PJAHS
Philippine Journal of Allied Health Sciences

Special Collection: Short Report

Documenting Pediatric Occupational Therapy Evaluation Through the Dollhouse Model

Abby Victoria Concepcion[1,2], Frances Drew Bosque[1,3], Ninfa Mae Delgado[1,4], Isabelle Kezia Mojica[1,5], Rod Charlie Delos Reyes[1]

[1]The Graduate School, University of Santo Tomas, [2]Center for Occupational and Speech Therapy Center, Angeles City Pampanga, [3]Center for Developmental Pediatrics- The Medical City, Pasig City, [4]SpeechWorks Developmental Center, Lipa City Batangas, [5]Sandbox Multispecialty Clinic, Taguig City

Correspondence should be addressed to: Rod Charlie Delos Reyes1; delosreyes.rodcharlie@yahoo.com

Article Received: December 18, 2022

Article Accepted: January 28, 2023

Article Published: February 15, 2023

Copyright © 2023 Delos Reyes et al. This is an open-access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Abstract

Documentation is a professional responsibility and is a form of communication to stakeholders, demanding health professionals including occupational therapists, to provide accountable records encompassing the occupational therapy process which includes evaluation, intervention, and outcomes. However, there are no clear guidelines for occupational therapy documentation. There is a lack of uniformity of content in documentation among therapists and facilities, and the length required to create the report are pertinent problems encountered. The purpose of this article is to report on the conceptual model to guide occupational therapists in creating efficient and occupation-centered evaluation documentation. With this, the proposed Dollhouse Model aims to answer the question: "What do you prioritize when creating pediatric evaluation documentation?" Utilizing this model suggests that therapists may be able to prioritize the pertinent occupational areas to document, therefore making it more efficient and occupation-centered.

***Key Words**: documentation, pediatric practice, assessment, occupational therapists, occupational therapy, health professionals*

INTRODUCTION

Evaluation, intervention, and outcomes compromise the client-centered delivery services of the occupational therapy process. Beginning with evaluation, the occupational therapist obtains and interprets data necessary for intervention and is the initial documentation of the client's occupational therapy journey.[1] In evaluation, the occupational therapist focuses on examining the client's occupational needs, wants, and obligations. Moreover, the clinician aims to determine what the client can accomplish and has achieved, as well as to identify possible facilitators and inhibitors to engagement in occupations, health, and wellbeing.[2] The occupational therapist documents their findings for record-keeping once the evaluation is done.

Documentation is a professional responsibility that is regulated by laws, ethics, and internal responsibility that demands rehabilitation professionals, including occupational therapists, to compile written reports to provide an accountable record of both assessments and interventions, and to communicate findings with stakeholders.[3] One of the current problems in documentation is that it has little uniformity in content between therapists and facilities. The majority of the evaluation documentation reports focused on performance components and had little detail on occupations.[4]

Evaluation reports should reflect occupational therapy services and support the practice of the profession, despite the lack of defined documentation rules and guidelines. This

resulted in the formulation of the Client-centered Model of documentation which consists of an Introduction to identify the referral source, demographic data, and other relevant information; an Assessment that contains details describing the source and procedure for collecting data; and an Occupational Performance consisting of daily living skills specifically self-care, productivity, and leisure. This documentation guideline also includes other factors affecting daily life, specifically, performance components and environmental factors. It pertains to one's interpersonal, intrapersonal, environmental, and personal factors. The last part of the documentation includes interpretation, goals, and recommendations.

C.L.E.A.R. APPROACH

This approach stands for Client-centered, Links, Enables, Addresses, and Readability. The authors considered the following concepts to guide the conceptual model development. First, documentation is made from a Child-centered perspective, which places less emphasis on scores and numbers, and focuses more on a unique description of the client's skills and abilities. Consequently, this approach Links the different aspects of evaluation, specifically, the referral questions, results of the assessment, and recommendations. Then, it Enables readers with recommendations that are concrete, realistic, and can be easily implemented. By giving a balanced and comprehensive description of the client's abilities, it Addresses both strengths and weaknesses. Lastly, by making sure that evaluation reports are written at a level that most readers can understand, this approach produces documents that have Readability.[5]

DEVELOPMENTAL PROCESS

The authors of this article, practicing as pediatric occupational therapists in different regions of the Philippines, experience fundamentally similar roadblocks. One of which is encountering no specified way of what is needed to document in evaluation reports. Another is the extent to create a report and its readability. At present, these are pertinent problems encountered by Filipino therapists based on interviews and literature. With this, the model aims to answer the question: "What do you prioritize when creating pediatric evaluation documentation?" To answer this, the following themes were highlighted in the Dollhouse Model: Prioritization, Efficiency, and Occupation-Centeredness.

Prioritization is the process of deciding which areas or factors should be put initially or given priority. It enables therapists to focus only on specific problem areas and develop goals that are more meaningful to the client.

Efficiency is the capacity to produce desired results with little or no waste. In documentation, this entails that only pertinent information is included in the report, thus lessening the time, and improving readability.

Occupation-centered refers to having a professional stance to promote "occupation as the center of occupational therapy research, education, and practice."[6] To create occupation-centered evaluation documentation, the therapist must emphasize the pertinent occupational domains in documentation.

THEORETICAL BASIS

The Canadian Model of Occupational Performance and Engagement (CMOP-E) served as the main theoretical bases used in the conceptualization of the dollhouse model. In CMOP-E, the domain of occupational therapy involves three main components, specifically the Environment, Occupation, and Person. This model also highlights client-centeredness with a person's spirituality being central to this model. The core concept that was adapted from the CMOP-E was that of occupations which are divided into three, specifically self-care, productivity, and leisure. As in the CMOP-E, the Dollhouse Model also highlights three main occupations fundamental to children - play, self-care, and educational participation. This conceptual model also acknowledges the importance of the environment and personal factors that affect occupational performance and engagement which is reflected in the CMOP-E. Finally, the Dollhouse model uses terminologies adapted from the Uniform Terminology-3 (UT-3)

to be in line with the concepts adapted from CMOP-E.

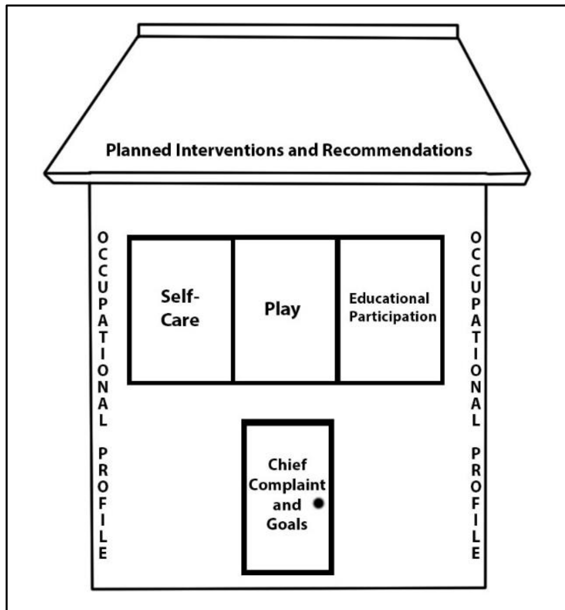

Fig. 1.1. DollHouse Model (Exterior)

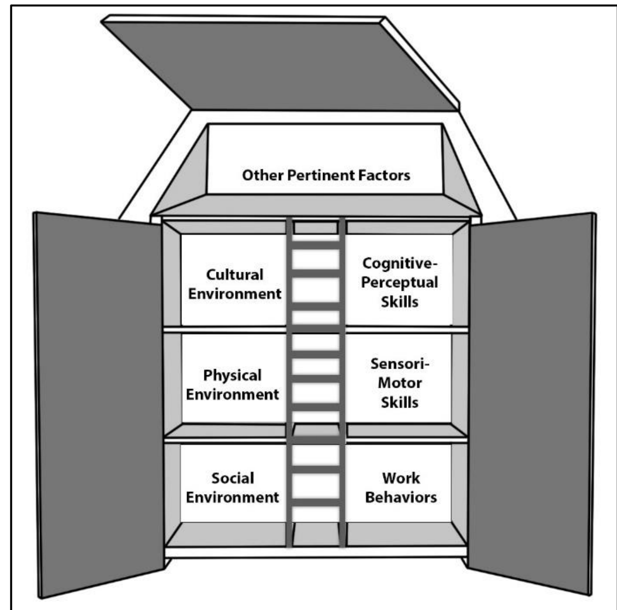

Fig. 1.2. DollHouse Model (Interior)

CONCEPTUAL FRAMEWORK (MODEL PICTURE)

The Dollhouse model aims to guide occupational therapists in documenting pediatric evaluation reports. It focuses on the prioritization of the contents of the evaluation documentation to make it more efficient and occupation-centered. It has two domains: exterior and interior. The exterior highlights the occupational profile, intervention plans, and recommendations. The interior consists of performance components, environment, and other pertinent factors.

DISCUSSION

Dollhouses, to date, are one of the most popular and valued toys by children.[7] It engages them in the play of real-life situations such as self-care, play, and social participation. In various media sources, parents, and developmental experts share the appreciation of dollhouses as a means of role-play, which in turn, facilitates social, emotional, intellectual, and self-help skills.[8] With this in mind, the symbolic use of the dollhouse in the framework was chosen to concretize the focus on the pediatric setting and the prioritization of pertinent areas and factors needed for evaluation documentation.

Traditionally, a dollhouse includes walls, windows, segmented rooms, a door, and stairs. These components as well as their representations will be expounded on in the latter parts of this paper.

Exterior of the dollhouse. The walls are the foundation of a house. When creating an initial evaluation document, the client's occupational profile serves as the foundation for how the process of evaluation up until discharge will proceed. With this in mind, the authors used the symbolism of the outer walls to represent the client’s occupational profile. An initial evaluation begins with creating an occupational profile that describes the client’s chief complaint, goals, current performance, and skills, as well as the contextual factors affecting the client’s participation and engagement in occupation. This supports all the other components of the evaluation document as well.

Chief complaint and goals. As part of the occupational profile, these aim to describe the client’s desired, required, and expected levels of participation in occupations. Information obtained through caregiver interviews is found in this part. The authors chose the door as the symbol for the chief complaint and goals as it is

the starting point that drives the process of occupational therapy.

Occupations. Based on an occupational therapist's years of experience, improvements are seen and appreciated when engaging in occupations and generalizing the skills the client has learned in therapy. Additionally, gathering knowledge in documenting the areas of occupation that are of concern reflects more directed treatment in documenting outcomes. Windows were used to symbolize occupations as, just like the door, it is the main focus of an occupational profile in a pediatric document. Occupations are situated at the exterior aspect of the dollhouse to emphasize this focus on what needs to be prioritized in documentation.

In this model, prioritized occupations are play, self-care, and educational participation. These are the areas of occupations that pediatric OTs most commonly focus on.[9] Occupations, for children and youth, are activities that allow them to learn, acquire, and develop life skills. It also enables them to express their creativity, find enjoyment, and achieve success.[2] Infants, toddlers, and young children spend most of their time in their primary occupations which are playing, learning, and interacting with their caregivers and peers,[2] thus supporting and providing the basis for the prioritization of the aforementioned areas.

Play. Play is recognized as the primary occupation in children. In the field of occupational therapy, play is both a means for learning and development of various skills and facilitates engagement in occupations, as well as an end goal or area of occupation to be engaged in. The focus on play as a primary occupation should imply that: priority should be given to enabling play that has context-focused interventions for play, playfulness, and participation while teaching play skills, social skills, and engaging in play activities. In this model, social participation/socialization is integrated into the goals of play (play skills and play participation, socialization).

Self-care. Self-care is defined as "occupations looking after the self". This occupation is a basic need and is fundamental to the development and independence of children. Thus, it is considered one of the central areas in pediatric occupational therapy. Self-care activities to venture into when creating pediatric evaluation reports may include eating, dressing, functional mobility, and clean-up.

Educational Participation. Educational Participation is a child's main role in terms of productivity. Children are expected to participate in school-related tasks and engage with their peers in school. This creates the identity of the child in the later stages of life and promotes learning of other needed skills necessary to survive independently in the community. Evaluating and documenting a child's educational engagements provides the therapist with stepping stones in developing interventions needed for this occupation.

Planned interventions and recommendations. The roof is used to symbolize the documentation of planned interventions and recommendations. For a roof to exist and be stable, there must be a solid foundation. The occupational profile (the wall) and its contents (the door, the windows, the interior) are the foundation of the intervention plan and recommendations (the roof). In documenting planned interventions, developmental skills should be connected and related to occupational domains.[10]

Interior of the dollhouse. The interior of the dollhouse consists of rooms that represent the factors that contribute to the occupational performance of the client. This part includes performance components (the cognitive-perceptual, sensorimotor, and work behavior components), environment (social, physical, and cultural environment), and other pertinent factors. These are represented as rooms to link the symbolism of occupations as windows that can be used to look into the person. These factors are placed inside the dollhouse as information on it can only be documented once the clinician looks into and further assessed the specific factors that affect occupational performance.

An attic is a room at the top of a building, often used for storing things.[11] Items that are not immediately needed or used in daily life are kept in the attic. The authors placed other pertinent factors in this area given that these are prioritized later and are not immediately needed during documentation.

Performance components and Environment. The right-side rooms represent performance components. Performance components are basic human abilities required for successful engagement in occupations. Specific components such as work behaviors, sensorimotor skills, and cognitive-perceptual skills are prioritized in the Dollhouse Model. Knowledge of performance component functioning is needed to understand why a person has difficulty in performing a given task and as well as to discern appropriate intervention strategies.[13]

The performance components are as follows:

1. *Work behaviors* refer to what a person does, including overt, observable actions, as well as covert, unobservable actions. The domain of occupational therapy includes any behavior that interferes with an occupational engagement. Occupational therapists can identify when engagement in the client's daily life is disrupted by challenging behavior and provide interventions that influence the individual's behavior and engagement patterns.[13] For this model, work behaviors pertain to attention span, concentration, frustration tolerance, impulse control, and compliance.
2. *Sensorimotor* refers to sensory processing and motor skills. Children with sensory processing difficulties have limited participation in everyday activities 13. If they begin processing sensory information better, they are often able to improve their motor skills. Because of this, sensory and motor skills are closely intertwined.[14] The sensory processing component includes the vestibular, proprioceptive, tactile, visual, auditory, olfactory, and gustatory systems that serve as the primary means of gaining information from the outside world. The motor component includes the neuromuscular and skeletal systems which consist of gross and fine motor skills.
3. *Cognitive-perceptual* pertains to the cognitive skills and visual-perceptual skills of the child. It is a child's capacity to search, identify and process environmental information to integrate it with existing knowledge and current motor capabilities in order to select and execute appropriate actions.[15] For this model, cognitive-perceptual skills include concept formation, specifically the ability to match, sort, recognize, and identify different concepts. It also pertains to the child's ability to follow instructions, generalize learning, and memory.

The left-side rooms are the environment. The environment influences occupational engagement and participation. It is recommended to consider the environment throughout the therapy process to provide optimal intervention.[12] It is composed of the following:

1. The *social environment* refers to the people in the environment, including the interactions and relationships with them. It also pertains to the networks that can be tapped into for assistance, and other human support needed for daily living.[16]
2. The *physical environment* is described as the general accessibility of the environment, adaptive equipment, orthotic appliances, and the context in the classroom, community, and at home.
3. The *cultural environment* comprises the interests, attitudes, perceptions, and approach to sickness/disability, work expectations, family leadership, roles, behavior, and other engagements required for integration and acceptance in society.[4]

Other pertinent areas are the aspects of occupational performance that are not the client's main concern. The attic serves as the authors' last order of priority during documentation since these are not commonly prioritized in the pediatric setting. It can be visited whenever additional information is needed, depending on the client's occupational status and goals for therapy. Other pertinent areas and factors considered are defined as the following but are not limited to:

1. *Leisure* aims to represent occupations that are conducted as hobbies, games, sports, and other recreation, to occupy free time, to fulfill cultural and creative interests, in organizations, clubs and groups, and in nature.[16]
2. *Productivity* pertains to occupations done for remuneration such as paid employment. It also includes occupations that contribute to the community or society, such as vocational

pursuits, work, volunteering, homemaking, and schooling. This area may be essential when dealing with adolescents whose goals are to transition to the community.

3. *Executive functions* are higher-level cognitive functions intimately connected with complex goal-directed behaviors across all life domains. It includes initiation, termination, planning and organization, sequencing, maintaining, flexibility, and self-monitoring.[17,18]
4. The *affective* component comprises aspects that give a description of the person's emotions, mood, affect, affect, volition, body image, and coping skills. It also captures the client's reaction and adaptation to illness or injury.[16]

Other Parts of the Dollhouse. The stairs inside the model signify the interrelatedness of each area. It represents the continuous process of evaluation wherein therapists may go back and forth in different areas. Continued clinical observation is done to ensure that the intervention program is appropriately implemented and adjustments can be made when needed to ensure that occupational outcomes are achieved.

Limitations. The Dollhouse Model is limited to the initial evaluation documentation specifically in the pediatric setting. The model is ideal for the current therapy process in the Philippine setting. Moreover, the model is focused on the prioritization of the content of initial evaluation reports rather than the overall process of conducting an initial evaluation and its specific format.

Recommendations. The authors recommend that future researchers enhance the model by identifying more specific documentation methods used by Filipino occupational therapists. The efficiency of documentation using another format such as the use of bullet points, checklists, tables, and the like in lieu of narratives may be explored. Furthermore, future researchers could conduct a pilot study to validate the efficiency of creating evaluation reports using the Dollhouse Model. In addition, the model may be further enhanced through the use of culturally sensitive toys inside the dollhouse to represent different components in the areas of occupations to make it more client-centered.

CONCLUSIONS

In occupational therapy documentation, there is a need to have a clear picture of the main points to document and to maintain uniformity in content. The representation of the dollhouse was utilized to signify the focus in the pediatric setting. The model proposes the idea of occupational therapy evaluation reports having unified content that is prioritized, efficient, and occupation-centered. It emphasizes two main parts: the exterior and interior. Each part highlights specific areas to be focused on during documentation. The exterior focuses on the immediate needs of therapists and clients when reading an evaluation report, that is, the occupational profile - consisting of chief complaints and goals, performance in areas of occupation, and planned interventions and recommendations. The interior dollhouse illustrates the influence of performance factors, contexts, and other pertinent factors on occupational performance and engagement. Utilizing the Dollhouse Model when creating evaluation reports proposes that therapists may be able to prioritize the areas to document, therefore making it more efficient and occupation-centered, and enabling them to have more time in planning and conducting interventions.

Individual Author's Contributions

All authors contributed equally.

Disclosure Statement

This research was not funded.

Conflicts of interest

The authors declare no conflict of interest.

References

1. Mulligan S. Occupational therapy evaluation for children: A pocket guide. Wolters Kluwer Health/Lippincott Williams & Wilkins; 2014.

2. Boop C, Cahill SM, Davis C, Dorsey J, Gibbs V, Herr B, Kearney K, Metzger L, Miller J, Owens A, Rives K. Occupational therapy practice framework: Domain and process fourth edition. AJOT: American Journal of Occupational Therapy. 2020;74(S2):1-85. DOI:10.5014/ajot.2020.74s2001.

3. Jay J, Franzsen D, van Niekerk M, de Witt P. Occupational therapy clinical report writing in South Africa-factors influencing current practice. South African Journal of Occupational Therapy. 2022;52(2):5-15. DOI:10.17159/2310-3833/2022/vol52na2.

4. Watson D. Documentation of paediatric assessments using the occupational therapy guidelines for client-centred practice. Canadian Journal of Occupational Therapy. 1992;59(2):87-94. DOI: 10.1177/000841749205900204.

5. Mastoras SM, Climie EA, McCrimmon AW, Schwean VL. A CLEAR approach to report writing: A framework for improving the efficacy of psychoeducational reports. Canadian Journal of School Psychology. 2011;26(2):127-47. DOI:10.1177/0829573511409722.

6. Gantschnig BE. Occupation-based and occupation-focused evaluation and intervention with children: A validation study of the Assessment of Motor and Process Skills (AMPS) (Doctoral dissertation, Umeå Universitet).

7. The Dolls House Boutique. The importance of pretend play and the role dolls houses Can play. The Dolls House Boutique. 2017. Retrieved from https://www.dollshouseboutique.com.au/blog/our-blog/the-importance-of-pretend-play-and-the-role-dolls/

8. Sturgeonl. (2012, April 11). The origin and educational play benefits of doll houses. WeHaveKids. Retrieved from https://wehavekids.com/parenting/Dollhouses-Why-We-Love-Them

9. Russell, G. The National Health Service in Scotland: Origins and ideals, 1900-1950. Archives of Disease in Childhood. 2004;89(11), 1079–1079. DOI: 10.1136/adc.2003.047480.

10. Cantin N, Polatajko HL. Occupation-focused intervention approaches for children and youth. Ergoterapeuten. 2013;6:28-34.

11. Cambridge Dictionary. (n.d.). Attic. In dictionary.cambridge.org. In: Cambridge Dictionary [Internet]. Available from: https://dictionary.cambridge.org/us/dictionary/english/attic

12. Skubik-Peplaski CL. Environmental influences on occupational therapy practice. Theses and Dissertations--Rehabilitation Sciences. 2012;23. https://uknowledge.uky.edu/rehabsci_etds/23

13. O'Brien, JC, Kuhaneck, H. (Eds.). Ch. 20 & 21 Case-Smith's occupational therapy for children and adolescents (8th ed.). Elsevier; 2020.

14. Murphy V. Effects of Sensory Integration on motor development in K–3 students with autism. San Jose State University; 2009. DOI: 10.31979/etd.yzv7-6q5b.

15. Marteniuk RG. Information processing in motor skills. London: Holt, Rinehart, and Winston; 1976.

16. Curtin M, Egan M, Adams J. Occupational therapy for people experiencing illness, injury or impairment: Promoting occupation and participation. Elsevier; 2017.

17. American Occupational Therapy Association. Occupational therapy practice framework: Domain and process. American Journal of Occupational Therapy. 2014;68(1 Suppl.), S1–S48. DOI: 10.5014/ajot.2014.682006.

18. Shonkoff JP, Duncan GJ, Fisher PA, Magnuson K, Raver C. Building the brain's 'air traffic control' system: How early experiences shape the development of executive function (Working Paper No. 11). Harvard University Center on the Developing Child; 2011. DOI:10.1111/1440-1630.12525.

Note: This article is part of a special collection of articles by some graduate students of the Master of Science in Occupational Therapy degree of the University of Santo Tomas, which first appeared in Volume 5, Issue2 of PJAHS. The peer-review was facilitated by the respective course, from which these articles arose from. PJAHS was not involved in the peer-review process of this article. Nevertheless, this article underwent editorial review of PJAHS prior to online publication.