WeePASS: Development of New Task Items

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INTRODUCTION

Background

- The Performance Assessment of Self-care Skills – Pediatric Version (WeePASS) was developed to address the need for a standardized performance-based pediatric assessment tool of activities of daily living (ADLs) and instrumental activities of daily living (IADLs).
- Tasks were identified in collaboration with the occupational therapy (OT) staff at UPMC Children's Hospital of Pittsburgh.
- In 2022, Handwashing, Donning/Doffing Shoes, and Donning Doffing Pullover Shirt were developed. In 2023, Toothbrushing, Donning/Doffing Jacket with Zipper, and Opening/Closing Containers were developed.
- This poster addresses three new tasks developed in 2024: Donning/Doffing Socks, Using a Spoon, and Using a Fork.

Significance

- The WeePASS evaluates the ADL and IADL demands of children using standardized task activities and provides quantifiable outcome measures of occupational performance.
- Incorporating occupation-based assessments as opposed to skill-based assessments is best practice to address children's engagement in occupations (Skuthan & Stav, 2023).
- Occupation-based, standardized assessments positively influence the use of occupation-based practices (Skuthan & Stav, 2023).

OBJECTIVES

1. To describe the clinical utility of the WeePASS and how to implement the three new tasks in clinical practice.
2. To understand data trends from trialing the new tasks with children and from the training of occupational therapy practitioners.

METHODS

2024 WeePASS Tasks

Item Development

1. Surveyed CHP OT staff to identify priority ADLs and IADLs
2. Identified three priority task items to develop
3. Completed task analysis and drafted task items
4. Synthesized developmental milestones (Furuno et. al., 1979)
5. Completed trials with 21 children, ages 1 year, 3 months -7 years, 2 months; gender 15 males (71.4% M) and 6 females (28.6% F)
6. Analyzed data and finalized tasks

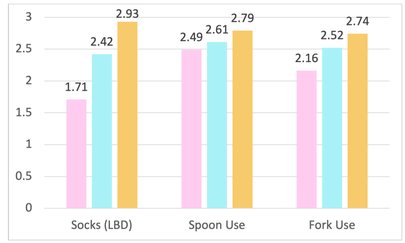
Training Sessions

1. Introduction to the WeePASS, scoring guidelines, and levels of assistance
2. Administration, scoring, and interpretation of WeePASS tasks using video scenarios
3. Documentation and clinical utility of the WeePASS, and question and answer session

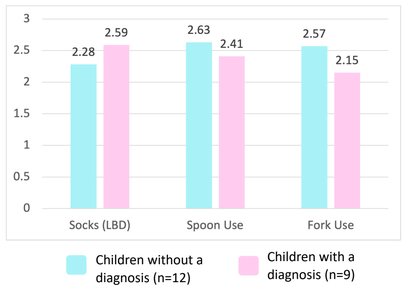
RESULTS

2024 WeePASS Task Trials

Independence Scores by Age



Independence Scores by Diagnosis



Criteria for Independence Scores

3: No assistance given for task
2: No physical assistance (PA) given; occasional verbal(VA) and/or gestural assistance (GA)
1: No total assistance given; occasional PA or continuous VA and/or GA
0: Total assistance given, or continual PA given; or unable to complete task

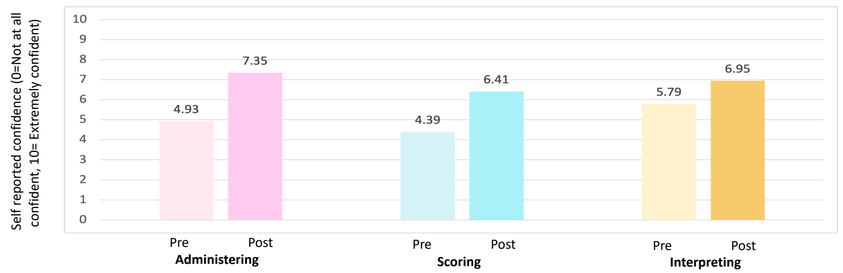
Expected Independence Age Based on Hawaii Early Learning Profile

Socks: 2 yrs, 4 mons – 2 yrs, 8 mons
Spoon Use: 1 yr, 3 mons – 2 yrs (with some spilling)
Fork Use: 2 yrs, 6 mons – 3 yrs

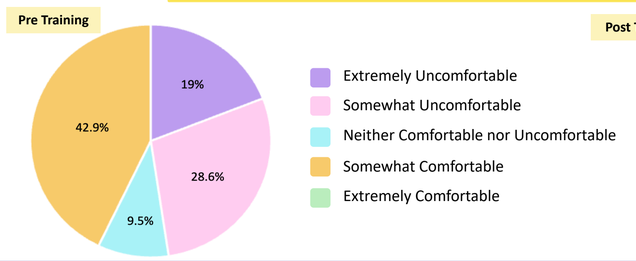
(Furuno et al., 1979)

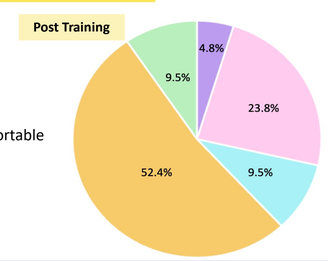
2024 WeePASS Training Sessions

Confidence in Administering, Scoring, and Interpreting the WeePASS



Comfort in Administering, Scoring, and Interpreting the WeePASS





DISCUSSION

Conclusions

- As expected, independence scores increased with age, reflecting greater independence in performance of tasks, and performance aligned with age related developmental milestones.
- It was projected that the performance of children without a diagnosis would be more independent than that of children with a diagnosis. For the spoon use and fork use tasks, independence was greater in children without a diagnosis, however, for the socks task children with a diagnosis performed slightly more independently than children without a diagnosis, which may be due to the ages of the children with and without a diagnosis and/or the possible focus of the OT services the children with a diagnosis were receiving on increasing independence in donning/doffing socks.
- The training sessions were effective in increasing OT practitioner confidence and comfort in administering, scoring, and interpreting the WeePASS, which will hopefully lead to increased use of the WeePASS in OT services.

Limitations

- Use of convenience sampling, small sample size, and disproportionate number of children with and without a diagnosis.
- Variability of environment (conditions for administration) and instructions during administration of tasks due to trials being conducted while tasks were under development.

IMPLICATIONS FOR PRACTICE

- Use occupation-based, performance-based assessments (such as WeePASS) to further best practice in OT services with pediatric clients.
- Continue development of ADL and IADL tasks for the WeePASS to expand the applicability of the assessment, focusing on higher level IADL tasks for older children and adolescents (e.g., microwave use, folding laundry).

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Scan here to access the WeePASS