



## Model of Human Occupation

### Archived List Serv Discussion

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#### Report Template

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**June 24, 2008**

Hi everyone,

Along with other OTs in Country South Australia, I am attempting to come up with an appropriate Community Mental Health OT report template to document MOHO assessments. There are obviously a number of different ways to write the reports and they obviously will differ somewhat when considering local need. However, is it best to document each assessment one by one? i.e. OCAIRS, OSA, AMPS or is it more appropriate to synthesise all the info into a few key headings and if so what headings would be most appropriate.

If anyone is prepared to send an OT report template. that would be most helpful.

Regards  
Lucas

**June 27, 2008**

Hi Lucas

The issue of how to write up MOHO based assessments in a way that speaks occupational participation language i.e. self-care, productivity & leisure, has been taxing us too.

I have put together some guidance for our OTs which reassuringly resonates with the guidance in the latest version of the MOHO textbook (see tables on p424). In case you haven't got it to hand, these are the 2 options:

#### **Approach 1**

##### **Self care**

- Volition
- Habituation
- Performance capacity
- Skills
- Environment

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## **Productivity**

- Volition
- Habituation
- Performance capacity
- Skills
- Environment

## **Leisure**

- Volition
- Habituation
- Performance capacity
- Skills
- Environment

## **Approach 2**

### **Volition**

- Self care
- Productivity
- Leisure

### **Habituation**

- Self care
- Productivity
- Leisure

### **Performance capacity**

- Self care
- Productivity
- Leisure

### **Skills**

- Self care
- Productivity
- Leisure

### **Environment**

- Self care
- Productivity

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- Leisure

I think the real challenge is avoiding duplication and keeping things concise & readable - as well as helping the OT provide a punchy summary for verbal reporting. I have reservations about the guidance in the textbook as I think there would be a significant risk of duplication and general unwieldiness.

Hence the guidance I have put together is a bit of fusion of the two ie starting with a summary of the clients actual doing ie occupational participation, but then going on to explain this using the MOHO structure. But the duplication issue is still tricky.

I know that alot of the work going on around case formulation is designed to address this, but this does not appear to have made it into the latest textbook.

Regarding your point about whether to document each assessment individually or to summarise them into an overall report, this will depend on a range of factors, eg the purpose of the report, how close together the different assesments were carried out, but in general I would lean towards trying to amalgamate them as this would presumably be clearer / more manageable for the reader.

Hope this helps a little

regards  
*David*

**July 7, 2008**

Hi Lucas and David

Some time ago I designed the following grid to help new OTs joining the team formulate their assessments. It is used as a matrix to jot down points and then help formulate the report (which can be in either of the formats David suggests). At the time the traditional older people's mental health team were very used to the functional ADL/PADL assessment format, but we were using the model and felt a gap. By using this matrix it help OTs new to the model and assessment work get a wider picture of the person and then choose the most appropriate report format.

It looks something like this (but much bigger!!)

	Volition	Habituation	Performance Capacity	Skills	Environment
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Self Care					
Productivity					
Leisure					

I hope that is helpful I like the simplicity of it. I sometimes use it to put everything down, if I am feeling a little puzzled, and then there is a nice overview that often highlights common themes running through.

Regards

Catherine Hadrill

**July 7, 2008**

Thanks Catherine - I had produced something almost identical (I'll resist quoting the 'great minds' saying.....as that may be lost on a global audience!) and yes I agree it can be very useful in helping people see how MOHO sits very comfortably with the concepts of self-care, productivity etc !

regards

*David*

**July 7, 2008**

Thank you David - It is good to know I am not alone! I have found that students have found it particularly useful, along with some down to earth discussion about using MOHO in practice. I must admit I am still amazed/ frustrated/ confused (not sure which!!) at the number of students that I have contact with who are avoiding using MOHO as they state they do not understand it, but just by spending 45mins- and hour talking about it in the context of our everyday lives and using the grid makes a huge difference.

Regards

Catherine Hadrill

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**July 9, 2008**

Hello

Within our department we have spent a great deal of time thinking about the information to include in our reports and how to incorporate assessments used and results so the reader (regardless of discipline) is informed.

Please find copy of our template which we use for reviews. Our discharge report has a similar format.

You will see that we reference our assessments and provide a brief statement about what the assessment is. This can be used to inform readers who are unfamiliar with occupational therapy assessments.

To answer your question about writing up assessment results (results separate for each assessment or written together) our report does both. Individual assessments are written up within 'Outcome of assessments' but results can also be pulled together within the 'summary' section e.g. when noting strengths, recommendations etc you can draw on results from all assessments when writing this section.

We are currently working on putting together summary information sheets for each assessment used. A copy of the assessment will go into the clients notes with a cover sheet explaining what the assessment is so the reader is kept informed.

Hope you find this helpful.

Thanks  
Claire

**July 13, 2008**

Dear All

Thank you for this interesting exchange over the last few weeks. I have been a drama therapist for 23 years, but have needed to upgrade to a Masters degree in order to meet HPC requirements and continue practicing. I have used the Child Occupational Self Assessment (COSA) as a framework to support video analysis and process notes in a case study with a child (from their perception) with Developmental Coordination Disorder (DCD). I am creating a template combining all results to assist in the analysis of data and found your grid a very useful place to begin.

Jude Kidd

**July 14, 2008**

Here is something that may be of interest. It's the way to document groups that we are using now that one of my staff developed. I am sending 2 examples of the same template. The first is for a leisure group for lower functioning persons. The second a communication skills group for higher functioning persons, both groups are on our inpatient unit (OP documentation is different). The basic format for all group notes would be the same except the name of group, activity/content, objectives, and ed component vary. When you type in to the observation section it expands as you continue. We attempt to write the narrative in that section in the order of the occupational profile areas. Any one or all areas might be commented on depending on the patient's behavior. This has really developed with the need to document educational components and plan which JCAHO asks for. The objectives are the same as you would see in the group protocol for that group to make things consistent.

We cut/paste this format into our computer notes but they could be hard copy as well.

<b>OCCUPATIONAL THERAPY GROUP: LEISURE OPTIONS</b>	
<b>Therapist:</b>	<b>Time of Group:</b>
<b>Activity:</b> arts & craft supplies, word games, board games, books, magazines, are available for patients to utilize	
<b>Group Objectives:</b> Patients will engage in leisure activities while in the hospital. Patients will engage in structured leisure activities to promote motivation, organization, and social skill development. Patients will engage in structured leisure experiences that support success experiences and assist in managing stress through effective coping strategies.	
<b>Educational Component:</b> Patients will receive instruction as appropriate to learn new leisure activities or to improve performance in familiar activities.	
<b>Occupational Assessment Profile</b>	<b>Observation &amp; Plan</b>
<b>Motivation</b> - appraisal of ability - expectation of success - interest - commitment <b>Pattern</b> - routine - adaptability - responsibility - roles <b>Motor Skills</b> - posture - mobility	<b>Observation:</b>  <b>Plan:</b>



<b>Communication &amp; Interaction Skills</b>	
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- non verbal skills
- conversation
- vocal expression
- relationship skills

Sarah

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