VdTMoCA to measure performance at work: a guide to personal development plans during preceptorship?

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Objectives for today presentation

- Background information – why I wanted to align functional levels to KSF
- VdT MoCA levels and KSF levels aligned – it makes sense (for me)
- Presentation of research project
- Experiment – what Band 5 OT's said

- Personal experience in using VdT MoCA as performance measure for employees
- Presentation in International VdT MoCA conference in 2013 and further work
- Work of A. Grobler and S. Wilson
- Designing research question
- Designing research project

Why I wanted to align functional levels to KSF

Aim

- To demonstrate that occupational therapy tool may be used to assess people performance in general.
- To validate functional levels of VdT MoCA using standardised tool to assess employee’s performance.

- Functional levels will be compared with NHS KSF Outline which determines requirements of achieved performance during preceptorship for newly qualified OT.
- Comparison will look into on which level of functioning ,according to VdT MoCA ,newly qualified OT needs to function to achieve performance level suggested by NHS KSF Outline to complete preceptorship successfully.
- Comparison will also aim to align higher levels of functioning according to VdT MoCA – Passive Participation, Imitative Participation, Active Participation, Competitive Participation with 4 levels of performance suggested by NHS KSF Outline.

Method

- Description of levels of creative ability (ref: Vona du Toit (1974) The implementation of a programme aimed at evaluating the current level of creative ability in an individual and stimulating growth of his creative ability which would lead to work capacity. In: Vona du Toit (2009) *Patient volition and action in occupational therapy* 4th ed. Pretoria, The Vona & Marie du Toit Foundation)
- Levels of performance – Summary of KSF outline – Band 5 (ref: Morley, M (2012) Preceptorship handbook for occupational therapists 3rd ed. London:COT)

Documents chosen to select both tools measuring level of performance/function

Preceptorship

- 'There is evidence that new practitioners experience unmet expectations, leading some to develop 'reality shock' characterised by stress, value conflict and role uncertainty' (Moreley, 2009)
- 'Graduates need to develop their professional self-concept (Kasar and Muscari 2000) before they can undertake complex tasks and learn the rules of working with others.'
- 'Much of the literature on learning for NQOTs draws on adult learning theories underpinned by the concept of experiential learning, in which learners take responsibility for their own learning (Kolb 1984, Boud et al 1985)'
- Sociocultural perspective – contextual factors - 'From this perspective, learning is viewed as situated and provides insights into how professionals learn to apply technical knowledge within ever-changing social contexts (Lave and Wenger 1991).'

FOUNDATION OUTLINE	Level	NHS KSF DIMENTIONS	Level	FULL OUTLINE
Descriptor		CORE DIMENTIONS		Descriptor
Develop and maintain communication with people about difficult matters and/or in difficult situations	3	1 Communication	3	Develop and maintain communication with people about difficult matters and/or in difficult situations
Develop own skills and knowledge and provide information to others to help their development	2	2 Personal and People Development	2	Develop own skills and knowledge and provide information to others to help their development
Monitor and maintain health, safety and security of self and others	2	3 Health Safety and Security	2	Monitor and maintain health, safety and security of self and others
Contribute to the improvement of service	2	4 Service improvement	2	Contribute to the improvement of service
Maintain quality in own work and encourage others to do so	2	5 Quality	2	Maintain quality in own work and encourage others to do so
Support equality and value diversity	2	6 Equality and Diversity	2	Support equality and value diversity
		SPECIFIC DIMENTIONS		
		HEALTH AND WELLBEING (HWB 2AND 4 OR HVB 6 AND 7)		
Assess health and wellbeing needs and develop, monitor and review care plans to meet specific needs	3	HVB 2 Assessment and care and planning to meet people's health and wellbeing needs	3	Assess health and wellbeing needs and develop, monitor and review care plans to meet specific needs
Enable people to address specific needs in relation to health and wellbeing	3	HVB4 Enable people to address specific needs in relation to health and wellbeing	3	Enable people to address specific needs in relation to health and wellbeing

BAND 5 occupational therapist (simplified KSF outline version 2010)

Communication – definition
This dimension relates to effectively communicating the needs and requirements of patients, carers, staff and others to provide excellent care and service. Effective communication is a two-way process. It involves identifying what others are communicating and the development of effective relationships as well as one's own communication skills.

Why it is important:
Communication underpins all else we do. Effective communication is a two-way process which develops and cements relationships, keeps people informed and reduces the likelihood of errors and mistakes.

Level 1
Communicate with a limited range of people on day-to-day matters. For example:
- actively listens and asks questions to understand needs
- shares and disseminates information, ensuring confidentiality where required
- checks information for accuracy
- presents a positive image of self and the service
- keeps relevant people informed of progress
- keeps relevant and up-to-date records of communication.

Level 2
Communicate with a range of people on a range of matters. For example:
- uses a range of communication channels to build relationships
- manages people's expectations
- manages barriers to effective communication
- improves communication through communication skills.

Level 3
Develop and maintain communication with people about difficult matters and/or in difficult situations. For example:
- identifies the impact of contextual factors on communication
- adapts communication to take account of others' culture, background and preferred way of communicating
- provides feedback to others on their communication where appropriate
- shares and engages thinking with others
- maintains the highest standards of integrity when communicating with patients and the wider public.

Level 4
Develop and maintain communication with people on complex matters, issues and ideas and/or in complex situations. For example:
- encourages effective communication between all involved
- develops partnerships and actively maintains them
- anticipates barriers to communication and takes action to improve communication
- articulates a vision for trust focus which generates enthusiasm and commitment from both employees and patients/wider public
- is proactive in seeking out different styles and methods of communication to assist longer-term needs and aims
- is persuasive in putting forward own view and that of the organisation
- communicates effectively and calmly in difficult situations and with difficult people.

Think about what behaviours and actions are positive indications that the knowledge and skills of this dimension are present and those that warn that they are absent

Positive indications:
- positive patient/public/partner and colleague relationships
- positive patient/public/partner feedback
- timely and accurate performance
- accurate information given

Warning signs:
- patient/public/partner complaints about communication and unmet needs
- others not treated nor considered with respect
- over-reliance on email
- information given inaccurate

Stages of Volitional Growth Being-In-Becoming	Stages of Activity Participation Doing-In-Becoming
Positive Tone	Pre-destructive Action Destructive Action
Self Differentiation	Incidental Creative Action
Self Presentation	Explorative Action
Participation: Passive Imitative Active Competitive	Participative Action: Passive Imitative Originative Product Centred
Contribution	Contributive Action
Competitive Contribution	Competitive – Contributive Action
	(Du Toit, 2009)

VdT MoCA

VdT MoCA and staff performance

- Work experience
- Staff who performs below Imitative Participation level needs formal performance improvement plans, (and/or disciplinary procedures to be initiated)
- Staff performs on Imitative Participation/Active Participation level
- Outstanding staff can perform on Competitive Participation level
- Adi Grobler and Sarah Wilson work – confirm that VdT MoCA can be used for measuring staff performance

	Communication			
KSF	Level 1	Level 2	Level 3	Level 4
VdT MoCA	Passive Participation	Imitative Participation	Active Participation	Competitive Participation
	Personal and People Development			
KSF	Level 1	Level 2	Level 3	Level 4
VdT MoCA	Imitative Participation	Active Participation	Competitive Participation	
	Health Safety and Security			
KSF	Level 1	Level 2	Level 3	Level 4
VdT MoCA	Imitative Participation	Active Participation	Competitive Participation	
	Service Improvement			
KSF	Level 1	Level 2	Level 3	Level 4
VdT MoCA	Imitative Participation	Active Participation	Competitive Participation	
	Quality			
KSF	Level 1	Level 2	Level 3	Level 4
VdT MoCA	Imitative Participation	Active Participation	Competitive Participation	
	Equality and Diversity			
KSF	Level 1	Level 2	Level 3	Level 4
VdT MoCA	Imitative Participation	Active Participation	Competitive Participation	
	Assessment			
KSF	Level 1	Level 2	Level 3	Level 4
VdT MoCA	Passive Participation	Imitative Participation	Active Participation	Competitive Participation
	Enablement			
KSF	Level 1	Level 2	Level 3	Level 4
VdT MoCA	Imitative Participation	Active Participation	Competitive Participation	

KSF Outline

Level 1

- Performance required on this level is a mix of Imitative and Active Participation functional level. Action and expectation of skills is mostly on Imitative participation level, but requires initiative – which can only emerge when transition from Imitative to Active participation; mostly present in Active Participation.

Level 2

- This level mostly fits in Active Participation level, except domains Communication and Assessment. This is due higher demand to be achieved by perceptee (level 3 instead of level 2).

Level 3

- This level mostly fits in Competitive Participation level with Communication and Assessment higher demand for reasons as stated above.

Vdt moca and KSF aligned

- Communication – desirable achievable level in preceptorship is level 3, instead of level 2, therefore is understandable that this level (level 3) applies differently to functional levels (one level higher than other domains).

- Assessment – similar situation like Communication, level 3 is required for preceptorship. However, according to functional levels, is shifted one level. Most of the time Imitative Participation matches level 1, Active level 2 and Competitive level 3; in this domain Imitative participation matches level 2, Active level 3 and Competitive level 4.

- Enablement – this is interesting one. Functional levels match usual domains – Imitative –level 1, Active – level 2 and Competitive – level 3. However, level 3 of KSF outline is required for preceptee to achieve. This means that according to KSF outline preceptee should function on Competitive functional level to meet professional standards, when other domains require Active Participation level.

Vdt moca and KSF aligned cont.

- Passive Participation – some indication in performance on level 1, however, generally level 1 of KSF mostly match Imitative Participation level, except two domains, Communication and Assessment.
- Contribution – (the highest functional level) –there was no description of that level included in Vona's article I used, therefore I felt to take description from other work would affect robustness of research.
- Competitive Participation – this functional level match predominantly L3 of KSF outline, except Communication and Assessment (which match L4).
- Active Participation – match predominantly Level 2 Communication and Assessment required to be achieved on higher level (L3 instead of L2).

Vdt moca and KSF aligned cont.

- **Ability to demonstrate initiative** – originally included in version 1 – however, description was only for Passive Participation. As I decided not to include Passive Participation this domain is removed from version 2.

- **Materials and Objects** – interesting one. Description of functional levels match with KSF domain Assessment, which is a key occupational therapy skill. L3 of KSF is required to be achieved by the end of preceptorship. Level 3 match Imitative Participation, which is one level lower than other domains. It appears that professional body (COT), which regulates requirements for professional standards allows for **assessment skills to develop**. This is in opposition ,for example , to communication skills, which are set on higher standard, and the preceptee requires to function on Active Participation level to achieve the standard.

Vdt moca and KSF aligned cont.

- KSF outline domains are not distributed evenly throughout VdT MoCA domains of functional level. Most of KSF domains fits to Action, People and Situation. This is understandable, because those three domains describe someone performance, and KSF is designed to measure performance.
- Other domains, such as Motivation or Control of Anxiety determine functional level and influence performance, rather than describing it.
- Contributive participation – I could try to include it, however description of this level (the highest) is not included in my reference. I could try to use description from other documents, but I think this will affect robustness of research
- Passive participation – at the moment only few KSF outlines match this level of function (this is quite low for independent employment), but document includes information of not meeting level 1 performance, which I potentially could adapt as level 0 and add description to Passive Participation
- Imitative , Active and Competitive Participation – descriptors fit perfectly
- Description of functional levels – some comments suggest action rather than description of behaviour.

And I attempted to align them both

- KSF levels – I colour- coded it, because sometimes descriptors fit to different functional levels
- L1-green
- L2-blue
- L3-black
- L4 - red

Example – action

Level of VdT MoCA	Imitative Participation	Active Participation	Competitive Participation
Description of the level according to VdT MoCA	Action is imitative in nature Anxiety in doing what is unknown Security in doing 'the same as'	Originality emerges Doing as others with at least the same standards Attempts to add something of his own to improve standards	Action is competitive in nature Action is disciplined and dictated by standards which one seeks to surpass Standards will apply to immediate product which results from action (not global or abstract)
Foundation KSF outline (2010 version)	Personal and People Development Identifies whether own skills and knowledge are in place to do own job Health Safety and Security Follow trust policies, procedures and risk assessments to keep self and others safe at work Quality Reports any problems, issues or errors made with work immediately to line manager and helps to solve or rectify the situation Enablement Promptly alerts the relevant person when there are changes in individual's health and wellbeing or any possible risk	Quality Monitors the quality of work in own area and alerts others to quality issues, reporting any errors or issues to the appropriate person Uses trust resources efficiently and effectively and encourages others to do the same Health Safety and Security Monitor and maintain health, safety and security of self and others Assessment Records and reports back accurately and fully on the assessments undertaken and risk identified Offers to the team his or her own insights into the health and wellbeing needs and wishes of the people concerned Enablement Promptly reports and records activities undertaken, alerting team to any risks	Communication Articulates a vision for trust focus which generates enthusiasm and commitment from both employees and patients/wider public Quality Evaluates the quality of own and others' work in own area and raises quality issues and related risks with the appropriate people Takes appropriate action when there is a persistent problem with quality Assessment Records and reviews care plans and identifies the risk that need to be managed Enablement Reviews the effectiveness of activities and makes accurate records of the activities undertaken and any risks Agrees with people goals within the context of their care plan, taking account of relevant evidence-based

Example – materials and objects

Level of VdT MoCA	Imitative Participation	Active Participation	Competitive Participation
Description of the level according to VdT MoCA	Experience in use in variety of materials Able to anticipate main physical characteristics of materials Comfortable with use of variety of tools Able to execute the task which involve familiar tools and materials Needs to follow 'pattern' decision making stereotype methods of handling objects in extend to variety of objects	Handling of materials, tools and objects is experimental using experiment and original thought Experiments with new uses of material and objects Extended skill level in tool handling	Handling of materials, tools and objects is of competitive high standard Focus on finesses of the product Basic competence taken for granted Own initiative and original thought allow extend new and better ways of using materials, tools and objects
Foundation KSF outline (2010 version)	Assessment Identifies and reports any significant changes that might affect people's health and wellbeing Assessment Contribute to assessing health and wellbeing needs and planning how to meet those needs Explains the purpose of assessment and obtains consent Assists in the assessment of people's health and wellbeing as agreed with the care team	Service Improvement Makes changes in own practice and offers suggestions for improving services Assessment Assesses health and wellbeing needs and develop, monitor and review care plans to meet specific needs Plans the assessment of people's health and wellbeing needs and prepares for it to take place Explains clearly to people own role, and the benefits and risks of the assessment process and alternative approaches Involves people in shared decision making and obtains their consent Uses appropriate, evidence-based assessment methods and process of reasoning	Assessment Assesses complex health and wellbeing needs and develop, monitor and review care plans to meet those needs Explains their role and the information that is needed from the assessment, the benefits and risks of the assessment process and alternative approaches Obtains their consent and uses evidence-based assessment methods and advanced clinical reasoning that are appropriate for complex needs Makes assessment of people's health and wellbeing, prognosis and risks and records care plans Coordinates and monitors delivery of care plans, feeding in relevant information to support wider service planning

Research outline

Aim

- There is limited research evidence regarding validity of the levels of creative ability. The aim of this study is to enquire if levels of creative ability can be aligned with NHS KSF Outline for Band 5 OT.

Method

- This exploratory study will use focus group discussion method as the most appropriate method to achieve the aim of the study. Focus groups are an effective method for exploring phenomena that are not well understood (Bowman, 2006). In this study, focus group will provide participants with the opportunity to interact, discuss, explain and query issues related to measurement of Band 5 OT performance with other OT line managers (Krueger & Casey, 2009).

Ethics

- Ethical approval will be obtained from University of Northampton.

Participants

- 5-6 qualified occupational therapist that understand the concept of VdT MoCA and have experience as line managers and conducting preceptorship process.

Research outline cont.

Design

- Focus group will be conducted as pilot study to enquiry two domains: People and Situations. Additionally , focus group will explore further domains with aim to discuss all eight domains of the model (Motivation, Action, Quality of product, Materials and objects, Control of anxiety and Ability to make effort).Focus groups will take place at University of Northampton Kelmarsh meeting room. The author of the study will be present and will act as moderator.

- Group will be guided by following question:
- What is your view of presented alignment of VdT MoCA levels of ability with NHS KSF Outline for Band 5 OT?
- How do you measure preceptee's performance?
- Can you relate the process you are going through as preceptor to assessment using VdT MoCA?

- **B5 A – 2 weeks experience**
- - VdT MoCA Imitative Participation transitional phase/ KFS Level 1/2
- **B5 B – 3 months experience**
- –VdT MoCA Active Participation therapist directed (preceptor's directed) phase / KSF Level 2/3
- **B5 C – 1 year experience**
- – VdT MoCA Active Participation patient's directed (self directed) phase / KSF Level 3

Experiment allows to make an assumption that VdT MoCA can be used for measuring performance at work

Experiment – Band 5 self assessment

References

- Casteleijn D et al (2014) Using measurements principles to confirm the levels of creative ability as described in the VdT MoCA, *South African Journal of Occupational Therapy,* 44(1), 14-20
- Graham MS (2007) The work ability web: A tool for job matching. *Work (29), 37-45*
- Grobler A (2010) Growth in the higher levels of creative ability. Presentation delivered at the International Model of Creative Ability Conference, London
- Wilson S (2011) Improving staff satisfaction and confidence. Poster presentation at the Vona du Toit Model of Creative Ability Conference, Johannesburg, South Africa

- Questions

- Thank you