A profile of assessment instruments used by South African occupational therapists in paediatric practice

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ASSESSMENT

• STANDARDISED and NON-STANDARDISED

• Factors affecting choice of assessments

• International findings

IS THE FIRST STEP OF INTERVENTION PLANNING.
Research question:
What assessments are used by occupational therapists in paediatric settings in South Africa?

Aim:
To describe the use of assessments by occupational therapists in paediatric settings in South Africa.

Sub-aim:
To compare the use of assessments by South African occupational therapists in private versus public paediatric settings.
**Study Design:** Descriptive, cross-sectional study.

**Sampling method:** Non-random, convenience sampling.

**Study population:** Occupational therapists registered with the Occupational Therapy Association of South Africa (OTASA) and the Health Professions Council of South Africa (HPCSA) practicing in RSA for >3 months who have worked within paediatrics in the last 12 months.

**Inclusion criteria:**
- Registered with HPCSA
- Practiced in RSA >3 months
- Worked within paediatrics in the last 12 months

**Measurement instrument:** Self-developed questionnaire (EvaSys™), using literature and expert paediatric therapists.

**Pilot study:** 5 occupational therapists, not registered with OTASA, experience in paediatric setting.
RESULTS
Demographics

Public Sector
25,2% (n=31)

Private Sector
74,8% (n=92)

Total participants (n=123)
Median = 9 years
<table>
<thead>
<tr>
<th>Assessment</th>
<th>Frequency of use</th>
<th>Characteristics most applicable</th>
<th>Relevant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beery VMI</td>
<td>Weekly</td>
<td>User friendly</td>
<td>83.7%</td>
</tr>
<tr>
<td>Goodenough-Harris Draw-A-Person Test</td>
<td>Weekly</td>
<td>Easily accessible</td>
<td>66%</td>
</tr>
<tr>
<td>DTVP-2</td>
<td>Every 2 weeks</td>
<td>User friendly</td>
<td>55.3%</td>
</tr>
<tr>
<td>TVPS-3</td>
<td>Monthly</td>
<td>User friendly</td>
<td>52.9%</td>
</tr>
<tr>
<td>Sensory profile</td>
<td>Monthly</td>
<td>User friendly</td>
<td>45.5%</td>
</tr>
<tr>
<td>SIPT</td>
<td>Annually</td>
<td>Other (expensive)</td>
<td>35.8%</td>
</tr>
<tr>
<td>Ayres’ Clinical Observations</td>
<td>Weekly</td>
<td>Easily accessible</td>
<td>98.3%</td>
</tr>
<tr>
<td>Clinical Observations of Gross Motor items</td>
<td>Weekly</td>
<td>Easily accessible</td>
<td>81.7%</td>
</tr>
</tbody>
</table>
LEGITIMACY OF USE: STANDARDESED ASSESSMENTS

**Beery VMI**
- Make copies of manual AND make copies of booklet(s): 20,5%
- Make copies of manual BUT make copies of booklet(s): 68,8%
- Original test manual: 10,7%

**TVPS-3**
- Make copies of manual AND make copies of booklet(s): 29,9%
- Make copies of manual BUT make copies of booklet(s): 58,4%
- Original test manual: 11,7%

**Goodenough-Harris Draw-A-Person Test**
- Make copies of manual AND make copies of booklet(s): 64,8%
- Make copies of manual BUT make copies of booklet(s): 30,7%
- Original test manual: 4,6%

**DTVP-2**
- Make copies of manual AND make copies of booklet(s): 35%
- Make copies of manual BUT make copies of booklet(s): 58,8%
- Original test manual: 6,2%

**Sensory Profile**
- Make copies of manual AND make copies of booklet(s): 33,3%
- Make copies of manual BUT make copies of booklet(s): 50,8%
- Original test manual: 15,9%

**SIPT**
- Make copies of manual AND make copies of booklet(s): 5,8%
- Make copies of manual BUT make copies of booklet(s): 9,6%
- Original test manual: 84,6%
DISCUSSION

- Similarity → *national* and an *international* level
- Six most popular standardised assessments used in South Africa → *not standardised on South African population*...
- Local assessments such as ECDC?

- *Ethical dilemma* → *illegitimate use* of 5 of 6 most used assessments
  
  → brings into question the possible *need* for assessments that are standardised on the South African population

(Van Jaarsveld, Mailroux and Herzberg 2012:17)
CONCLUSION

- Current practices on a national level
- Need for development of assessments

✓ Contributes to improved effectiveness of OT assessment and intervention in RSA
✓ Enable legitimate use in a developing economic climate

Limitations

Study cannot be generalized: Specific organisation approached (OTASA) – therefore not all South African therapists were included.

Recommendations

- Expand therapists’ knowledge
- Ethical discussions
- Further research
REFERENCES


Thank You
Dankie