providing a new body of evidence to support the use of occupation as a tool for facilitating mental health recovery.

References

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Keywords

Mental health, Engagement, Recovery and rehabilitation, Research

Session no 105.2

Evaluating occupational therapy in tier 3 eating disorder services in Wales

Seymour A, Riley J, Gambling T, Cardiff University

In 2009 the Welsh Government developed a comprehensive strategy and service framework for the treatment of eating disorders in Wales (Welsh Assembly Government 2009). Subsequently, specialist Tier 3 teams were developed which included occupational therapy provision. This evaluation study aimed to explore and understand the unique role and contribution occupational therapists make to these teams and to identify areas for future research. Purposive sampling was used to select occupational therapists working in Tier 3 specialist teams. Access to participants was made through an occupational therapy eating disorder special interest group. Semi-structured interviews were carried out and audio recordings were transcribed. The data was analysed using thematic analysis (Robson 2011). Preliminary results suggest the importance of the therapeutic relationship and occupationally focussed interventions for engagement with people with eating disorders. The nature of client-centred practice with this client group was identified as an area for future research. There is a limited evidence base for occupational therapists working in eating disorders (Lock et al 2011). This evaluation study contributes to the understanding of that unique role and identifies themes for future research, thus impacting on both practice and service users' experiences. The study was approved by the School of Healthcare Studies Research and Ethics Committee at Cardiff University and by participating Health Board Research and Development Committees.

References

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Presenters' CVs

Alison Seymour is a lecturer in occupational therapy at Cardiff University. Her research interest is the nature of the therapeutic relationship in eating disorders.

Dr Jill Riley is a lecturer/researcher in occupational therapy at Cardiff University. Her research interests are occupational science and social care.

Keywords

Mental health, Service evaluation

Session no 105.3

An evaluation of an occupation-based MIND project (HiWay)

Boniface G, Reagon C, Cardiff University

An evaluation of MIND Monmouthshire's recovery (Ramon et al. 2007) and occupation-based project (HiWay) created a close relationship with local occupational therapists. HiWay was developed in order to gradually replace the Mind Monmouthshire drop-in centres, and is a service grounded in the belief that engaging in everyday occupations forms a major part of service users' intervention. For the evaluation, between February and May 2012, 14 semi-structured interviews were undertaken with a purposive sample of stakeholders (managers, staff, referrers, and clients) and analysed thematically. A small amount of retrospective numerical data (including number of referrals and completed client goals) were also collated, representing the first 12 months of HiWay's operation. This evaluation was approved by Cardiff University School of Healthcare Studies Research Ethics Committee and Aneurin Bevan Research Risk Review Committee. Interviewees described how HiWay's referral system had taken some time to establish, but regarded the majority of referrals as appropriate. Good communication between caseworkers and members of the Community Mental Health Teams was seen as an effective method of encouraging appropriate referrals. The opportunity for occupational therapy and HiWay to work together in partnership was acknowledged and valued. The evaluation identified increased occupational engagement (reflecting the input of occupational therapists in contributing to the development of the service), increased access to the community, attainment of personal goals, increased confidence, and decreased dependency. Additionally, HiWay was described as a person-centred service and the positive role of individual caseworkers was acknowledged.

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Presenters' CVs

Gail is a senior lecturer in Cardiff University's school of Healthcare Studies. She has worked in education since 1987 and has engaged in a number of research and evaluations involving collaborative working.

Carly is a lecturer in the School of Healthcare Studies, Cardiff University and has engaged in evaluations and research into work programmes and mental health innovation. She is currently working within postgraduate teaching within the school and teaches qualitative research methods.

Keywords

Mental health, Partnerships, Participation, Recovery and rehabilitation

Session no 105.4

Occupational therapy and psychological therapies

O'Kane K, Gilligan F, NHS Greater Glasgow & Clyde

Over recent years in the United Kingdom there has been a commitment from the National Health Service to improve access to psychological therapies for those experiencing common mental health problems (Department of Health,

2007). Recommendations are for multidisciplinary delivery of psychological interventions and therapies at a variety of levels in both mental health and physical settings (NHS Scotland, 2011). The Realising Potential (Scottish Government, 2010) report states that Allied Health Professionals should maximise their potential in delivering a range of psychological interventions to promote better outcomes for service users and carers. Occupational therapists (OTs) with additional training and experience can develop the competences required for delivering psychological therapies. This presentation aims to demonstrate the role for OTs in delivering psychological therapies. OTs working within the 'Doing Well' service provide brief psychological therapy. The main objective of the 'Doing Well' service has been to implement 'stepped collaborative care' by improving access to evidence-based psychological interventions in a primary care setting. We provide guided self-help, behavioural activation, Cognitive Behavioural Therapy and Interpersonal Psychotherapy which may be in combination with antidepressant treatment. An additional aim was to standardise the use of screening tools to assess severity of depression and anxiety whilst monitoring response to treatment. Providing understanding, information and choice to participants is imperative to our approach with patient preference taking priority over guidelines.

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Presenters' CVs

K O'Kane is a Band 6 Occupational Therapist working within a primary care mental health team. She has completed post graduate training in CBT and is an advanced IPT practitioner.

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Keywords

Mental health, Care pathways

Session no 105.5

How occupational therapy can enhance an improving access to psychological therapy service

Emery S, Leigh S, Lancashire Care NHS Foundation Trust

We work in an IAPT service for people with depression and anxiety. Its focus now includes long term conditions (IAPT, 2008). Occupational therapists are not usually part of IAPT services, but it is recognised that they can support long term conditions (COT, 2012; DH and AHPF, 2005). Physical illness can affect an individual's wellbeing, functioning and quality of life. Symptoms can be exacerbated by depression and/or anxiety (IAPT, 2008). Innovatively, OTs are developing a group for people in managing anxiety/depression in relation to their long term condition. OTs are key professionals for recovery in mental health (Care Services Improvement Partnership, 2007) and with long term conditions to increase independence and quality of life (DH and AHPF,

2005). Physiological outcome scales PHQ9 and GAD7 and an OT-specific measure (e.g. EQ-5D-3L) will evidence the success of the group. We will adhere to the trusts and COT code of ethics for data collection.

The group aims:

- Coping with feelings of anxiety and depression.
- Health promotion: relaxation, exercise and healthy eating.
- Fatigue management.
- Setting realistic and achievable, personal goals.
- Provision of basic equipment.
- Signposting to other agencies.

It will enable clients to function, despite impairments. The group will reduce levels of anxiety/depression. Commissioners will have a better understanding of occupational therapy. It will meet local and national IAPT service requirements to reduce cost, waiting times and reduce service deficits as "we must tackle long term conditions in a more effective way as our health services will have to deliver to more people with fewer resources (Easton, J, 2012).

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Presenters' CVs

Susan Emery is a Specialist Occupational therapist having ten years experience in primary mental health.

Shaunna Leigh is a Band 5 OT, qualified in 2011 from University of Lancaster.

Keywords

Long term conditions (including neurological), Service innovation, Mental health, Community

Older People Annual Conference

Session no 106.1

What is the effectiveness of an outreach service for older people in A&E

Stewart L, Patel P, University Hospitals of Leicester

With an ageing population and zero real growth in the NHS Budget, it has become an issue of priority to manage older people better in the community (Banerjee et al. 2012), reducing the need for unnecessary admission to hospital (DH 2012), as well as reducing the 30 day readmission to hospital (Robinson 2012). Occupational Therapy has been a part of the multidisciplinary approach in A&E in this Midlands teaching hospital for over 10 years to prevent unnecessary admissions. Recent funding has been awarded to follow up (Outreach) older patients at home following A&E attendance to reduce 30 day readmission. This team was set up on 2 WTE posts between Nursing, Physiotherapy and Occupational Therapy with non

recurrent funds. The purpose of this study is to ensure we are providing a relevant, responsive and high quality service and so that further funds can be obtained for additional resources. Data was gathered prospectively over 12 months on number of referrals, visits and time spent, as well as rate of 30 day re-attendance, and feedback from patients of their experience of Outreach team. This data will be presented and discussed. Assessing patients in the context of their own home ensures an holistic approach and is important to Occupational Therapy, as well as empowering patients in the treatment of their condition and promoting independence. This study will demonstrate how effective this outreach service is. This study is of a development of an existing service, therefore, ethical approval is not required.

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Keywords

Ageing and older people, Acute Health, Service innovation, Service user involvement

Session no 106.2

Lifestyle Redesign®: can OT improve the hospital to home interface for older people?

Sigmund E, NHS Dumfries & Galloway

Increasing pressure on health and social care services due to changing population demographics is resulting in Government policy emphasising wellness, prevention and community based services. Reducing hospital admissions & length of stay and improving outcomes for older people are key factors. Lifestyle Redesign®, an innovative approach developed in the USA, has produced convincing evidence through randomised controlled trials that occupational therapy (OT) can provide sustained, cost-effective improvements in the health & well-being of older people that reduce use of health & social care services (Mandel et al 1999, Clark et al 2011). A Winston Churchill Memorial Trust travel award gave an NHS Scotland OT the opportunity to spend 8 weeks at the University of Southern California with Dr Clark and the research team that designed and continue to develop Lifestyle Redesign®. The aim of the visit was to investigate how it could be used to improve outcomes for older people at the hospital/home interface. For OTs, occupation is central to health & well-being at every stage of life. Our skills have traditionally been used in rehabilitation or recovery work. OTs trained in Lifestyle Redesign® facilitate clients through a process of making self-directed changes to their lifestyle and daily routines that are personally meaningful, health-promoting, sustainable and enhance quality of life. The presentation will discuss the findings of the study visit and examine the case for use of the approach by OTs to improve outcomes at the hospital/home interface.

Use of this intervention has the potential to contribute to the national healthcare agenda and to improve outcomes for older people.

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Presenter's CV

Ebby has worked as an OT with older people for most of her career, mainly in acute hospitals but recently returned to a community base.

Keywords

Ageing and older people, Health and wellbeing, Occupational science, International perspectives

Session no 106.3

Reshaping care of older people – an island occupational therapy perspective

Carmichael F, Fowler J, Reid A, NHS Ayrshire and Arran

The isle of Arran is a beautiful island off the west coast of Scotland, population 5,300 with a high percentage of older people – often described as Scotland in miniature. A review of services provided on the island highlighted that Occupational Therapy services primarily focussed on the provision of aids and adaptations. Rehabilitation tended to be provided, as an inpatient, in mainland hospitals, and there was little alternative to hospital admission, or option for community rehabilitation or enablement on the island. A bid for additional monies through the Scottish Government's Change Fund was successful, and an additional fulltime occupational therapist was appointed, initially for 12 weeks with the aim of improving the occupational performance levels of older people. This poster highlights the scoping exercises and service developments undertaken through this development. Through the use of MOHOST, benchmarking exercises and stakeholder feedback, the positive impact of additional Occupational therapy resource is illustrated. The outcomes demonstrated, even in this short period of time, included prevention of admission to hospital, facilitating earlier discharge and a reduction in the level of homecare support for individuals. Occupational therapy is key to the success of the Reshaping care for older people agenda. The effective contribution of occupational therapy by promoting activity and independence has had a positive impact on the health and wellbeing of older people on Arran and enabled a further successful extension to the additional Occupational Therapy post.

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Presenters' CVs

Fiona is an Occupational therapist working on the Isle of Arran.

Jane is an Occupational Therapist working on the Isle of Arran.

Keywords

Ageing and older people, Health and wellbeing, Recovery and rehabilitation

Session no 106.4**MIMA memories – art experiences for people with dementia**

Byron B, Fowler C, Teesside University

Occupational therapists have a unique role in dementia care. There are 800,000 people in the United Kingdom with dementia (Alzheimer's Society 2012). These people must be supported through innovations which explore traditional functions and develop emerging roles and services. The Social Exclusion Unit (2009) has noted that people face barriers to participating in the community; with arts and leisure providers unaware of how services might be more accessible for certain groups. While at MIMA (Middlesbrough Institute of Modern Art) we observed limited opportunities for people with dementia and their carers to access the resources. Working in partnership with MIMA and local community support groups we developed our project – MIMA memories. Carers and those with dementia were participated in a 3 week pilot project at MIMA which related to exhibits. This project empowered people with dementia and their carers to participate in meaningful activity in a social and supportive environment. It helped to maintain relationships with carers and gave the opportunity to communicate through activity and the freedom for self expression in a creative manner. Occupational therapists must increase opportunities for new developments (Letts, 2011), consider creative approaches and offer alternative routes to access services (Kearsley, 2012). We will demonstrate how core therapy skills can be used to create opportunities for this client group to engage with MIMA. The project has the potential to be developed in similar settings – locally and nationally. Outcome measures identified a need for this project to continue and MIMA have since applied for funding.

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Presenters' CVs

Caroline has completed an MSc OT at Teesside University and has an interest in elderly mental health.

Bridget has recently completed an MSc OT at Teesside University and has an interest in mental health and eating disorders.

Keywords

Mental health, Community, Participation, Ageing and older people

Work Annual Conference**Session no 107.1****Mental wellbeing; occupational therapy interventions to keep employees in work**

Sledding F⁽¹⁾, Whittaker E⁽²⁾, East Lancs hospital trust⁽¹⁾, East Lancashire Hospitals Trust⁽²⁾

The Health and safety executive have found that initial numbers of stress related absence have increased each year and it is now the major reason for employees to be absent from the workplace. The Boorman review (2009) indicated that sickness absence, in particular in public sector organisation, needs to be addressed. The cost of sickness absence to organisations is immense and in times of financial hardship creative ways to make organisations more cost effective needs to be sought. Within East Lancashire hospital trust it was found that staff absence attributed to stress anxiety and depression was around a third of all absence within community services. The total absence was costing the organisation around 1,300 days a month. Inspired by Dame Carol Black (2008) report the Occupational therapy service within the organisation drew up a proposal to address the high staff absence attributed to mental wellbeing, by providing individual Occupational therapy intervention to employees off or struggling to stay in work. The proposal outlined that the pilot could save the organisation around £82,000 a year. Working alongside Occupational Health and Human resources a pathway and service was created. The presentation will outline the findings of this pilot and describe the journey the service took. It will outline the key role Occupational therapy has within Occupational health and demonstrate the clinical outcomes for employees.

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Presenters' CVs

Freya is currently a service manager for Occupational Therapy, Community stroke team and a falls prevention team based in the community. Clinically she has come from a neurological background and has always valued the value work it has to our function and wellbeing. She has been interested in emerging areas for Occupational Therapy and is involved in a number of employees wellbeing initiative for staff across Occupational Health and Human Resources.

Ericial is currently employed to establish the service to support employees to stay and return to work. Her previous post was condition management service. She has experience across physical and mental health areas.

Keywords

Vocational rehabilitation/work, Mental health, Service innovation

College of Occupational Therapists Annual Conference

Session no 108.1

Exploring the behaviours and reasoning of occupational therapists working in acute stroke

Preston J, NHS Ayrshire & Arran

Introduction: The terms used within an organisation or discipline at a particular point in time reflect the common worldview of that particular group (Bauerschmidt & Nelson, 2010). In an attempt to understand an acute stroke service more thoroughly, and to gain some insight into the thinking of the occupational therapy staff, a review of occupational therapy progress notes was conducted.

Method: As part of a wider service evaluation the occupational therapy records for all patients admitted into two stroke units in April 2011 were reviewed (n = 60). A list of search terms was generated from the Occupational Therapy Concise Guide for Stroke (Royal College of Physicians 2008). The data entries for all 60 case notes were copied into one full dataset in Microsoft Word. The 'find' function of this programme was then used to locate each of the terms. In a separate workshop, examples of recurring themes which emerged within the dataset were presented to the occupational therapists who were invited to "agree/disagree" with the statement and to offer some insight into how they made their decision.

Results: Occupational therapists focus predominantly on assessment of basic self-care skills in preparation for a safe discharge from hospital. Factors which influence their clinical decisions include the perceived expectations of colleagues and the integrity of their assessments.

Impact on service users: Accurate identification of their longer term needs may not be facilitated within this model of care.

Implications for occupational therapy: The results from this study may indicate that a more holistic approach is required to understand fully the occupational needs of this group.

References

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Presenter's CV

Dr Jenny Preston is a Consultant Occupational Therapist with responsibility for practice and service development, research, and clinical and strategic leadership.

Keywords

Acute Health, Long term conditions (including neurological), Audit, Physical health

Session no 108.2

The development of an e-learning tool for stroke

Jackson T, NHS Grampian

It is a national requirement for all staff, including occupational therapists working with people with stroke, to be trained in stroke care (The Scottish Government 2009). Access to training is variable in terms of cost, time and quality. Development of

core competencies in Scotland by NHS Education for Scotland and specialist staff led to the Stroke Training and Awareness Resources (STARs) project being commissioned by the Scottish Government to produce an e-learning resource which would enhance the educational opportunities for health and social care staff working with people affected by stroke. The modules are stroke specific and are aimed primarily at registered staff (from all professional backgrounds) based in stroke units or who regularly work with stroke patients/clients. The content is developed by experienced clinicians and is quality checked by experts. This session will be facilitated by a STARs module lead, an occupational therapist, who will share the content of the e-learning resource and their experiences of the development process. The value of this education resource for occupational therapists and the innovative approach to education delivery will be reviewed.

References

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Presenter's CV

Therese is a consultant occupational therapist in stroke and module lead for the stroke e-learning training programme.

Keywords

Education (CPD LL skills), Practice development, Recovery and rehabilitation

Session 108.3

Recognising the role of OT in making sense of decision making in Motor Neurone Disease

Ghosh M⁽¹⁾, Noble H⁽¹⁾, Callagher P⁽²⁾, Lancashire Teaching Hospitals, NHS Foundation Trust⁽¹⁾, Lancashire Teaching Hospitals NHS Foundation Trust

Introduction: Cognitive impairment in Motor Neurone Disease (MND) can have a major impact on social functioning, language and decision making ability (Kiernan 2012). Research suggests that some form of cognitive impairment can be identified in up to 50% of MND patients following neuropsychological testing (Woolley et al 2008).

Method: In order to understand patient and caregiver perspectives on decision making in MND a practice analysis was undertaken. 10 patients diagnosed with MND, referred to occupational therapy, and cared for by a non-professional carer were identified for this study. Cognitive assessment was completed and patients' and carers' views regarding their presentation and their impact on function were documented.

Results: Although 80% of patients demonstrated problems in cognitive executive functioning, only 10% of patients, and 70% of carers showed an awareness of this. Carers felt compelled to support their relative's irrational decision making to 'keep them happy' and 'feel cared for'. Five main areas of impairment were identified: behaviours out of character; emotional lability; impulsivity; heightened sense of arousal and mental inflexivity.

Conclusions: In day-to-day clinical practice, MND patients with cognitive limitations can be less compliant with interventions (Olney et al 2005). Patients who exhibit such behaviour may not be able to provide a sound rationale for their decision making (Merrilees et al, 2010). The impact this can have on patients, carers, and the economic effect on the commissioning of care and other services, can be immense. OTs can play a significant role in 'making sense of decision making in patients with MND'.

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Keywords

Long term conditions (including neurological), Service user involvement, End of life care, Acute Health

Session no 108.4

A mixed methods study to describe occupational therapy for improving visual search

Turton A⁽¹⁾, Angilley J⁽²⁾, Reid A⁽¹⁾, Chapman M⁽¹⁾, Longley V⁽¹⁾, University of the West of England, Bristol⁽¹⁾, Peninsula Community Health, Cornwall⁽²⁾

Background: Loss of visual field or poor spatial attention is common after stroke. Both conditions affect visual search, making activities of daily living (ADL) and social participation difficult; yet people with stroke report that insufficient attention is paid to rehabilitation of vision. Recent systematic reviews suggest that visual search training can improve test performance and they highlight the need for further research to evaluate effectiveness of treatment on ADL (Bowen et al 2008; Pollock et al 2011). Occupational therapy (OT) can include visual search training but the intervention needs defining before evaluation. This study aimed to describe the content of visual search training in OT for people with stroke living in the community.

Method: NRES committee approval was gained to enable video-recording of a Specialist Occupational Therapist's treatment sessions with eight participants with stroke. Findings from the neuroscience and OT literature were used to develop a framework for analysing the video recordings. The Occupational Therapist was interviewed to answer questions about her clinical reasoning. Synthesis of the literature, video analysis and therapist interview allowed a 'beginning theory' to be developed. This was presented to an expert group of eight Occupational Therapists for validation and for additional intervention content to be added to create a treatment guide.

Conclusions: The main findings from the synthesis were: the use of pre-task explanations and prompts to encourage visual searching, and their application within vision-based exercises and meaningful occupations. This investigation has defined the content of an OT intervention for improving visual search in people with stroke.

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Presenters' CVs

Dr Ailie Turton is a Senior Research Fellow in Stroke Rehabilitation at the University of the West of England, Bristol.

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Keywords

Long term conditions (including neurological), Occupational science, Community, Research

Session no 109.1

Practice development: a vehicle for new ways of working

Shute R⁽¹⁾, Melton J⁽¹⁾, Clee S⁽¹⁾, Forsyth K⁽²⁾, 2gether NHSFT⁽¹⁾, Queen Margaret University, Edinburgh⁽²⁾

Change is a constant feature in Occupational Therapists' world of health and social care provision. To deliver evidence-based practice efficiently and effectively, Occupational Therapists and other professionals need to constantly adapt and develop their skills to embrace the opportunities for new ways of working (Holmes and Scaffa 2009). One way to support this evolution of practice is to implement a structured, evidence-based practice development process (Melton et al 2010). A three year funded partnership between 'Firefly' research at Queen Margaret University, Edinburgh and 2gether NHS Foundation Trust for Gloucestershire and Herefordshire enabled the implementation of the 'Flight Gate' practice development framework (Forsyth et al 2011). Underpinned by the Individual Practice Development theory (Melton et al 2011) the framework promotes the use of a self-rated tool to enable individuals to understand their practice development needs. In turn, this enables the selection and engagement in differentiated, targeted practice development activities to achieve the practice outcomes required. This paper will describe the process and outcomes of implementing the Flight Gate framework with Occupational Therapists and other professional groups across an NHS organisation. Through the use of a case study and qualitative research findings the paper will explore:

- Cultural influences on engagement in practice development.
- The role of practice development champions.
- The use of self assessment.
- The practitioner's perspective.

References

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Presenters' CVs

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Keywords

Practice development, Education (CPD LL skills), Knowledge transfer, Management and leadership

Session no 109.2

How to change: engaging occupational therapy staff in change to improve services

Clark J, Birmingham and Solihull Mental Health Foundation Trust

In the current climate Occupational Therapists, like other health professionals, need to change; this includes a greater focus on demonstrating outcomes, developing services which are convenient and led by service users, and achievement of efficient care pathways across organisations. There is little research that focuses on clinical engagement; what does exist primarily concerns medical staff (Dickenson & Ham 2008, Reinersten et al, 2007). More recent guidance highlights the importance of leadership and engagement for all health care professionals (Kings Fund 2012). Using a qualitative methodology the author conducted a service evaluation (Clark 2010) and the findings indicate that Allied Health Professionals use a complex decision making process which is fluid. Five themes emerged, first the need to trust managers during a change and to feel considered and valued. An overarching theme, this influenced the remaining areas. These are identified as questions staff ask themselves when considering how engaged they will become. They consider what they can bring, and gain from their involvement; how much control and influence they have; is the project relevant to their job/grade and will it make a difference. These findings provide an opportunity to explore how to improve the engagement of occupational therapists in service changes. The Seminar will:

- Highlight the importance of engaging staff in service changes.
- Present an overview of the literature.
- Present an overview of the findings from the service evaluation, identifying themes and practical application.
- Through discussion, consider practical ways to increase clinical engagement of occupational therapy staff in changes.

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Presenter's CV

Jane has held clinical, managerial and professional lead roles in a range of health settings including mental health and acute care. Extensive experience in service redesign.

Keywords

Engagement, Management and leadership, Service transformation

Session no 109.3

The clinical skills matrix. A tool for managers, a tool for clinicians

Johnston P, East Lancs Hospitals NHS Trust Community Division

In these challenging times we have to be clear about what therapy services offer. We also have to ensure that we develop a competent workforce that will deliver sufficient current and future services safely and effectively (DH 2009). The Clinical skills matrix, developed over 2 years in East Lancashire Hospitals NHS Trust Community Division Occupational Therapy Services, is a tool that helps us to do this. It helps us to define the specific clinical intervention skills we require. It helps us to explain to individuals, other professionals and commissioners the wide range of interventions that we as a service are able to offer. It provides us with a tool to measure clinical competencies against, and helps us to put a plan in place to ensure that necessary learning takes place. It provides a large variety of learning resources, many that are instantly available, ensuring quality and consistency in terms of information, and ensures new knowledge is applied in the work setting. It provides an exciting workforce planning/team profiling tool giving Managers and Team leaders the opportunity to plan for their unique patient population and for future developments. The tool has already been adopted by another Trust who are developing it to meet their own specialism. There is interest in utilising it with other disciplines, and as a tool to develop integrated multi-disciplinary teams. The clinical skills matrix is in web format allowing easy access to staff. It is flexible and can be "grown" to meet the demands of new developments, and different ways of working. We would like to share this exciting development with colleagues at the conference and stimulate discussion as to its future potential.

References

Department of Health (2009) *Transforming Community Services: Ambition, Action, Achievement, Transforming Rehabilitation Services*. London: DH.

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Presenter's CV

Pauline is presently Professional Development Lead for a Community Occupational Therapy Service. She has a wide range of experience as a clinician and project lead.

Keywords

Service transformation, Education (CPD LL skills), Practice development

Session no 109.4**Can occupational therapists be strategic leaders?**

Preston J⁽¹⁾, Jackson T⁽²⁾, Cusack L⁽³⁾, NHS Ayrshire & Arran⁽¹⁾, NHS Grampian⁽²⁾, College of Occupational Therapists⁽³⁾

Interpretation and implementation of current health and social policy demands both strategic and clinical leadership skills. One of the core functions of the Consultant Occupational Therapist role is defined as providing “visionary leadership – motivating and inspiring others to deliver best practice at a local, regional and national level” (College of Occupational Therapists, 2011). As Occupational Therapists, however, we are generally more familiar with the critical thinking, interpersonal, and the technical skills necessary to deliver effective clinical leadership. Strategic leadership, however, requires vision, emotional intelligence and creativity. This workshop will be facilitated by members of the COT Consultant Occupational Therapist Forum. The key aims of this paper are to:

1. Explore the differences between strategic and clinical leadership.
2. Demonstrate leadership in practice by sharing examples of effective strategic leadership.
3. Consider practical methods for developing strategic leadership ability.

References

College of Occupational Therapists (2011) *Consultant Occupational Therapist, COT/BAOT Briefings (21)*, College of Occupational Therapists, London.

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Presenters' CVs

Dr Jenny Preston is a Consultant Occupational Therapist providing strategic leadership within the clinical and academic environments.

Thérèse is a Consultant Occupational Therapist in Stroke providing research and education, clinical and professional leadership, and is clinical lead for a Stroke Rehabilitation Unit.

Keywords

Management and leadership, Service transformation, Education (CPD LL skills), Practice development

Session no 110.1**The role of occupational therapy in the diagnosis of autism spectrum disorders**

Johnson T⁽¹⁾, Rutherford M⁽¹⁾, Arnold J⁽¹⁾, Catchpole C⁽¹⁾, Chan S⁽¹⁾, Forsyth K⁽¹⁾, McClure I⁽²⁾, McKenzie K⁽²⁾, Murray A⁽²⁾, O'Hare A⁽²⁾, Rush R⁽³⁾, Irvine L⁽²⁾, Firefly Research, Queen Margaret University, Edinburgh⁽¹⁾, NHS Lothian⁽²⁾, School of Health Sciences, Queen Margaret University, Edinburgh⁽³⁾

Introduction: Guidelines for the diagnosis Autism Spectrum Disorders (ASD) recommend a multi-disciplinary approach to this task, which can include the involvement of occupational therapists (SIGN 2007, NICE 2011); however, this may not always be implemented in practice.

Method: Eight child and eight adult ASD diagnostic services from across Scotland were sampled, and 150 sets of case notes were analysed. Focus groups were then conducted in each service. This mixed method approach allowed us to analyse both professionals' perceptions of the role of OTs in ASD diagnosis, and also the reality of how often OTs were involved in diagnosis in the specific cases we audited.

Results: There is not a consistent input of OT in the autism diagnostic process, although services felt this could be beneficial, especially where there are sensory difficulties. However, there is often a resource issue; therefore, efficient and useful methods of input from OTs in the diagnostic process need to be explored.

Impact: Adherence to guidelines will help to ensure the robustness of a diagnosis, which will be of benefit to service users.

Implications for OT: Guidelines highlight a role for occupational therapists during the diagnostic assessment of autism, and therefore we will suggest ways this can be efficiently achieved.

References

NICE Clinical Guideline. 2011. *Autism: recognition, referral and diagnosis of children and young people on the autism spectrum*. London: RCOG Press at the Royal College of Obstetricians and Gynaecologists.

SIGN. 2007. *98: Assessment, diagnosis and clinical interventions for children and young people with autism spectrum disorders: A national clinical guideline*. Edinburgh: Scottish Intercollegiate Guidelines Network.

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Presenters' CVs

Tess is an occupational therapist and research practitioner, Firefly Research, Queen Margaret University.

Marion is speech and language therapist and research practitioner, Firefly Research, Queen Margaret University.

Keywords

Audit, Care pathways, Children and families

Session no 110.2**Sensory processing and integration across the lifespan – what's the evidence?**

Allen S⁽¹⁾, Urwin R⁽²⁾, Dingley Specialist Childrens Centre⁽¹⁾, Sensory Integration Network⁽²⁾

Sensory Integration is a theory and provides a tool for assessment and intervention. This seminar will present strengths and weaknesses in current literature supporting evidence-based practice. The seminar will be presented in 3 sections:

1. Models of practice – exploring Ayres, Bundy and Miller models (Bundy 2002, Miller 2007).
2. Neuroscience and impact on function – utilizing both human and animal studies (Lane and Shaaf 2010) and how difficulties are likely to impact on function and participation.
3. Intervention – exploring evidence for direct fidelity measured intervention as well as issues of frequency.

In addition, the impact of environmental and use of sensory strategies in everyday life will be discussed (Schaaf 2011). Occupational Therapists are uniquely positioned to identify and ameliorate the impact of sensory processing and integration difficulties in everyday life. To do so requires not only knowledge

and understanding but also the ability to clinically reason information from assessment, occupational roles and the environmental context. This seminar will provide practitioners with an overview of current knowledge.

References

Bundy, A.C., Lane S.J., Murray E.A. (2002) *Sensory Integration: Theory and Intervention*. (2nd Edition) Philadelphia. FA Davis.

Lane SJ and Schaaf RC (2010) Examining the Neuroscience Evidence for Sensory Driven Neuroplasticity: Implications for Sensory Based Occupational therapy for Children and Adolescents. *American Journal of Occupational Therapy* 64(3) pp.375–390.

Miller, L. J., Anzalone, M., Lane, S., Cermak, S. & Osten, E. *Concept Evolution in Sensory Integration: a proposed nosology for diagnosis*. *American Journal of Occupational Therapy*, 61(2), 135–139.

Schaaf R.C., Tooth-Cohen S., Johnson S.L., Outten G., Benevides T.W. (2011) The everyday routines of families of children with autism: Examining the impact of sensory processing difficulties on the family. *Autism Vol 15 (3)* 378–389.

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Presenters' CVs

Sue is involved in clinical practice, lecturing, research and is Chair of the Sensory Integration Network (UK and Ireland).

Ros is an experienced clinician, practitioner and clinical researcher with a particular interest in services for individuals across the lifespan with Learning Disabilities.

Keywords

Commissioning, Health and wellbeing, Accessible environments, Participation

Session no 110.3

What is the relationship between children's sensory responsivity and their sleep patterns?

Cartwright G, Coventry and Warwickshire Partnership Trust

Introduction: In reviewing the literature it is apparent that sleep is not routinely part of a child's assessment, despite the impact of disturbed sleep on daily occupations (Schreck, 2010). A study was carried out to describe and analyse relationships between sensory responsivity and sleep patterns in order to inform the assessment and intervention provided by Occupational Therapy. Ethical approval as a service evaluation was gained from the West Midlands Comprehensive Local Research Network and Coventry University. Quantitative methodology was used and data collected through completion of the Children's Sleep Habits Questionnaire and the Short Sensory Profile.

Results:

- Disrupted sensory modulation correlates with increased disturbances in sleep patterns.
- Patterns of sensory over responsivity associated with anxiety, increased arousal levels and impaired self-regulation are associated with increased levels of sleep anxiety and parasomnia.
- Sensory over responsivity in the auditory and visual modalities correlate with increased disturbances in bed time resistance and night waking.

This study supports the need for OTs to include both sleep and sensory responsivity in their assessment with children if problems in either factor are reported. Interventions supporting the child's self-regulation and arousal levels are recommended to facilitate improved sleep patterns, occupational performance and participation. The results of this study have led to modifications of clinical pathways in the author's place of work. The findings contribute to the emerging evidence base considering the relationship between sleep and sensory processing disorders.

References

Schreck K (2010) Sleep disorders the forgotten variable in behaviour assessment: A guide for practitioners. *Journal of Behavioral Health and Medicine*, 1 (1): 65–78.

Contact

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Presenter's CV

I qualified at St Loye's School of Occupational Therapy in 2000. I have worked with children and young people for 10 years and specialise in working with children and young people who attend mainstream schools. I am a Clinical Specialist Occupational Therapist for Coventry and Warwickshire Partnership Trust. This role involves overseeing staff development, evidence based practice activities and developing care pathways. I am also an Advanced Sensory Integration Practitioner and have recently completed a Masters in Neurological Occupational Therapy.

Keywords

Children and families

Session no 110.4

A description of the sensory processing profile of pupils in an EBD school

Griffin K, Kim Griffin Ltd

Introduction: This paper will outline the results of a sensory screen completed at an EBD school in the UK. Teaching staff at the school noted that the profile of their children was changing and they felt there was a growing number of children with occupational therapy needs. The screen was completed to describe the sensory processing profile of children attending the school and compare this to the estimated prevalence of sensory processing difficulties in the general population.

Method: All teachers in the school completed the Sensory Processing Measure main classroom questionnaire (Miller Kuhaneck et al 2007) and data was compiled.

Results: Results indicate that 91% of students in the school had total scores outside of typical range on the Sensory Processing Measure, indicating difficulty with sensory modulation. This is three times higher than the rate of 30% reported in the literature (Ahn et al., 2004 cited in Schaaf et al 2010; Schneider, 2005).

Impact on service users: In addition to their other needs, the children at the School had a much higher degree of sensory processing difficulties than otherwise would be expected. These difficulties will have an impact on their overall ability to function in school and should be evaluated further.

Implications for occupational therapy: The data gathered was submitted as evidence to support the need for increased occupational therapy input at the school. The data was used as part of a funding application for increased services.

Ethical Approval: This project was completed with head teacher approval. No identifying student information was provided to the therapist as the data was compiled anonymously.

References

Miller Kuhaneck, H., Henry, D.A., & Glenon, T.J. 2007. *Sensory Processing Measure Main Classroom Form*. Los Angeles: Western Psychological Services.

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Schneider M (2005). Chapter 1 Commentary in: JA Ayres (2005). *Sensory integration and the child*. 25th Anniversary edition. Los Angeles: Western Psychology Services, pp169–170.

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Presenter's CV

Kim currently works in a private paediatric practice splitting her time between school and clinic based services.

Keywords

Children and families

Session no 110.5

The use of contextual information in reducing waiting times for ASD diagnosis in children

Rutherford M⁽¹⁾, Johnson T⁽¹⁾, Arnold J⁽¹⁾, Catchpole C⁽¹⁾, Chan S⁽¹⁾, Forsyth K⁽¹⁾, McClure I⁽²⁾, McKenzie K⁽²⁾, Murray A⁽²⁾, O'Hare A⁽²⁾, Rush R⁽³⁾, Irvine L⁽²⁾, Firefly Research, Queen Margaret University, Edinburgh⁽¹⁾, NHS Lothian⁽²⁾, School of Health Sciences, Queen Margaret University⁽³⁾

Introduction: Occupational therapists can be involved in the diagnosis of Autism Spectrum Disorders (ASD) by providing contextual information. Lengthy delays in diagnosis of childhood ASD are commonplace, with few diagnostic teams being able to meet the National Autism Plan for Children guidelines of assessment completion within 30 weeks (Palmer et al 2011). Requesting more information from the referrer or from other sources (e.g. education, home) prior to the assessment may reduce its duration.

Method: Eight ASD diagnostic services from across Scotland were sampled, and ten sets of case notes from each analysed. Multiple regression analysis was used to determine the relationship between the presence or absence of contextual information and the time taken to diagnose.

Results: Having more contextual information available prior to the first appointment significantly reduced the number of contacts, and as a result, the duration of the assessment.

Impact: Making service pathways more efficient will benefit service users.

Implications: These findings emphasise how the provision of relevant information at point of referral or shortly afterwards can reduce the duration of ASD diagnosis, allowing intervention to begin at an earlier stage. This improves outcomes for the children concerned (Reichow 2009) and also results in substantial savings in the cost of services required over the course of the child's lifetime (Jacobson and Mulick 2000). This information will benefit OTs in positions of referral and diagnosis, as it will encourage them to provide or request this information.

References

Jacobson, J.W., Mulick, J.A. 2000. System and cost research issues in treatments for people with autistic disorders. *Journal of Autism and Developmental Disorders*, 30(6), 585–593.

Palmer, E., Ketteridge, C., Parr, J.R., Baird, G., Le Couteur, A. 2011. Autism spectrum disorder diagnostic assessments: improvements since publication of the National Autism Plan for Children. *Archives of Disease in Childhood*, 96(5), 473–475.

Reichow, B. 2009. Comprehensive synthesis of early intensive behavioral interventions for young children with autism based on the UCLA Young Autism Project model. *Journal of Autism and Developmental Disorders*, 39(1), 23–41.

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Presenters' CVs

Marion is a speech and language therapist and research practitioner for Firefly Research, Queen Margaret University.

Tess is an occupational therapist and research practitioner, Firefly Research, Queen Margaret University.

Keywords

Audit, Care pathways, Children and families

Session no 111.2

The NHS Forest and Outer Space: improving wellbeing through environmental sustainability

Whittaker B⁽¹⁾, Colvin M⁽²⁾, Johnston D⁽²⁾, Centre for Sustainable Healthcare⁽¹⁾, NHS Tayside⁽²⁾

The NHS Forest is a project to inspire health professionals and service users about the vital importance of the overlap between people's wellbeing and environmental sustainability. It aims to green NHS Estates by planting one tree per employee amounting to 1.3 million trees, thus improving the health of staff, patients and communities through increasing access to green space on or near to NHS land (Centre for Sustainable Healthcare, 2009).

NHS Forest encourages greater social cohesion between NHS sites and the local community by bringing together a range of professionals and volunteers to produce woodland that supports a diverse range of activities including Green Gym, skills training, arts projects, production of food crops and woodfuel, enhanced biodiversity and greater amenity use.

The Centre for Sustainable Healthcare (2012) launched a follow up programme, which provides the opportunity for numerous other community engagement activities. The Outer Space project is focusing on improving public access to nature on two hospital sites in Doncaster and Coventry. The project will enable thousands of people to enjoy green spaces, working with hard-to-reach priority groups and people who have a low level of engagement with the natural environment, including school children, whilst promoting messages linked to people's health and wellbeing.

This presentation will explore how occupational therapists can get involved in the NHS Forest project and the benefits to health and wellbeing of engaging service users in green spaces (UK National Ecosystem Assessment 2011). It will focus on the 26 hectare woodland and greenspace project at Ninewells hospital, Dundee.

References

Centre for Sustainable Healthcare (2009) *NHS Forest*. Available at: www.nhsforest.org Accessed: 03.12.2009.

Centre for Sustainable Healthcare (2012) *Outer Space*. Available at: www.sustainablehealthcare.org.uk/outer-space Accessed: 19.09.2012.

UK National Ecosystem Assessment (2011) *The UK National Ecosystem Assessment: Synthesis of the Key Findings*. Cambridge: UNEP World Conservation Monitoring Centre.

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Presenters' CV

Ben Whittaker is a senior occupational therapist at Bluebell House Recovery Support Centre and is Occupational Therapy Programme Lead at the Centre for Sustainable Healthcare.

David Johnston is Lead Occupational Therapist for neurosciences and oncology within Ninewells Hospital. He is leading the therapeutic involvement of patients in outdoor activities at Ninewells.

Keywords

Natural environments, Health and wellbeing, Community, Practice development

Session no 111.3

The use of willow weaving/sculpture in a mental health rehabilitation hospital

Bolton V⁽¹⁾, Gregory J⁽²⁾, Cambian Group⁽¹⁾, Offshoots⁽²⁾

Willow is a tactile, flexible and multi-functional medium that can be sculpted into individual or group pieces; it incorporates motor and process skills as well as creativity. Group sculptures can aid in the development of team work and social skills as individuals work together to achieve their end goal. Finished pieces can enhance the environment and provide aesthetic pleasure for others.

Main Points: Ease of use and quick results, its not "basket weaving", sensory elements, and team building/working relationships.

The use of the willow was chosen to introduce a different craft element to the therapeutic programme facilitated by the Occupational Therapy team. This workshop will describe the four week willow sculpture course held at a mental health rehabilitation hospital from a clinical and practical perspective. The participants will be able to utilise some of the skills as used by the patients on the course and gain firsthand knowledge of an under researched therapeutic medium.

The Occupational Therapist teamed up with an experienced willow weaver to deliver a four week programme of graded techniques which was facilitated both indoors and outdoors therefore gaining the additional benefits of a 'green environment' (Bird, 2007) that can 'boost mental wellbeing' (Mind, 2007).

After four weeks a large dragonfly sculpture was created by all group members, this was installed in the patient's garden, as were six willow pea climbers for use in the vegetable garden. The group facilitators observed increased levels of engagement and concentration, skill development, social interactions and ultimately the completion of a group sculpture through team working and a shared common goal.

References

Bird, W. (2007) *Investigating the links between the Natural Environment, Biodiversity and Mental Health*. Royal Society for the Protection of Birds.

Mind (2007) *Ecotherapy: The Green Agenda for Mental Health*. London: Mind.

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Presenters' CVs

Vicky is a senior occupational therapist who has six years of mental health rehabilitation experience and a keen interest in therapeutic horticulture, physical activity and their role in mental wellbeing.

As an artist and crafter Joe has volunteered at Offshoots Permaculture for over six years, she specialises in bespoke willow sculptures runs willow weaving workshops in the North West.

Keywords

Mental health, Natural environments, Recovery and rehabilitation, Service user involvement

Session no 113.1

Working with vulnerable young people in areas of multiple deprivation

Dickson R⁽¹⁾, Young H⁽²⁾, School of Health⁽¹⁾, Royston Youth Action⁽²⁾

With the notable exception of Kearsley, (2012) there is a paucity of UK literature on occupational therapists working with young people out-with traditional clinical and educational contexts. Similarly, there appears to be limited opportunity for pre-registration students to gain experience in working with this client group. In 2011, Glasgow Caledonian University Occupational Therapy programme developed a range of role-emerging placement opportunities in partnership with Royston Youth Action, which operates in the ethnically diverse area of Roystonhill, Glasgow. Residents of Roystonhill experience rates of poverty, unemployment, substance misuse, teenage pregnancy and crime markedly in excess of the Scottish average (Glasgow Centre for Population Health 2008) and occupational deprivation is widespread. Established in 1992, Royston Youth Action aims to address the extensive needs of local young people by providing a range of social, educational and recreational opportunities that promote wellbeing, personal development, citizenship and social cohesion. Further to a review of the benefits of this partnership from the perspective of the university, the students and Royston Youth Action, participants in this workshop will be facilitated to reflect upon and explore the following questions:

- How can occupational therapy programmes help students understand the needs of vulnerable young people living in our inner city areas?
- Do occupational therapists have anything specific to offer in promoting the wellbeing and access to occupation for young people; and if so, what?
- Can occupational therapists contribute to the promotion of social cohesion in areas of multiple deprivation and ethnic diversity?

References

Kearsley (2012) Non-traditional practice placements: a starting point for service development. *British Journal of Occupational Therapy* 75(5), 244–246.

Glasgow Centre for Population Health (2008) *North Glasgow Community Health Profile*. Glasgow: GCPU. Available at: http://www.gcph.co.uk/publications/167_north_glasgow_community_health_profile Accessed 19 9 12.

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Presenters' CVs

Roana Dickson is lecturer and role-emerging placement co-ordinator at Glasgow Caledonian University.

Harry Young is Project co-ordinator at Royston Youth Action, Glasgow.

Keywords

Deprivation, Community, Children and families, Health and wellbeing

Session no 114.1

How can occupational therapists demonstrate value quickly and effectively?

Brotherton J, Porter J, Coventry & Warwickshire Partnership Trust

As a profession, occupational therapists have always been aware of the critical requirement to evidence the need for and effects of their interventions. This drive has been embedded in government policy (Department of Health 2010). However, in a time which is seeing an unprecedented reduction in occupational therapy budgets and an increase in efficiency measures, therapists are being asked for very specific and rapid evaluations of the value their interventions are adding to client's lives. Some services have adopted a public health model which advocates the equation of value = cost over outcome. The purpose of this session is to propose a framework for a rapid evaluation of clinical delivery which takes into account client centred outcomes, expert clinician opinion and research evidence. The session will provide an overview of the need for a rapid and concise evaluation of the value provided by occupational therapy interventions. It will then present a framework including specific paperwork and methodology for a rapid evaluation assessment, which is currently used within the Coventry & Warwickshire Partnership Trust. The session will invite and facilitate active debate around the framework proposed with the aim of improving the framework and generating ideas and options for other rapid assessment methodologies. After the session, this information will be circulated to all participants. The proposed impact on service users is that services will become adept at communicating the evidence for a particular intervention pathway. It will also support clinicians in presenting an argument for continued commissioning of occupational therapy services benefitting the profession overall.

References

Department of Health (2010) "The NHS Outcomes Framework 2012–2013" www.dh.gov.uk.

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Presenters' CVs

Julie Brotherton is joint service lead for Occupational Therapy & Physiotherapy within an integrated children's service and has worked with the DoH on service improvement.

Jo Porter is joint service lead for Occupational Therapy & Physiotherapy within an integrated children's service and has worked with the DoH on service improvement.

Keywords

Commissioning, Knowledge transfer, Management and leadership, Practice development

Session no 115.1

Mental health users' experiences of participation and inclusion: a international study

McKay E⁽¹⁾, Haracz K⁽²⁾, Donnellan G⁽³⁾, Mahon D⁽³⁾, Sheldon S⁽¹⁾, Brunel University⁽¹⁾, University of Newcastle⁽²⁾, University of Limerick⁽³⁾

This research was undertaken as part of a mixed method study that aimed to explore mental health service users' experiences of social inclusion and participation in Ireland, Canada and Australia. This study utilised the environmental activities and participation components of the International Classification of Functioning, Disability and Health (ICF) as a framework for enquiry (WHO 2001, 2003). Interviews were conducted with 30 individuals attending mental health services in these regions during 2009/2010. Data were analysed using thematic content analysis. Five themes were identified "My mental health affects my relationships with others"; "There is a public ignorance regarding mental illness"; "Some training and support to build up the confidence"; "I go see the movies a lot!"; "I have a voice in what's going on which is how things should be going". The findings indicated that participants experienced similar events and felt socially included within their immediate environments; however, participation in the wider community was limited. Accommodation, welfare systems and transport facilitated participation. Participants indicated that stigmatising attitudes existed due to a lack of public understanding about mental health, and participants internalised these negative experiences. Participants identified that meaningful activities with others and structure to their day facilitated their inclusion. Gaining employment, particularly part-time employment, was difficult to achieve. Findings enhance understanding of service users' experiences of participation and inclusion. The findings demonstrate that the ICF components have relevance to illustrating people's experiences in the community.

References

World Health Organisation. (2001). *The International Classification of Functioning: Disability and Health (ICF)* World Health Organisation: Geneva.

World Health Organisation. (2003). *The International Classification of Functioning, Disability and Health (ICF)* World Health Organisation: Geneva.

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Keywords

International perspectives, Inclusion, Participation, Recovery and rehabilitation

Session no 116.1

'It can't be comfortable': what do carers really think about postural care equipment?

Harrison L, Black Country Partnership NHS Trust

People with learning disabilities and complex healthcare needs often have postural deformities, leading to increased health problems such as difficulties in respiration, circulation and digestion. Specialist chairs and sleep systems are sometimes provided to protect body shape, prevent deterioration and begin reversing postural changes (Hill and Goldsmith, 2010). The individuals that use this equipment require the support of carers. Semi-structured interviews were conducted with 17 carers who supported 11 individuals with intellectual disabilities, including managers, hands-on carers and a parent. The interviews were then transcribed and analysed using thematic analysis.

Five central themes were generated from the analysis of the interviews:

- The person with intellectual disabilities as central.
- Pressures of time and space.
- Practical and device related issues.
- Training.
- Health and physical characteristics of the carers.

Most of the postural support equipment that had been provided or recommended continued to be used. Carers felt that it was important that the client using the equipment was comfortable and this sometimes conflicted with the therapeutic nature of some of the equipment. However, on the whole, carers thought that the equipment was effective. Carers found some of the equipment difficult to use in the environment that they were working in, and time pressures from other responsibilities affected use. Training and photographic guidelines were found to be helpful by carers, and this made it easier for them to use the equipment. Some carers found it physically difficult to use the equipment. In a staffed setting, this could be accommodated, but it caused more of a problem in a domestic setting.

References

Hill, S, Goldsmith, J 2010 Biomechanics and prevention of body shape distortion. *Tizard Learning Disability Review*, 15(2), pp.15–32.

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Presenter's CV

Lucy has worked as an OT in learning disabilities since 1999. She has completed her masters in intellectual disability at the University of Birmingham.

Keywords

Learning disability, Assistive technology, Health and wellbeing, Research

Session no 116.2

The effectiveness of specialist seating provision for nursing home residents

Daly O⁽¹⁾, Casey J⁽²⁾, Martin S⁽²⁾, Tierney M⁽¹⁾, Seating Matters⁽¹⁾, University of Ulster⁽²⁾

Introduction: This research explores the effectiveness of specialist seating provision within a nursing home environment and how it has the potential to impact positively on the health and wellbeing of residents and their caregivers. It will identify the key principles of correct positioning, seating and mobility and the influence this can have on health of older people.

Objectives: This study aims to:

1. Identify the postural issues within seating evident in nursing homes.
2. Highlight the effect that sitting postures can have on the residents' care giver.
3. Identify the contribution of a seating assessment and provision of the prescribed seating equipment in reducing pressure ulcers.

Method: A mixed methods design, utilising both standardised tools and those designed by the research team, based on issues identified in the literature has been developed and received ethical approval.

Results: This presentation will report on the development of this project and the outcome measures to be used to identify the effectiveness of individualised seating prescriptions for nursing home residents. There will be two groups with the same baseline assessments being completed with all participants in each group.

Conclusions: This relevant and current piece of research will give attendees up to date information on postural evaluation, risk analysis, strategies for identifying static chair accessories and protocols needed for appropriate seating and positioning recommendation. The needs of each patient are different and require individualised evaluation to provide appropriate clinical guidance for the ordering recommendations of an appropriate static chair (EPUAP, 2009; Engstrom, 2002).

References

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European Pressure Ulcer Advisory Panel and National Pressure Ulcer Advisory Panel (2009) *Prevention and treatment of pressure ulcers: quick reference guide*. Washington DC: National Pressure Ulcer Advisory Panel;

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Presenter's CV

Orlagh Daly is a KTP Associate doing research work with Seating Matters in collaboration with the University of Ulster. Orlagh is also completing a Masters (MSc) in Business Development and Innovation at the University of Ulster.

Keywords

Ageing and older people

Session no 116.3

A comparison study investigating the efficacy of pressure relieving cushions

Daly O⁽¹⁾, Martin S⁽²⁾, Casey J⁽²⁾, Seating Matters⁽¹⁾, University of Ulster⁽²⁾

Introduction: Pressure ulcers (PU) are a frequent and serious complication for many long-term wheelchair users. PU disrupt every aspect of a person's life, affecting health and wellbeing, function employment, education, and social interaction (Springle et al 1990). Foremost in the prevention and treatment of PU is the prescription of pressure relieving devices such as wheelchair cushions, designed to distribute the body's weight away from the areas most vulnerable to tissue erosion. The knowledge and expertise to assess prescribe and review these devices as part of a seating system is a core skill for occupational therapists (Bridel 1993).

Method: Five cushions of different internal composition were tested with n = 5 participants. A Seating Matters Sorrento chair was used and individually set for each participant. The FSA pressure mapping system was used to provide outcome data.

Results: This presentation will report on the development of this project and the outcome measures to be used to investigate the efficacy of pressure relieving cushions. Further research is required, along with the need for clinicians to be very explicit on the reasons for prescribing certain pressure relieving cushions for clients.

Implications for occupational therapy: Once a pressure relieving wheelchair cushion has been carefully selected and prescribed, it is often the occupational therapist that is responsible for training the patient and family in proper

cushion use, positioning, care, and maintenance. Many pressure ulcers have developed as a result of equipment not being used correctly therefore a major goal of occupational therapy is consumer education.

References

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Presenter's CV

Orlagh Daly is a KTP Associate completing research work for Seating Matters in collaboration with the University of Ulster. Orlagh is also completing a Masters (MSc in Business Development and Innovation at the University of Ulster.

Keywords

Ageing and older people

Session no 117.1

Who should have a home visit after a stroke? Occupational therapists' views

Whitehead P, Drummond A, Walker M, University of Nottingham

Introduction: This research aimed to identify the characteristics of patients with a stroke who occupational therapists believe need a pre-discharge home assessment visit. There is currently limited guidance on when a visit should be completed, or which particular patients should have a visit. Wide variations have been reported in the number of home visits completed for people with stroke (Drummond et al 2012).

Method: Qualitative and quantitative approaches were used. Twenty interviews were completed with senior occupational therapists working in inpatient stroke care. The interviews explored their views as to the types of patients who would and would not require a pre-discharge home visit. A comparative analysis was also conducted on the characteristics of two groups of patients in the Home Visit after Stroke (HOVIS) study (Drummond et al, in press): those for whom the occupational therapists believed a home visit was 'essential' (n = 33) and those for whom they did not (n = 93).

Results: Four key characteristics were identified as being influential in the occupational therapists' decision-making process. These were: having moderately severe physical disabilities, mild to moderate cognitive impairments, cortical strokes and living alone. Presence of a cognitive impairment was a particularly important factor. Occupational therapists balanced characteristics related to the person with those related to the home environment.

Conclusion: Although the home visit is multifaceted and individually reasoned for each patient, the overall findings from this study suggest that the most physically and cognitively impaired patients were not the most likely to be believed to need a visit.

References

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Presenter's CV

Phillip Whitehead is a research associate for the CLAHRC Stroke rehabilitation theme at the University of Nottingham. He is currently completing an MPhil exploring the characteristics of patients with a stroke who are believed to need a pre-discharge home visit by occupational therapists.

Keywords

Recovery and rehabilitation, Long term conditions (including neurological), Research

Session no 117.2

Factors influencing occupational therapy home visit practice: access visit or home visit

Fellows V, Robinson L, Anako E, Stadden J, Atwal A, Brunel University

Background: Home visits prior to discharge from hospital are an integral part of occupational therapy practice. However, there has been remarkably little research that has explored and or ascertained the precise nature of a home visit in the United Kingdom.

Aim: The aim of this research was to ascertain occupational therapists' perceptions of the clinical utility of home visits, occupational therapists' priorities on home visits and expectations of the home visit process.

Method: This qualitative study recruited and interviewed 21 occupational therapists from England who routinely carried out home visits. Most of the participants were working in acute care or intermediate care trusts. The analysis was conducted as outlined by Braun & Clarke (2006). Ethical approval was received from Brunel University.

Findings: Our research encountered two different types of home visits that occurred within practice. The first visit was a home visit with the patient and the second type of visit was a visit without the patient. Home visits were a clinically reasoned assessment and particular patient characteristics contributed towards their allocation. However, a key element driving the process was best use of an occupational therapist's time and resources.

Conclusion and implications for practice: Our research suggests that occupational therapists need to ensure that organisational issues do not directly influence clinical decision making. Our research has highlighted the need to ascertain service user's perceptions about access visits and to ascertain their preferences. In addition, there is a need to ascertain the effectiveness of both home visits and access visits.

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Presenters' CVs

Anita Atwal is Senior Lecturer and Director Centre for Professional Practice Research.

Victoria Fellows is a Pre-Reg Student at Brunel University.

Keywords

Acute Health, Physical health, Research, Housing

Session no 117.3

Occupational therapy involvement in equipment review

Donnachie J, Hall K, Inverclyde CHCP

Introduction: In May 2011 an equipment review group, consisting of occupational therapy, technical and admin staff, was formed at Inverclyde Centre for Independent Living. The remit of the group was to:

- Review the existing range of equipment supplied by the Joint Equipment Store (JES).
- Reduce the number of suppliers used.
- Improve equipment information available (Scottish Government 2009).

The JES, developed locally to meet local need, has been in operation since 2006. It is accessed by OTs, Community Nurses and Physiotherapists in Inverclyde. An IT system, Inverclyde Joint Equipment Management System (IJEMS), was developed by a team member to facilitate accessibility and stock control.

Method: Clinical reasoning skills were applied whilst reviewing the application of each item of equipment. OT colleagues accessing JES provided feedback regarding the use of equipment with consideration of the cost of all equipment to ensure best value was achieved.

Results: JES now has a smaller range of equipment meeting a broader range of service users needs (weight limits, height adjustability, suitability for maintenance, cleaning and re-issue). Service users have access to up-to-date information on equipment. Improved knowledge of moving and handling equipment and care of slings. Identified specific needs in relation to bariatric equipment. IJEMS is being developed to include photographs, weight limits and fitting/operating/cleaning instructions for all equipment. This is an excellent resource which will benefit all staff accessing equipment. Participation in equipment review has been an excellent CPD opportunity – knowledge gained is shared with OT colleagues at regular service development meetings.

References

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Presenters' CVs

Janice is an Occupational Therapist working in Community Rehabilitation Service based in the community (Inverclyde Centre for Independent Living).

K Hall is a Community Occupational Therapist at Inverclyde Centre for Independent Living.

Keywords

Education (CPD LL skills), Community

Older People Annual Conference

Session no 120.1

Sensory diet in dementia care – making connections

Douglas F, Hortop A, University of the West of England

Dementia Care continues to offer occupational therapists opportunities for innovative practice using our core skills of environmental adaptation, activity analysis and therapeutic use of occupation. For people with Dementia, sensory information from the environment may not be accurately interpreted and organised in the brain. Occupational therapists need to adapt and react to how the person with Dementia processes information and tailor activities to suit the person's sensory processing needs as well as their cognitive function. A 'sensory diet' designs a programme of activities to improve sensory response and limit dysfunctional sensory avoidance or sensory-seeking behaviours. Bowlby (1993) identified a 'hierarchy of senses' where a person's senses are catered for in sequence, thus creating greater engagement and comfort for people with dementia. These principles are useful to consider when working with older people experiencing losses to their senses and a reduced ability to process sensory information, alongside a life time of sensory preferences (Dunn, 2010). The types of activities included in a person's sensory diet depend on an understanding of their unique sensory responses. The person may need activities to help calm sensory responses, activities that stimulate or even a combination of both. This requires acknowledgement of the different perception of time experienced by a person with Dementia and a 'whole day approach' to person-centred care. Using the knowledge and experience of the participants, this workshop will explore how to create a harmony of activities, considering sensory processing principles within everyday occupations for people with Dementia.

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Presenters' CVs

Fiona has been an occupational therapist for many years working in older people's mental health settings and more recently in higher education.

Alice is a senior lecturer in occupational therapy with clinical experience of older people's mental health services. She also practice and lead workshops in therapeutic humour.

Keywords

Ageing and older people, Mental health, Health and wellbeing

Work Annual Conference

Session no 121.1

Perspectives of visually impaired people working in a social enterprise

Lintott R, University of Salford

Worldwide 285 million people are visually impaired, 39 million of whom are blind (WHO 2011). Sight loss presents a major health issue, affecting people across all age ranges and permeates every sector of society. Globally, employment rates for sight impaired (SI) people are considerably low (Cruden

and McBroom 1999). Research highlights long-established difficulties obtaining and sustaining employment (Douglas et al 2009) consequently people experience occupational injustice (Whiteford and Townsend 2011). There is a dearth of existing studies relating to lived experiences of SI people working in a social enterprise, therefore this study sought to add to empirical research. Interpretative phenomenological analysis was the chosen qualitative methodological approach. Four in-depth semi-structured interviews were undertaken, in which a 'double hermeneutic' occurred, with the researcher trying to make sense of the individual who is trying to understand what happened to themselves (Smith et al 2009). Through analysing the transcripts for descriptive, linguistic and conceptual features emergent themes were highlighted. Subsequent systematic analysis resulted in developing four overall themes: marginalisation, occupational injustice, participation, and nothing is perfect. The findings concluded that SI people are being inequitably disadvantaged due to a range of barriers, most significantly employer attitudes. Once employed, more difficulties occur; however, with the correct equipment and support, sustaining mainstream employment is achievable. Work provides a mechanism to utilise skills, maintain healthy occupational balance, participate in society and make friends.

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Presenter's CV

Rachel has worked across statutory, private and third sector in a variety of mental health settings, forensic psychiatry, vocational rehabilitation, condition management and sensory impairments.

Keywords

Vocational rehabilitation/work, Research, Long term conditions (including neurological), Occupational science

College of Occupational Therapists Annual Conference

Session no 122.1

Postural care: the impact of lying or sitting for clients with profound disability

Crawford S, Dorman E, Belfast Health & Social Care Trust

24 hour Postural care is essential for individuals with complex and/or profound learning disabilities as it prevents secondary postural related complications such as contractures, pain and

reduced functional ability (NHS 2009, Wynn and Wickham 2009). This workshop aims to provide an overview of the 24-hour postural care approach and focus on the impact of lying and its relationship with sitting. OT postural management clinics were set up within Belfast community learning disability teams to assess and manage complex postures in a targeted and efficient way. OTs often focus on assessment and provision of complex seating and wheelchairs; however, lying postures will greatly influence sitting ability and need to be given the same emphasis and evaluation as sitting. An interactive approach will be used to engage with delegates, clinical case studies and scenarios will serve to highlight and explore complex issues, thus generating discussion among delegates. Appropriate consent in line with Trust policy was obtained to use case study examples. This workshop will raise awareness of the importance of a 24-hour postural care approach and its impact on clients and carers. Delegates will gain insight into the importance of addressing the lying posture. It will also present a successful model of practice that can be replicated across a variety of settings and highlight any potential barriers to service delivery. OTs are well placed to lead on postural management given their skill set and focus on function and engagement in meaningful activities. Effective management of complex disability will promote greater health, and health is a fundamental human right (Equal Lives 2005). Optimal postural management will provide optimal functional ability.

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Presenters' CVs

Shelley is Clinical Lead OT learning disability services, BHSCT. Part time lecturer Queens University Belfast and University of Ulster, Jordanstown.

Eimar Dorman is a specialist wheelchair occupational therapist within the Belfast Trust, she works across all programmes of care and works closely with OTs in adult learning disability services.

Keywords

Learning disability, Physical health, Engagement, Service innovation

Session no 123.1

Portable relaxation: a lifestyle strategy to enhance occupational participation

Thew M, Leeds Metropolitan University

Many occupational therapists are involved in supporting people with lifestyle issues or problems that are inhibiting usual engagement with daily meaningful occupations. Adopting a more relaxed lifestyle is integral to enhancing occupational performance, with conditions such as blood pressure and cardiac conditions being the most significantly improved with sustained lifestyle changes (Daubenmeier et al 2007). However, many occupational therapists need confidence to apply knowledge and skills in a variety of techniques that are suitable for a wide

range of people in different clinical settings (McCluskey 2003). 'Portable' strategies that promote relaxation 'in situ' provide a means by which people can participate in even stressful but important occupations by using the technique alongside occupational engagement (Thew 2010). Indeed, research suggests that techniques that are adapted to fit in with daily life are more likely to be used and be of more benefit compared to complex or lengthy strategies (Krampen and von Eye 2006). This session aims to demonstrate and offer participants experiential learning of such 'portable' relaxation strategies which can be applied to virtually any clinical setting. There is also the opportunity to briefly explore a model for lifestyle management to ameliorate the potentially disabling effects of fatigue, stress, occupational imbalance and insomnia. The link between the techniques being taught and occupational participation are also made explicit, thus emphasising the profession's role in promoting healthy lifestyles. A brief overview of a lifestyle management programme which has been modified for the private corporate sector is also provided.

References

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Presenter's CV

Miranda is a Senior Lecturer and lead author of a lifestyle management book. She regularly facilitates work-based well-being and lifestyle programmes.

Keywords

Health and wellbeing, Knowledge transfer, Mental health

Session no 124.1

Planning your development needs as a practice placement educator

Brown K⁽¹⁾, Rushton T⁽²⁾, Cambian Group⁽¹⁾, Coventry University⁽²⁾

The College of Occupational Therapists (COT) state that it is the responsibility of all occupational therapists (OTs) to provide practice education opportunities for students (COT 2005a). The placement experience can benefit both the student and the practice placement educator (PPE) by providing mutual learning opportunities. Although PPE programmes help to structure and promote skill development, many of the educator's skills are enhanced through placement. Evaluation of the learning experience, by PPE and student, can offer the PPE feedback on whether the learning environment is conducive to growth and provide opportunities to consider areas of the placement that require rethinking (Blair & Mc Lean 2002). Students also encourage up-to-date practice in the clinical area (Alsop & Ryan 2001, COT 2005b, Polglase & Treseder 2012). Improving practice

relies on having the ability to reflect on and evaluate the student experience; and to use those reflections in evaluating our own skills and the service. Both negative and positive experiences can be incorporated into a personal development plan to further our skills, practice and service. If we do not actively use our experiences and student feedback to make plans for development, we cannot continue to develop as PPEs or provide good quality placements. This seminar presents practical ideas for developing PPE skills in the workplace. Neglecting the needs of the PPE may be dangerous to the profession. The education and development of the PPE is crucial to the development and retention of good quality placements within occupational therapy (COT 2005b).

References

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Presenters' CVs

Kay is the Regional Lead and Placement Co-ordinator (North West & Midlands) Cambian Group with a special interest in student learning and PPE development.

Teresa is the Occupational Therapy Placement Co-ordinator at Coventry University. Teresa is interested in all aspects of Practice Placement Education.

Keywords

Education (CPD LL skills), Practice development, Service evaluation, Knowledge transfer

Session no 125.2

Benefits and challenges of a pre-registration masters programme – a student perspective

Bell J, Graham C, University of Cumbria

Introduction: The aim of this qualitative study was to explore students' experiences of a pre-registration masters level occupational therapy programme. The initial intent was to utilise this information to develop and enhance the masters programme when it is re-validated in 2013. It may also be of interest to other institutions who offer pre-registration health programmes.

Method: A convenience sample of 35 students from 3 consecutive cohorts completed questionnaires which focused on benefits and challenges associated with the masters programme. The first 2 cohorts were recruited by the Programme Lead but the 3rd cohort was recruited and organised by a fellow student who also conducted a focus group. The results were thematically analysed (Green, 2005) and comparisons made between the three cohorts of students. Ethical approval was granted by the University.

Results: Initial findings suggested several benefits for the students, including enhanced professional and personal skills. Identified challenges centred around student expectations of the content of the programme from academic, practical and professional perspectives; levels of support and guidance; the expectations and perceptions of clinicians; and the amount of self directed learning in an area where students were novices in the subject area.

Conclusion: The findings of the study indicate that although the students have encountered many benefits from studying on an accelerated programme, e.g. enhanced skills and self confidence, there may be a mismatch between their expectations of a masters programme and the reality. Support mechanisms and coping strategies were discussed in relation to surviving the intensity of the learning, as well as recommendations for future changes.

References

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Presenters' CVs

Mrs Bell currently works as the Programme Lead and Admissions Tutor for the MSc Occupational Therapy (Accelerated) Programme at the University of Cumbria in Carlisle.

Miss Graham was a 2nd year student at the time of the study and has since completed the MSc Occupational Therapy (Accelerated) Programme at the University of Cumbria in Carlisle.

Keywords

Education (CPD LL skills)

Session no 125.4

Hearing practitioners' voices: have your say on pre-registration education

Turner A⁽¹⁾, Clampin A⁽¹⁾, Westcott L⁽²⁾, Parkin C⁽¹⁾, College of Occupational Therapists⁽¹⁾, Plymouth University⁽²⁾

Introduction: As the professional body, the College of Occupational Therapists alone owns, holds and helps to develop the body knowledge of the profession within the UK. It is essential that the knowledge, skills and values of the profession remain current within the national and international professional community. As part of the review of its Curriculum Guidance (COT 2009) and Pre-Registration Education Standards (COT 2008) this poster aims to elicit practitioners' perceptions of pre-registration education as represented through these documents.

Method: For the documents to remain effective in guiding pre-registration curricula they must reflect current and future directions of the practice, theory and context of service delivery. Examples of issues, therefore, will include: What should be the links between current practice, future practice and pre-registration education; should knowledge, skills and values be equal key drivers for the curriculum and to what extent should skills be specified in the curriculum? This poster will present key statements which reflect the profession's knowledge and experience of the documents. Open ended questionnaires and discussion points will be presented for delegates to consider.

Results: Participants' perceptions of and issues in pre-registration education as represented through the documents will be identified.

Impact on service users: COT will publish revised documents that will guide education providers in the development of future proofed programmes that are professionally fit for purpose. Implications for occupational therapy: The knowledge, skills and values of UK graduates remain current within the professional community both nationally and internationally.

References

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Presenters' CVs

Anna is Head of Education and Learning at the College of Occupational Therapists.

Annie Turner is Emeritus professor of occupational therapy at the University of Northampton.

Keywords

Education (CPD LL skills), Theory, Practice development

Session no 126.1

Low vision rehabilitation: skills for occupational therapists

Collins N⁽¹⁾, Collins B⁽²⁾, Optima Low Vision Services⁽¹⁾, Bournemouth University⁽²⁾

Many older people referred to occupational therapy may experience sight loss, yet, in the presence of other disability, it is commonly overlooked by health professionals (Horowitz 2004). Sight loss can result in significant difficulty with activities of daily living (Dahlin Ivanoff et al 1998) and can be very challenging, particularly for older people who also experience other age-related disability (Colenbrander & Fletcher, 1995).

Low vision rehabilitation includes relatively simple techniques that, if used correctly, can enable the individual to make best use of remaining vision. Incorporating low vision rehabilitation techniques into occupational therapy can enable clients to perform occupations and enhance quality of life (Scheiman et al 2006).

Workshop outline: Specific approaches used in low vision rehabilitation will be explored, including:

- an introduction to low vision aids;
- correct use and ergonomic positioning of low vision aids;
- task lighting;
- eccentric fixation training, a technique for central vision loss;
- strategies to help homonymous hemianopia and additional cognitive or perceptual complications including visual neglect and visual overload;
- management of disability glare and/or poor contrast sensitivity.

Workshop outcomes: This workshop, jointly facilitated by a low vision therapist and an occupational therapist, will provide both knowledge and practical skills. These can be used to augment current practice, enable appropriate early referral to specific services if appropriate and can reduce the risk of the myriad negative outcomes associated with sight loss for older people (Scheiman et al 2006).

References

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Presenters' CVs

Bethan is programme lead and senior lecturer in OT. Bethan's interests focus on disability and particularly sight loss.

Low vision therapist and trainer with Optima Low Vision Services. Nicholas has extensive experience both working with individuals and training in low vision rehabilitation strategies.

Keywords

Ageing and older people, Service innovation, Education (CPD LL skills), Practice development

Mental Health Annual Conference**Session no 129.1****Establishing the conditions for effective outcome measurement in mental health**

Pentland D⁽¹⁾, Forsyth K⁽¹⁾, Irvine L⁽²⁾, Murray R⁽²⁾, Firefly Research, Queen Margaret University, Edinburgh⁽¹⁾, NHS Lothian⁽²⁾

Background: Effective information management, including the collection of standardised patient reported outcome measures, is key to NHS Scotland's Healthcare Quality Strategy (Scottish Government 2010). Comprehensive service and outcomes data is beneficial at both individual practitioner and planning levels; however, evidence suggests that many mental health professionals, including occupational therapists, fail to routinely complete these activities (Cook et al 2007). This may be due to perceptions of utility and purpose (Garland et al 2003), or as a result of capacity and infrastructure issues. This study with a multidisciplinary mental health team identified barriers to information management practices and what could be put in place to improve these.

Method: Semi-structured focus groups and interviews were conducted with personnel for the organisation's mental health services. Data collection was guided by Soft Systems Methodology to ensure information was comprehensively considered. Analysis included pictorial mapping for validation by participants as well as content and thematic analysis.

Results/Conclusions: Key conditions supporting effective information management were identified within three main theme areas; practitioners' perceptions of value and use, data collection feasibility/utility, data access and control. Practical steps that could be taken to establish these conditions were also identified.

Implications for OT: Findings highlight steps that managers and personnel can take to establish effective information

management and considers the merits and benefits of integrating these activities with routine practice.

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Presenter's CV

Duncan Pentland is an occupational therapist and research practitioner in Firefly Research at Queen Margaret University.

Keywords

Research, Service evaluation, Knowledge transfer, Practice development

Older People Annual Conference**Session no 130.1****Using health literacy communication skills with service users**

Brooks C⁽¹⁾, Ballinger C⁽¹⁾, Adams J⁽¹⁾, Russell C⁽²⁾, Nutbeam D⁽¹⁾, University of Southampton⁽¹⁾, Patient and Public Involvement Office, Research Design Service, South Central⁽²⁾

Health literacy is the context and 'skills necessary for an individual to use and understand health information' (Nutbeam 1998). Low health literacy is associated with increased morbidity and mortality. However, both individuals with low and adequate health literacy levels have reported difficulties understanding health information (Shaw et al. 2009). Research demonstrates that printed healthcare materials and patient-provider interaction is not always meeting the health literacy needs of individuals.

This workshop will begin by describing an overview of current research in the health literacy area. This will also include the presenter's own work exploring health literacy in the context of falls prevention (Brooks et al. 2012). Methods of determining the level of literacy required to read information will be described, and participants will be invited to evaluate, in pairs, examples of printed service user healthcare materials. Feedback will be shared with the group, and the implications of lower health literacy for communication in practice will be discussed. Participants will also be asked to take part in a role play activity, focussing on verbal communication strategies to enhance service users' understanding. Finally, best practice guidance will be shared with workshop participants.

Occupational therapists are in an excellent position to meet the communication and information needs, and enhance the health literacy skills of service users. This workshop will improve communication and practice delivery; particularly with older people. The content and format of this workshop have been developed in collaboration with an older carer of a regular health service user.

References

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at the public. IN: *The World Congress on Active Ageing Glasgow* 15 Aug.

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Presenters' CVs

Charlotte Brooks is a PhD student exploring falls prevention and health literacy and occupational therapist Solent NHS Trust's community occupational therapy team in Portsmouth.

Claire Ballinger is the Deputy Director of the Research Design Service South Central based at the University of Southampton.

Keywords

Practice development, Ageing and older people, Knowledge transfer, Theory

Work Annual Conference

Session no 131.1

There is a role for occupational therapists in wellbeing and occupational health – a Welsh perspective

Turner R, ABMU LHB

Occupational Therapists (OTs) in Wales are utilising core OT skills and developing roles that enable them to play a pivotal part in the frontiers of health promotion and wellbeing. OTs have intrinsic skills that enable them to lead and deliver Vocational rehabilitation services and are beginning to demonstrate positive health and work outcomes. This presentation investigates the outcomes of Dame Carol Black's Report – *Working for a Healthier Tomorrow* (Black 2008), the Boorman Review of staff sickness and wellbeing in the NHS (Boorman 2009) and the responses from the Welsh Assembly Government via *Working for a Healthier tomorrow* (WAG 2008), have informed the development of the Wellbeing through Work service. The presentation explores:

- The role for the OT in Work and Wellbeing and its relationship to Occupational Health.
- The professional challenges in developing health and wellbeing services.
- The links between current OT skills and those required in the future to meet the needs of the work and wellbeing agenda.

References

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Welsh Assembly Government (2008) *Working for a Healthier Tomorrow*, Cardiff: WAG.

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Presenter's CV

Rachel is a Band 6 Occupational Therapist seconded to the Wellbeing through work team working to help people who are employed remain in work.

Keywords

Health and wellbeing, Vocational rehabilitation/work

Session no 131.2

Doctors in difficulty – an impact evaluation of occupational therapy cognitive assessments

Keys D, Belfast Health and Social Care Trust

"Presenteeism" (being in work and performing at less than capacity as a result of ill health) may be a greater problem than absenteeism (Department of Health 2010). The number of doctors attending Occupational Health (OH) doubled between 2009 and 2010. The introduction of Occupational Therapy (OT) to OH in February 2011 led to a new OT service innovation project where a doctor's cognitive ability could be assessed. This innovation appears to be unique within Northern Ireland and the UK. An impact evaluation was completed in relation to 10% of the doctors referred to OH in the Belfast Trust over a 1 year period. A 10 question face-to-face interview with an Occupational Health Consultant was used to evaluate the service and the affect it has had on outcomes for the Belfast Trust and OH. Findings show that the introduction of OT cognitive assessments give OH Consultants the ability to quantify concerns in relation to a doctor's cognitive ability and make recommendations with increased confidence. Additionally, improved success when doctors return to work was noted and the risk of compromising patient safety is reduced. The Trust's ability to manage the doctor locally is improved by reducing the need for referral onto their professional body. The intervention directly and indirectly affected outcomes for doctors, Occupational Health and the Trust in a positive manner primarily by increasing patient safety by reducing "presenteeism". The intervention demonstrates accountability for resources being utilised at present and indications suggest that the future allocation of resources will be considered to develop this service.

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Presenter's CV

Diane has 19 years experience as an Occupational Therapist. She has a special interest in Occupational Therapy and workplace assessment.

Keywords

Service innovation, Service evaluation, Practice development, Commissioning

Session no 131.3

Fitness for work: can occupational therapists learn lessons from paramedics?

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Fiscal pressures on the National Health Service (NHS) have increased the focused approach to financial management within Acute and Ambulance NHS Trusts. Cost Improvement Schemes drill down to the cause and effect of financial drains, looking for areas of cost savings. Sickness absence incurs a significant cost burden to NHS Trusts that Boorman (2009)

suggests can be reduced by undertaking a number of different measures.

The purpose of this paper is to present a study that was undertaken by looking at physical fitness within an ambulance service and to look at the feasibility of re-developing of a tentative basic fitness test. Using educational material about job demands analysis (Lysaght, 1997) from an occupational therapist, the study author identified the chance to investigate the match between paramedic job demands and fitness for working paramedics.

The study aim was to determine if fitness testing was used and to review the evidence for contributing factors to sickness absence in paramedics. The study used an audit questionnaire, a workplace audit and a comparative analysis to review the staff physical wellbeing. The results suggest that using a Basic Fitness Test would be advantageous in developing a 'fit for purpose work force' to the ambulance service studied. This could benefit the ambulance trust in terms of reduced sickness absence associated with personnel not being fit to meet the job demands and staff would have a clear understanding of the fitness required to undertake the job. Occupational therapists have roles that often require manual handling or the supervision or training of other personnel who have manual handling roles. Could occupational therapists learn parallel lessons?

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Presenters' CVs

Jain Holmes has worked in the US and UK in vocational rehabilitation (VR). Publications include "OT in Vocational Rehabilitation: a brief guide to current practice in the UK" and "Work Matters" published by the College of OT, "Vocational Rehabilitation" published by Wiley. In 2010 Jain worked with the WHO along to develop the ICF core sets for VR.

R Clark has been a paramedic for 22 years and the last 19 years in the role of training and education. Implementation of Staff Welfare and Patient Safety Managers (SWAPs).

Keywords

Health and wellbeing, Management and leadership, Policy, Service transformation

Session no 131.4

Occupational therapy, vocational rehabilitation and the dentist . . . an optimal outcome story

Dear R, University Hospitals Leicester NHS Trust

The Occupational Therapy (OT) service at Leicester Hospitals have provided Vocational Rehabilitation (VR) input to the Leicestershire 'Fit For Work Team' (FFWT) since 2010 as an income generation initiative. Individuals are referred to OT for the facilitation of a timely and sustainable return to work. OT core skills and philosophy combined with the rigorous practice of a 'thinking evaluator' (Matheson 2012) were used to facilitate the return to work of a dentist with a lower back injury. Confidentiality and anonymity has been maintained in the reporting of this process. Interventions used included: subjective pain and function reporting; objective assessments; activity analysis;

work simulation within the hospital maxillofacial department; body mechanics/pacing advice; and the use of psychological strategies to help with the management of realistic work targets in the long term. Triangulation of data was used throughout to encourage rigour and a biopsychosocial approach was followed, as recommended in VR literature (Waddell and Burton 2002). OT recommendations and a phased return to work plan were accepted by the FFWT, employer and service user who sent a letter of thanks to the OT department. The author learnt that addressing the needs of key stakeholders is essential in order to come to a realistic, workable return to work solution. The above demonstrates how OT skills were used in a VR setting to achieve optimal service user outcome whilst still generating income; a challenge in the current secondary care climate.

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Presenter's CV

Rosie Dear qualified as an Occupational Therapist in 1998. She specialises in the field of hand trauma and vocational rehabilitation, mainly within an NHS setting. She is passionate about raising the profile of Occupational Therapy within the field of work rehabilitation.

Keywords

Vocational rehabilitation/work, Recovery and rehabilitation, Practice development, Service innovation

College of Occupational Therapists Annual Conference

Session no 132.1

An exploration of the effectiveness of the occupational therapy role in emergency medicine

White L, Compton, C, Social Enterprise Quality of Life (SEQOL)

With commissioners and government policies trying to move away from an inpatient culture, the pressure to move care from a hospital into people's own homes is a challenge to every day practice. More than ever hospital admission avoidance requires a robust and effective way of preventing hospital stays and unnecessary readmissions. Hendriksen and Harrison (2001) found that over 50% of older patients with limb, rib or back trauma left the A&E department unable to perform basic activities of daily living. Yam et al (2010) found that readmissions potentially could have been avoidable if a better quality of hospital, community and home care could be delivered. Surely this highlights the need for the specialist skills of an Occupational Therapist to work within Emergency Care? This is further supported by Hann (1997) who found that a dedicated Occupational Therapist within an A&E department contributed to improving patient care by avoiding inappropriate admissions, establishing the patient's needs within the home environment and offering a link to community services. A three-month audit was conducted looking at the referral rates for Occupational Therapy on an Acute Medical Unit to identify how many admissions were avoided and what services were required to achieve the discharge, as well a collection of data to show how many avoidable admissions occurred and why. Smith

and Rees (2004) highlighted the need for social assessments for provision of social support to facilitate discharges. Due to pressures on staffing levels, the Occupational Therapist's role was also explored to see what skills could be absorbed by the Occupational Therapist from other professions to enable a streamlined and patient-centred approach to discharge.

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Presenter's CV

Louise works within the Acute medical and Surgical Team in Swindon. She mainly works in Emergency Medicine focussing on admission avoidance and early supported discharges.

Keywords

Acute Health, Audit, Service evaluation, Service innovation

Session no 132.2

Audit review of the acute occupational therapy service provision to the assessment unit

Tolley L, Kettering General Hospital Foundation Trust

Occupational Therapy (OT) has a unique contribution to make in terms of addressing people's basic functional needs and occupational therapists have become highly skilled in discharge planning from acute services. This has been recognised by the Department of Health (DH) in their transformation documentation (DH 2009) where they outline that there is a need to "identify" new service solutions to unnecessary attendance at A&E and hospital admissions. In response to the recent focus on the urgent care pathway at Kettering General Hospital (KGH), the OT team have developed a frontline service to the Middleton Assessment Unit (MAU). The aims of the OT service were to prevent unnecessary admissions to the acute trust; to facilitate safe and timely discharges home or to other community services; and in circumstances where the above cannot be achieved, to assist in the smooth transfer of the patient throughout the acute trust. During a ten-month period there has been an increase of 87% in the number of referrals seen by OT. Of the 361 patients seen, 142 patients were discharged from OT using a variety of agencies or requiring no further assessment, treatment or follow up care. 219 patients were seen by OT on MAU prior to moving up to an acute medical ward which commenced their assessment earlier in their hospital stay. The cost effectiveness of OT was determined by the number of "prevented admissions". Over a ten-month period, with 142 patients not being admitted to an acute bed, a saving of £260,150.958 would have been generated. In conclusion, the results of the audit have demonstrated that the original aims of the service are being achieved and that the provision of OT within MAU is of exceptional benefit,, not only to our patients but to KGH as a service.

References

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Presenter's CV

Louise currently works as a Clinical Specialist OT in Medicine with her experience covering across Falls Prevention, Acute In-Patient Services and Community Rehabilitation.

Keywords

Acute Health, Ageing and older people, Audit, Physical health

Session no 132.3

Evaluation of dementia services in Midlothian: implications for occupational therapy

Gorska S⁽¹⁾, Whitehead J⁽¹⁾, Fairnie J⁽²⁾, Flockhart J⁽³⁾, Forsyth K⁽¹⁾, Irvine L⁽³⁾, Maciver D⁽¹⁾, Prior S⁽¹⁾, Reid J⁽³⁾, Firefly Research, Queen Margaret University, Edinburgh⁽¹⁾, Midlothian Council⁽²⁾, NHS Lothian⁽³⁾

Background: In 2011 NHS Lothian and Midlothian Council commissioned a study aiming to develop a deeper understanding of the lived experience of dementia and to identify people's needs in relation to dementia services. The project, inspired by the Scotland's National Dementia Strategy (Scottish Government 2010) and related policies (Scottish Government 2011a; 2011b), formed an integral part of a wider service re-design. Firefly Research within Queen Margaret University, Edinburgh completed this research.

Method: A case study of a participant will be used to generate discussion around pre-assessment, assessment, and intervention components of the occupational therapy process. The implications for practice and the role of occupational therapy in community based dementia care will be debated.

Results/Conclusions: The outcomes of the debate will be discussed in the light of the findings generated by the Midlothian Dementia Study (Fairnie et al 2012).

Impact on service users: The findings of the study informed the re-design of services for people with dementia in Midlothian.

Implications for OT: The session will focus on the role of occupational therapy in community-based dementia care. The delegates will have the opportunity to consider issues relating to the various stages of the OT process.

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Presenters' CVs

Sylwia Gorska is an occupational therapist, research practitioner and PhD candidate in Firefly Research at Queen Margaret University.

Jacqueline Whitehead is an occupational therapist and research practitioner in Firefly Research at Queen Margaret University.

Keywords

Long term conditions (including neurological), Service evaluation, Service user involvement, Practice development

Session no 132.4

The multidimensional nature of competence and reablement during support worker training

Ebrahimi V⁽¹⁾, Greenwood J⁽²⁾, The University of Chester⁽¹⁾, Cheshire West and Chester Council⁽²⁾

Competence in ADL is highly regarded by individuals and society at large. This ability includes not only formal and informal knowledge and skills but also personal values, motivations and behaviour. It is output orientated. Reducing ongoing support with daily activities is a key objective of reablement. Effective training for support staff to enable a 'hands off' approach is therefore critical (SCIE 2011). The first half of this presentation will explore how support staff are currently trained in the North West. The second half will provide an overview of gerotranscendence (Tornstam 2011) and a concept known as optimal experience (Csikszentmihalyi, 1997).

The discussion exploring current training methods will be led by an experienced OT reablement practitioner. An outline and summary of some key theoretical concepts will follow. This will move on to specific video footage and photos, to end with a summary of what has been learnt. At the end of the presentation delegates will be able to:

1. recognize gerotranscendence and its impact on values, motivation and behaviour
2. recognise when attention is invested in realistic goals, and skills match opportunities for action
3. identify effective facilitation skills.

Some reablement support workers have little or no experience of rehabilitation and therefore their skills in enabling are limited. This presentation seeks to answer the question as to whether an individual has made meaningful and autonomous decisions, regarding the learning or re-learning of skills for daily living. If a genuine reablement focus on tasks is to remain at the forefront of services, effective occupational therapy led training for support staff is imperative.

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Presenters' CVs

J Greenwood is a senior reablement occupational therapist with Cheshire West and Chester Council. Her practice experience spans both community and hospital settings. She has a special interest in reablement and the training of support staff.

V Ebrahimi is a senior lecturer/programme leader at the University of Chester. Her interests include ageing, occupational science and interprofessional working and education.

Keywords

Recovery and rehabilitation, Practice development, Ageing and older people, Long term conditions (including neurological)

Session no 132.5

Interprofessional ethics: a learning disabilities perspective

Strachan L, Brewster E, NHS Tayside

Multidisciplinary and multi-agency working is well established in learning disabilities, though different professional backgrounds and cultures can lead to disagreement. Conflicting interpretations of ethical principles and professional best practice, can lead to discord and confusion over the ethically correct approach to contentious situations. Each professional group will identify their own priorities for intervention, be it crisis intervention or longer term preventative measures, all of which must be squared within the boundaries set by available resources. Current change in service delivery being led by Scottish Government poses challenges and opportunities in equal measure to clients, professionals and carers. Scottish legislative change (Adults with Incapacity (Scotland) Act 2000, Adult Support and Protection (Scotland) Act 2007), and the resulting over-arching obligations of all learning disability workers to consider the impact of incapacity and vulnerability, can give rise to ethical dilemmas. Rennie et al (2007) explore the differences between morals and ethics within a healthcare setting, and suggest that in making ethical decisions, professionals must ask: what is the duty of care to the individual? What rights does the individual have? What are the consequences of any actions or inaction taken by either patient or staff member? They conclude that whilst outcomes may differ from those expected or planned, if a robust process of professional ethical decision making has been undertaken, such outcomes will stand up to scrutiny. Examples from practice will be used to illustrate key concepts and generate further discussion.

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Presenters' CVs

Lorna Strachan is a specialist occupational therapist who currently works within Dundee integrated adult learning disability team.

Eleanor Brewster is a consultant in psychiatry of intellectual disabilities who currently works for NHS Tayside.

Keywords

Learning disability, Justice

Session no 133.1**Making it meaningful: service user engagement in practice guideline development**

Sainty M⁽¹⁾, McCourt S⁽²⁾, Robertson K⁽³⁾, Knowles S⁽⁴⁾, College of Occupational Therapists⁽¹⁾, Golden Jubilee National Hospital, Scotland⁽²⁾, County Health Partnerships, Nottinghamshire⁽³⁾, Rushcliffe 50+ Health Forum, Nottinghamshire⁽⁴⁾

Practice guidelines are crucial to the occupational therapy profession, providing a mechanism to incorporate knowledge and the evidence-base into practice (COT 2011). The target audience of occupational therapy specific practice guidelines is typically members of the profession. So when developing a practice guideline, it may be assumed that occupational therapists are the guideline's 'service users'. This narrow interpretation is, however, incongruent with the NHS Evidence Accreditation criterion requiring patient/service user involvement when developing robust, high quality guidelines (NICE 2011).

Engaging service users can be logistically challenging. As part of the development of a practice guideline for adults undergoing total hip replacement, the College of Occupational Therapists Specialist Section-Trauma and Orthopaedics project group were responsible for ensuring service users were an integral part of the development process (COT 2012).

The presentation will provide a contextual framework for the project followed by a description of the process and outcomes of two streams of service user engagement work. These involved individuals who had an elective total hip replacement at a national hospital and members of a 50+ Health Forum. Methods included postal consultations and meetings to establish service user priorities, and their perspective on the draft recommendations prior to publication.

Ethical approval was not required but valuable support was received from the hospital Clinical Governance and Risk Management Development Unit, and the Health Forum Chair.

In summary, the project demonstrated that service user involvement, while exigent, enriches both the development and final outcome of a practice guideline.

References

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Presenters' CVs

Mandy Sainty is the Research and Development Manager at the College of Occupational Therapists, leading on research governance and supporting the development of practice guidelines.

Shirley McCourt is Head Occupational Therapist at Golden Jubilee National Hospital, Scotland, and the Scotland and Northern Ireland representative for COTSS-Trauma and Orthopaedics.

Keywords

Service user involvement, Acute Health, Physical health, Practice development

Session no 133.2**Using a participatory approach in the development of a driver screening tool**

Clift B, Wrightington Mobility Centre

Entitlement to drive is now viewed by many people as an essential component in the maintenance of independence (Box et al 2010). Private motor vehicles are considered a key component in many aspects of contemporary life and are particularly important for people with a limitation in personal mobility. This reliance upon the motor vehicle, however, may compel individuals to continue to drive when they are no longer safe to do so. The driving task involves the smooth integration and coordination of a number of cognitive, perceptual and physical elements (Hoffman and Snyder 2005). It is these elements that are frequently affected by a group of complex, irreversible and progressive disorders that are broadly termed dementia. Testing tools designed to evaluate the effect of cognitive impairment upon driving are available but many perform poorly when evaluating both older individuals and people with a diagnosis of dementia (Molnar et al 2006). The aim of this research project was to collaboratively design a practically useful driver screening tool for use with individuals diagnosed with dementia. A participatory approach to the research was taken with members of a dementia support group and a health professional special interest group. Meetings were conducted in which emergent themes were explored, developed and used to form the basis of the prototype screening tool.

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Presenter's CV

Barry is an occupational therapist working in the field of driving assessment. As part of a doctoral programme he is designing a driver screening tool.

Keywords

Ageing and older people, Service user involvement, Participation

Session no 133.3**Mental health focused Interprofessional education: potential for occupational justice**

Poyser C, Leicestershire Partnership NHS Trust

Improving the general health of the world's population is the responsibility of all the people who deliver and receive health and social care services (Freeth et al, 2005). However, ensuring services are efficacious, evidence based and client-centred is difficult, especially in relation to resistance to change and

issues of power, professional tribalism, communication and discriminatory practices (Bennetts et al, 2011). Interprofessional education has developed to challenge this and is supported globally (WHO, 2010). Interprofessional education (IPE) initiatives within the United Kingdom demonstrate a strong element of service user participation (Bennetts et al, 2011). The profession of occupational therapy contributes to interprofessional working and believes strongly in empowering service users by promoting occupational justice (Pollard et al, 2009). This exploratory study systematically reviewed existing literature, $n = 16$, to gain an understanding of mental health service user perspectives of participation in (IPE). A comparative analysis of the overall findings was undertaken and coding was applied to key concepts. The findings from the critiqued literature were evaluated using Pollard et al's, (2009) Political Activities of Daily Living tool and Standnyck et al's (2010) Occupational Justice Principles and Framework. The overall results of the study found that in spite of a plethora of policy and research placing service user participation at the heart of (IPE), much of the involvement continues to be sporadic and often tokenistic. However, the results provided some evidence of strong inclusive practice and citizen participation, demonstrating the potential (IPE) offers for the promotion of occupational justice.

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Keywords

Justice, Research, Service user involvement, Occupational science

Session no 135.1

“Fear of Falling” – effects on participation in younger overweight women

Rosic G, Milston A, Dey M, Richards J, University of Central Lancashire

Introduction: Of the few studies published looking at activity restrictions in overweight subjects, most have focused on elderly populations and suggests a relationship between obesity, activity restriction and activity participation (Simoes et al 2006; Brach et al 2004). There is limited research looking at activity restrictions in younger obese adults. One possible reason for activity

restrictions could be fear of falling and/or balance confidence. In elderly populations, fear of falling is associated with restricted activities and lower levels of participation, particularly in women and is also related to obesity (Deshpande et al 2008). It is, therefore, feasible that fear of falling may be a problem in younger obese adults and a subsequent barrier to participation.

Method: Qualitative study using semi-structured interviews of 12 women aged 24–50 years with BMI 28–50kg/m². The data was analysed using a thematic network process as described by Attride-Sterling (Attride-Sterling 2001).

Results/conclusions: All participants reported activity restrictions and 8 out of 12 reported fear of falling. Age and activity were contributory factors, suggesting fear of falling increases in frequency and likelihood with age and low levels of activity and can lead to activity avoidance in obese adults.

Impact on service users: Current activities or interventions designed for overweight clients do not take into account the issue of fear of falling.

Implications for occupational therapy: Occupational therapy sessions for overweight clients need to allow for fear of falling and the importance of regular activity to improve participation.

References

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Attride-Stirling J (2001) Thematic networks: an analytic tool for qualitative research. *Qualitative Research* 1(3): 385–405.

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Presenters' CVs

Gilly Rosic is a part time PhD student at the University of Central Lancashire. She has worked in the NHS for over 22 years as a Dietitian.

Anne Milston is a senior lecturer in Rehabilitation and Occupational Therapy at The University of Central Lancashire. BAOT no. BT0201008. She is a supervisor of the author.

Keywords

Health and wellbeing, Long term conditions (including neurological), Participation, Physical health

Session no 135.2

Practice development for occupational therapy in addressing health inequalities

Coomber-Briggs A, Norfolk and Norwich University Hospitals NHS Foundation Trust

The aim of this piece is to investigate what Occupational Therapy can offer to the reduction of health inequalities, and the opportunities this provides for practice development. The Health and Social Care community has been charged with reducing health inequalities (Marmot et al, 2008). The disparity

in the health achievements for those of differing socioeconomic groups can be seen across all cultures. Marmot argues that improving income, education and health experience for those in lower socioeconomic groups will reduce health inequalities. "In a climate of economic uncertainty, occupational therapists should consider creative approaches to practice to secure the future of the profession . . ." (Kearsley, 2012, p.244). Addressing health inequalities offers opportunities to widen existing and develop new roles for Occupational Therapy in an ever changing world. Occupational Therapy is already a key player in inclusion for those who experience poor health due to existing disability. The use of activity analysis, role value and mastery experience as core to the profession offers a basis for developments, including lifestyle education, healthy retirement, sickness management and vocational planning for young people. The thinking behind this submission was prompted by study of introductory health economics and particularly health inequalities. It is based in theory, reflection and experiential learning and has not involved research methodology. This triggered consideration of the role of Occupational Therapy in education, income and health experience. It is aimed at service managers, commissioners, and all Occupational Therapists interested in service development and the future of the profession.

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Presenter's CV

Anne is a senior Occupational Therapist with experience in community and acute settings. She is interested in developing our practice in pro-active health settings.

Keywords

Deprivation, Inclusion, Practice development, Service innovation

Session no 135.3

The obesity epidemic – are occupational therapists doing enough to respond?

Smyth G, White E, College of Occupational Therapists

Obesity with its correlated diseases of diabetes, hypertension, cardiovascular disease, joint problems, stroke, prostate, breast and colon cancer are predicted to consume the majority of health resources in the near future in the United Kingdom (Mosley et al 2008). Obesity can be caused by certain patterns of activity and once established effects daily functioning so that people are unable to take part in valued activities such as self care, leisure or employment (Clarke et al 2007). Despite this people who are obese are not often asked about how their weight effects their daily functioning, mental wellbeing or relationships with others and can be left alone to struggle with everyday tasks such as toileting and dressing (Forhan and Richmond 2002). This workshop will explore the following via presentation, group exercise and discussion:

- Who is at risk of developing obesity and what occupational challenges do they face?
- What is the current occupational therapy role across the spectrum of obesity from prevention through to working with those with advanced obesity who require specialist bariatric services?

- What is the research evidence for occupational therapy interventions in this area?
- How do we involve service users to improve the occupational therapy response?

The outcome of the workshop will be that delegates will have a clearer response to people they work with who have obesity problems through the use of clinical interventions including environmental, social and fiscal measures.

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Presenters' CVs

Genevieve Smyth is employed as a Professional Affairs Officer at the College of Occupational Therapists.

Dr Elizabeth White is the Head of Research and Development at the College of Occupational Therapists.

Keywords

Practice development, Physical health, Recovery and rehabilitation

Session no 137.1

Occupational therapy and total hip replacement: putting a national guideline into practice

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Practice guidelines contribute to the delivery of high-quality evidence-based interventions and epitomise the link between research and practice (COT 2011). The practice guideline *Occupational therapy for adults undergoing total hip replacement* was published in 2012. Twenty-five specific recommendations were developed, describing the most appropriate care or action to be taken (COT 2012). These recommendations were formulated in close collaboration with service users, and written with an emphasis on user empowerment. Ethical approval was not required, but the guideline proposal, scope and final document were completed in line with the College of Occupational Therapists requirements (COT 2011), and the final version of this guideline was approved by the Practice Publications Group in July 2012. The value of this guideline is in its translation into practice. It is recognised that this is not without its challenges, and must be guided by the therapist's clinical reasoning and interpreted in the context of their specific circumstances and service users' individual needs. This session seeks to explore the experiences of those who are using, or intending to implement this guideline in their workplace, and to share best practice. Key areas for discussion will be:

- the impact of cognitive status on recovery
- the use of standardised assessment and outcome measures

- providing support and advice to those anxious regarding accelerated discharge home
- work roles and information for employers
- involving carers in pre-operative assessment/education.

The use of specifically developed implementation tools for this UK-wide guideline will also be discussed, to support and encourage further application of this work.

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College of Occupational Therapists (2012) *Occupational therapy for adults undergoing total hip replacement*. Practice guideline. London: COT.

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Presenters' CVs

Sheila has maintained a keen interest in trauma and orthopaedics throughout her career, and was delighted to be a member of the Guideline Development Group.

Christine is very interested in issues affecting acute care and the evidence underpinning treatment in this area and is excited to be involved in this important work.

Keywords

Recovery and rehabilitation, Service evaluation, Physical health, Acute Health

Session no 139.1

Sex workers' perception of their interaction with adults with physical disabilities

Hutton S, Price L, University of Brighton

Introduction: Human sexuality embodies psychological, physical and sociocultural facets (WHO 2006). Research highlights sexuality as important for people with physical disabilities. To fulfil sexual expression some people access sex workers (Disability Now 2005). Sexuality is an important aspect of human occupation (Finlay 2001), but discovering the views of disabled people who access sex workers is intrusive. However, the perceptions of sex workers working with disabled clients could illuminate this hidden facet of occupation, assisting occupational therapists to a deeper understanding of human occupation and meaning for clients.

Aim: To discover sex workers' perceptions of sexuality for their clients with physical disabilities.

Method: Ethical approval was gained on 2.11.2011 for this qualitative study using Interpretative phenomenological analysis. Three UK sex workers working with adults with physical disabilities were recruited by snowball sampling. One hour semi-structured telephone interviews were recorded, transcribed and analysed.

Results: Participants perceived clients had limited opportunities to express sexuality and valued the importance of touch for pleasure. They highlighted the importance of time and space for the exploration of clients' sexuality. Participants stated that often their work was judged with disdain, and those seeking their services subject to negative judgements of others.

Conclusion: Sexuality is an important aspect of human occupation. The attitudes of others can influence individuals' expression of sexuality. Participants' perceptions hold clues to the

importance of sexuality for clients with physical disabilities and how this can be understood for occupational therapy practice.

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Presenters' CVs

Stephanie Hutton graduated from the Msc Health Through Occupation at the University of Brighton in 2012, and is currently employed by Sussex Community NHS Trust.

Lee Price graduated from St Katherine's College Liverpool in 1989, and practiced until 1996, currently lecturing at the University of Brighton and formerly at Southampton.

Keywords

Health and wellbeing, Inclusion, Service transformation, Justice

Session no 145.1

Professional identity and occupational therapy: a round table discussion of current issues

Volkert A, Leeds Metropolitan University

There is a persistent dialogue within the OT profession about feeling poorly understood and poorly valued, and that the profession is in a state of crisis, with a poor sense of professional identity (Kinsella et al, 2009). Various solutions to this crisis have been proposed, such as a re-focussing on the core concept of occupation in education and practice (Molineux, 2004). However, others have argued that when the multi-dimensional, complex nature of occupational therapy practice is taken into account, the profession is actually not in crisis at all and a strong sense of professional identity exists (Greaves et al, 2001). Professional identity itself is a complex concept, with the development of role, values, attitudes and beliefs during pre-registration training and in the first few years of practice being particularly crucial to the shaping of the professional (Sabari, 1985). Currently, new and emerging areas of practice are changing the face of professional socialisation in occupational therapy through increased opportunities provided by role-emerging placements (Holmes et al, 2009). This round table discussion will address issues such as the need to explore curriculum content; the role of mentoring and preceptorship in the formation of professional identity; how resilience can be supported in students and new practitioners; exploring which values are really important to occupational therapists; discussing the impact of social inclusion policies in UK higher education on the profession; the experiences of graduates who have had non-traditional or role-emerging placements; and how the teaching of theory and occupational therapy models influences their future use by clinicians.

References

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therapists. *British journal of occupational therapy*. 65 (8) pp.381–386.

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Kinsella, E.A. & Whiteford, G.E. (2009) Knowledge generation and utilisation in occupational therapy: Towards epistemic reflexivity. *Australian occupational therapy journal*. 56 pp.249–258.

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Presenter's CV

Anita Volkert is an occupational therapy educator with an interest in occupation-focussed practice and the development of the profession nationally and internationally.

Keywords

Education (CPD LL skills), Practice development, Third sector, Opinion

Session no 146.1

Have your say: reviewing COT education standards and curriculum guidance

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Introduction: As the professional body, the College of Occupational Therapists alone owns, holds and helps to develop the body knowledge of the profession in the UK. It is essential that professional knowledge, skills and values remain current for the national and international professional community. In terms of educational process and quality, this is secured through COT accreditation of pre-registration programmes and the documents used to guide that process. As part of reviewing its Curriculum Guidance (COT 2009) and Pre-Registration Education Standards (COT 2008), this seminar aims to explore perceptions of occupational therapists (new and experienced) as users of the documents for pre-registration education. This is to help ensure the documents are effective and contemporary guides for these curricula, reflecting current and future directions of theory, practice and services.

Method: The seminar will discuss both documents, their content, how they are used, their relationship with other professional and statutory bodies and links to university regulation. Participants will draw on their knowledge, skills and experience to debate the documents' currency and their maintenance. Question and answer techniques plus small group discussion will be employed.

Results: Identification of participants' perceptions of COT documents to guide pre-registration education.

Impact on service users: COT will publish revised documents to guide education providers in the development of future proofed programmes that are professionally fit for purpose.

Implications for occupational therapy: The knowledge, skills and values of UK graduates remain current within the professional community both nationally and internationally.

References

College of Occupational Therapists (2008) *College of Occupational Therapists Pre-Registration Education Standards* (third edition). London: COT.

College of Occupational Therapists (2009) *Curriculum Guidance for Pre-registration Education* (revised edition). London: COT.

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Presenters' CVs

Lyn Westcott is Associate Professor and Professional Lead in Occupational Therapy at Plymouth University.

Anna is Head of Education and Learning at the College of Occupational Therapists.

Keywords

Education (CPD LL skills), Theory, Practice development

Session no 147.1

Hip precautions following total hip replacement: to implement or not to implement?

Porter L⁽¹⁾, Cope J⁽²⁾, Betsi Cadwalader University Health Board⁽¹⁾, Guys and St Thomas NHS Foundation Trust⁽²⁾

It is not known how many occupational therapists in the United Kingdom work with service users undergoing total hip replacement; however, this number is thought to be high given the growing number of joint replacements carried out annually (COT 2012). The use of hip precautions following surgery has seen extensive and increasing variation in practice over recent years, and is an aspect of care that requires considerable input from occupational therapists (COT 2012, Drummond et al 2012). This session seeks to explore the variation in practice related to hip precautions, exemplified by the presenters' experiences, comparing one workplace where all service users are required to adhere to three months of standard hip precautions post-operatively, and a second workplace which has not implemented hip precautions for over two years. Delegates will be encouraged to discuss approaches used in their practice. Recommendations on the use of hip precautions from the practice guideline '*Occupational Therapy for Adults undergoing Total Hip Replacement*' (COT 2012) will be examined, highlighting relevant literature and discussing key points for facilitating change within the workplace. Ethical approval is not required as the session will discuss existing services and guidance. In summary, this session will explore two very different services provided to adults undergoing total hip replacement. It will offer a review of the impacts these differences make to the service user's rehabilitation, occupational therapy input and the orthopaedic service itself. The relevant practice guideline recommendations will be discussed to provide guidance for future management options for therapists to take back to their services.

References

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Drummond A, Coole C, Brewin C, Sinclair E (2012) Hip precautions following primary total hip replacement: a national survey of current occupational therapy practice. *British Journal of Occupational Therapy*, 75(4), 164–170.

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Presenters' CVs

Lauren was the project lead for 'Occupational Therapy for Adults undergoing Total Hip Replacement' and is the Wales representative for COTSS – Trauma & Orthopaedics.

Jade is currently chair of COTSS – Trauma & Orthopaedics and was involved in the development of 'Occupational Therapy for Adults Undergoing Total Hip Replacement'.

Keywords

Recovery and rehabilitation, Physical health, Acute Health, Service transformation

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