The integration of the VdTMoCA throughout the MDT

Feedback received from the MDT about the perceived benefits of the model

Healthcare assistant feedback

- 'It's more positive and more beneficial for patients.
- 'I understand patients better therefore get less frustrated.'
- 'We adopt our approach now to suit patients' needs'.
- 'We understand why activities need to be adapted'.
- 'We don't make things too complicated, simplifying them for patients of lower levels of functioning'
- 'It makes us feel more satisfied when we can do successful activities, helps us understand the patients behaviour better which means the ward is calmer and risks are reduced.'
- ''We can now engage really poorly patients, before we didn't know how'
- One HCA new to this profession said it was the most useful thing he had learned throughout his 6 month induction and probation period

Consultant feedback

- Interested in how the model can assist with interacting and engaging more positively with patients
- Interested in whether there is a reduction in risk incidents after implementation of the model
- It should provide a more consistent approach from all
- Ward rounds could be adapted to suit the patients level of functioning

Comments from Senior Management

- There have been many requests from senior management to implement the model with particularly challenging individuals within the service
- The model is often mentioned in senior management meetings – it is talked about

The benefits of an MDT approach with the VdTMoCA

- More consistency in patients care
- A shared understanding
- A shared language
- Shared treatment priorities that all can target
- Potentially improved outcomes for patients therefore potentially shorter stays
- An agreement in delivering the right treatment at the right time
- A smoother transition through care pathways
- Increased understanding for patients of their needs
- Potential reduction in conflict, aggression and violence
- Potential increased engagement in all treatments

- A more positive working and therapeutic environment
- Increased understanding of the role of OT and establishing the OT's role regarding the therapeutic benefit of OT along with added interventions for risk management strategies

Challenges to integrating the model within the wider MDT

- The fast turnover of staff – need to educate and invest a lot of time which is sometimes unmanageable
- Differences of opinion/different models and treatments which may contradict the treatment principles at different levels
- Limited evidence base can be off putting for some MDT members
- The amount of time it takes to understand and grasp the concepts and treatment principles
- It's in addition to work pressures which already exist
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Advice for MDT's considering integrating the model in to a service

- The majority of staff have to believe this is the right model to implement
- Take time out to learn about the model
- Use reflective practise to discuss the model with specific patients
- Use the model to help with treatment formulations
- Measure its effectiveness – use APOM and CPA
- Try with 1 or 2 patients first
- Try some of the treatment principles to see if they work – e.g. write a specific care plan for a specific need for a patient
- Use the language
- Observe the patients more – maybe have some checklists – what to look out for during daily interactions and behaviour
- Adapt your ward round structure/community meeting structure
- Don't ask an OT what sessions has the patient attended or how many – ask what is the focus of OT intervention and is the patient showing any growth or change
- Complete an analytical survey of patients' needs
- Use an outcome measure (Activity Participation Outcome Measure)