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Development and validation of the Documentation of Occupational Therapy Session during Intervention (D.O.T.S.I.)

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ABSTRACT

Objective: To developed and validate a form for Documentation of Occupational Therapy Session during Intervention (D.O.T.S.I) based on the OTPF.

This form may fill the need for more consistent and detailed documentation of the intervention process.

Method: Fifty five pediatric OT's documented 2–3 treatment sessions. A total of 120 treatment sessions were recorded. Construct validity was assessed through known-groups differences, once based on age groups and once based on context groups.

Results: Significant inter-rater reliability in most sub-categories was found with a good Cronbach alpha coefficient. Construct validity was established by significant differences between the two settings (educational and clinic) and the two age groups.

Conclusion: The D.O.T.S.I. form as a reliable and valid measure enables to simply document intervention in a unified and professional method. The documentation method of the D.O.T.S.I. stimulates clinical reasoning by allowing the therapist to reflect on the process of intervention and plan future progress.

1. Introduction

Documentation is a general term that means knowledge transference to different people concerning the intervention process, and is necessary in the service delivery process (AOTA, 2003, 2008b). The target population of the documentation can includes the clients and their families, the therapeutic team or for insurance companies (Linder & Frolek Clark, 2000; Robertson, 1998; Sames, 2005).

Sames (2005) emphasizes the importance of using consistent terminology while documenting occupational therapy (OT) intervention. Consistent documentation may help other professions and clients to better understand the OT profession and the role of the occupational therapists (OT's) in the intervention process (Perinchief, 2003). The importance of documentation can be classified in three categories: ethical, legal, and professional. From the ethical perspective the client has the right to know what is being done in the intervention and why (Borcherding & Kappel, 2002; Robertson, 1998). From the legal aspect, documentation serves as a legal document that establishes and verifies the intervention. Governmental and private health services determine their health policy based on therapists' documents (Borcherding & Kappel, 2002; Robertson, 1998; Sames, 2005). Professionally, documentation is important to the intervention process and to research

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needs. Documentation is used by the intervention provider for setting goals, follow up, reflection on the intervention process, supervision, and drawing of conclusions (Borcherding & Kappel, 2002; Linder & Frolek Clark, 2000; Robertson, 1998; Sames, 2005). The use of documentation facilitates clinical reasoning for providing adequate intervention. In addition, the documentation is important for research as it gives reliable support for Evidence Based Practice (EBP) and allows measuring intervention effects. Quantitative information from medical records can shed light on cost and benefit of the intervention (Robertson, 1998; Sreultjens, Dekker, Bouter, Leemrijse, & Ende, 2005).

Few documentation methods are presented in the literature. The most common methods are the SOAP and narrative description. The SOAP is a common documentation method in the health system in which the information presented relates to problems or diagnosis (Borcherding & Kappel, 2002; Sames, 2005). Narrative documentation includes all the information presented in the SOAP but in a paragraph format (Sames, 2005). In addition, there are different continuous tables that are routinely completed and can describe the intervention process. Lately, the use of video recording for documentation has become more common as the availability of digital cameras has increased (Sames, 2005). In 2003 the AOTA first published a document including guidelines for documentation, intervention, and outcome measures which are based on the Occupational Therapy Practice and Framework (AOTA, 2002, 2008a). The documentation of the intervention is divided into 4 sections: intervention plan (e.g. goals, approaches), OT service contacts (e.g. phone calls, meetings), progression of intervention (e.g. summary of services provided), and transition plan (e.g. recommendations) (AOTA, 2003, 2008b).

The need for EBP brings many researchers to assess the intervention efficacy (e.g. Bart et al., 2009; Case-Smith, 2000; Tickle-Degnen, 2000). Nevertheless, in most studies the documentation of the intervention is too general and does not allow others to replicate these interventions in their studies (Dreiling & Bundy, 2003; Sreultjens et al., 2005). There are few studies where the intervention process is more detailed but it is usually focused on specific performance skills or addressed to specific disability (Case-Smith, 2000). Moreover, it is important to note that each study is unique in the way it describes the intervention process and there is no terminology consistency. As different professionals suggested, it is of great value to document intervention by using the acceptable terminology in the field of practice. The more we use consistent and acceptable terms, the more OT intervention goals will be understood (Hedeberg-Kristensson & Iwarsson, 2003; Lundgren-Pierre, 2001; Perinchief, 2003). The above literature review raises the need for more consistent and detailed documentation of the intervention process.

Therefore, the purpose of the study is to develop and validate a form for Documentation for Occupational Therapy Session during Intervention (D.O.T.S.I) based on the Occupational Therapy Practice Framework (OTPF; AOTA, 2002, 2008a). In the present study we assessed the psychometric properties of the form for the pediatric population. In order to assess the D.O.T.S.I reliability, we performed internal consistency and inter-rater reliability tests. To establish construct validity we compared between the interventions addressed to 4–6 aged children in the educational system and in clinical centers. We hypothesized that the intervention delivered in the educational system will differ from the intervention delivered in the clinical centers as each intervention setting has unique characteristics that influence the intervention process and its focus (Dubois, 1996; Schell, Crepeau, & Chon, 2003). As part of the validation process we also compared between the interventions addressed to different age groups since intervention focus is influenced by age (Case-Smith, 2005). We hypothesized that the intervention delivered to preschool children (4–6 years) will differ from the intervention delivered to school age children (7–12 years).

2. Method

2.1. Participants

Fifty five pediatric OT's, ages 26–60 years old ($M = 36.27$, SD = 0.35), participated in the study. All therapists had at least three years of experience ($M = 9.65$, SD = 6.1) and worked in public health institutions, educational settings, and in private clinics. All the OT's participating in the study were familiar with the OTPF (AOTA, 2002, 2008a), 65.5% had B.A. in OT and 34.5% had advanced research MSc. Each OTs documented 2–3 treatment sessions and in total 120 treatment sessions were recorded. The clinics in which documentation was recorded were categorized to either educational settings or clinical settings. Of the clinical settings, 26 (SD = 21.7%) sessions were documented in the public practice and 61 (50.8%) sessions in private practice. The documentations from the clinical settings were also categorized based on the age of the child, pre-school children ($N = 82$, male = 64, female = 18, $M = 5.38$, SD = .87) and school aged children ($N = 38$, male = 24, female = 14, $M = 7.78$, SD = 1.21). All the children in the educational settings were pre-school children. Children were referred to OT intervention due to developmental disability including visual motor and motor coordination difficulties (60%), communication difficulties (5%), behavioral problems (2.5%), cerebral palsy (2.5%), developmental delay (23%), and attention problems (7%). Twenty two percent of the children were at the beginning of their OT intervention, and 25% were at the end of the intervention process.

2.2. Measures

2.2.1. Documentation of Occupational Therapy Session during Intervention (D,O.T.S.I)

The D.O.T.S.I was developed based on the OTPF (AOTA, 2002, 2008a), and the International Classification of Functioning, Disability and Health (ICF; WHO, 2001). This measure documents the OT intervention during a single session and includes