Practice development: Using an innovative approach to transforming occupational therapy services
Janet Folland

CITATION
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Abstract
The Occupational Therapy service within the Cumbria Partnership NHS Foundation Trust has embarked on an innovative practice development programme which is based on the concept of a scholarship of practice. An academic/practice partnership has been designed to develop occupation-focussed, evidence-based and research-driven practice within mental health settings. The paper reviews some of the first stages in developing this project.

Keywords
occupational therapy; practice development; service development

Extending expertise
“Wherever possible, the NHS as a whole (should) use(s) the measures that clinicians themselves use as a basis for improving their services: measures that are clinically credible and evidence-based” (Department of Health, 2010).

‘Equity and Excellence: Liberating the NHS’ (Department of Health, 2010) places increased emphasis on health professionals, including occupational therapists, to not only base services on evidence of clinical effectiveness but also to be able to demonstrate genuine and valid outcomes (College of Occupational Therapists, 2006; Darzi, 2008; Department of Health, 2010).

In recognition of the need to provide demonstrable evidence for service improvement, and to ensure that practice is based on robust evidence, the occupational therapists within the Cumbria Partnership Trust agreed to adopt the Model of Human Occupation (MOHO) as their main practice model. The use of a conceptual model of practice, such as the MOHO, provides a structure for continuous improvement in the quality of service and ensures that all occupational therapists extend their expertise and enhance their clinical reasoning (Forsyth et al., 2005). Several NHS organisations in the UK have made a similar commitment to the collective use of MOHO concepts as a way of developing the quality and efficiency of their service (Duncan & Moody 2003; Forsyth, Summerfield-Mann & Kielhofner, 2005; Melton, Forsyth & Freeth, 2009; Parkinson, Chester, Cratchley & Rowbottom, 2008).

Practice development
The occupational therapy service within the Trust has become one of a small number in the UK to implement MOHO in collaboration with the United Kingdom Centre for Outcomes Research and Education (UKCORE), which is an international research and practice development organisation based within Queen Margaret University Edinburgh. UKCORE uses a strategic approach to the continuing development of occupational therapy services which has MOHO as the primary model of practice and is based on an approach to evidence-based practice referred to as a ‘scholarship of practice’ (Forsyth et al., 2005). This involvement has been further strengthened by the development of a strategic partnership with the University of Cumbria (UoC) and the support and guidance of the Cumbria Partnership NHS Foundation Trust’s Learning Network.

Scholarship of practice
A scholarship of practice is defined as “delivering and generating evidence for practice through a partnership between academia and practice” (Duncan, 2009) that ensures that the delivery of evidence-based practice and the creation of evidence to support practice become integral to daily clinical practice. Using a participatory action research approach the practitioners who are the users of knowledge are involved in helping to generate and refine it (Forsyth et al., 2005).

Practice development programme
Through the UKCORE/Cumbria Partnership Trust collaboration, the Occupational Therapy service has developed an infrastructure to support the practice development process across the Trust. UKCORE bases the practice development programme on the concepts of community of practice and learning developed within a practice setting. As such the development process includes a range of learning, and practice methods to incorporate different adult learning styles, needs and experiences.
The main actions currently implemented to support the practice development programme are:

- The creation of strategic practice development infrastructure for Occupational Therapy;
- The creation of a practice development role to facilitate learning and change;
- The development skills to identify and undertake evidence-based practice;
- The development of opportunities for clinical networking;
- The use of information technology to facilitate Trust wide communication and collaboration and to enable the integration of occupational assessments;
- The reinforcement of the importance of the routine use of outcome measures for clinical excellence; and
- The evaluation of the progress of the program and review of the practice development strategy.

**Progress**

Occupational therapists throughout the Trust have fully engaged with the process. The willingness of each occupational therapist to take ownership and responsibility for their services development has been instrumental in the significant rate of progress to date. The robust architecture behind this project has ensured that the process drives forward real and tangible change.

**Leadership**

The ability to engage practitioners in the practice development process, and to keep momentum in the change process, has been instrumental in the success of the project so far. The practice development lead has needed to engage with practitioners in a process which connects with shared motivations, values and goals. This emphasis on the practice development programme as being a collective vision, and shared process, has been influential in developing the occupational therapy group as a community of practice with professional support networks.

"Sharing in this process has helped me to step back and look at my own practice. At first I felt that I hadn't come very far – but having the opportunity to discuss MOHO with other practitioners has made me realise that, actually, we've all come a long way."

**Support structure**

The practice development programme bases the change process on several practice-based structures which support new learning and its implementation into practice. All occupational therapists now meet quarterly for training by the UKCORE facilitator, and the practice development lead. Training follows a structured approach designed to ingrain MOHO concepts, tools and the analysis needed to develop clear goals and intervention plans. These sessions provide not only the new knowledge needed for the implementation of MOHO theory, but also provide the space for the development of a collective understanding.

In addition, occupational therapists from all three networks meet on a quarterly basis within smaller clinical forums. These are based on action learning and concentrate on the implementation and evaluation of MOHO and its impact on practice. Clinical forums are co-facilitated by University of Cumbria lecturers, occupational therapy clinical leads and clinical forum leads (practitioners who are involved in the practice development steering group). These sessions provide the chance for therapists to discuss the translation of new learning into practice.

**Assessment tools**

The use of MOHO based, occupation-focussed tools requires both learning how to use unfamiliar assessments and the need to grasp the theoretical concepts behind them. Initially there had been a range of reactions to the uptake of new occupation-focussed tools. Initially some colleagues viewed the use of MOHO tools and concepts as alien and conceptually difficult.

"I can see why using MOHO might help my practice, but at the moment I can’t see which of the tools might be useful – or when would be the most useful time to use them."

However, the vast majority of practitioners now use MOHO based tools within their practice, and are making concerted attempts to case formulate with the information gained through them. Practitioners are also beginning to identify the use of these tools to measure outcomes and provide evidence of change. Examples of this advance include use of the Volitional Questionnaire (VQ) to measure motivational change within group settings, use of the Occupational Self Assessment (OSA) as a measure of occupational change in an addiction support and transitions group.

**Service development**

Providing the practice development structure enables occupational therapists to develop a transformational culture, which enables them to develop their practice, their services and the context of care within the organisation. Although this is still early days for this project, there are small, but noteworthy changes within some services. For example one occupational therapist, who used the VQ...
within a memory clinic, has prompted discussions within the team regarding assessments and the ability of services to measure engagement and wellbeing. A team leader of a community mental health team reported an increase in the level of identification of occupational need within the team since the start of this project.

The way forward
Ultimately the aim for this project is for occupational therapists throughout the Trust to be improving health outcomes for people who use our services. This practice development process provides the opportunity, and the means, for occupational therapists throughout the Trust to use their skills to develop clinically credible and evidence-based measures for improving services. Eventually, through this process, occupational therapists within our Trust will be contributing to the generation of theory and research and developing tools and interventions for practice. To get to this stage the practice development programme needs to support practitioners through distinct phases. The next stage for this project will be focusing on embedding the routine use of MOHO assessments to inform the development of patient-focussed interventions.

Although the practice development project was launched less than a year ago the level of engagement and energy put into it by occupational therapists has been impressive. Like other health professionals throughout the Trust occupational therapists have a large contribution to make towards providing excellent patient care. This project has begun to provide occupational therapists with the support, training, networks and, crucially, trust to start to re-examine and change practice and services. As a method for meeting the specific professional training needs of occupational therapy, this approach is an efficient use of resources. There is no need for additional external training, and the practice development structure is designed to create a flexible workforce with skills that can be easily transferred within, and even between, service lines. The scholarship of practice model offers a template that could be used in future for other professional groups and/or service areas in the Trust, and could be explored as a channel for integrating staff groups in future.

References