INTRODUCTION

Background

- In 2022, the Performance Assessment of Self-care Skills – Pediatric Version (WeePASS) was developed to address the need of performance-based assessment tools for evaluating a child's activity of daily living (ADL) and instrumental activity of daily living (IADL) performance.
- A needs assessment with UPMC Children’s Hospital of Pittsburgh Occupational Therapy (OT) practitioners showed a need for more ADL and IADL tasks to be added to the WeePASS. This led to the development of three new task items for the WeePASS.

Significance

- Performance-based assessment tools allow Occupational Therapy practitioners to evaluate the true nature and extent of occupational performance.
- A better understanding of ADL and IADL independence is derived through performance-based assessments.
- The WeePASS evaluates the ADL and IADL demands of children through performance in standardized task activities and provides quantifiable outcome measures.

OBJECTIVES

1. Describe the clinical utility of the WeePASS within pediatric evaluations.
2. Understand the significance of the WeePASS summary scores and the benefit of administering the three new WeePASS tasks in clinical practice.

METHODS

2023 WeePASS Tasks

- Toothbrushing
- Upper Body Dressing: Jacket with a Zipper
- Opening Containers

Task Development

- Selected and drafted tasks
- Synthesized developmental milestones
- Conducted trials with 45 children ages 2-15
- Analyzed data and refined tasks
- Distributed tasks and trained 24 OT practitioners

Training Sessions

- Introduction to the WeePASS, scoring guidelines, and levels of assistance
- Administration guidelines: levels of assistance examples, and practice scoring the 3 new WeePASS task items
- Incorporation of the WeePASS into clinical practice (interpreting and documenting results)

RESULTS

Independence Mean Score by Age

Trials: Administration of Tasks with Children

Independence Mean Score by Diagnosis

Training: Occupational Therapy Practitioner Pre-Post-Training Survey Results

Self-Reported Confidence of WeePASS Trained Practitioners

Level of Comfort Using the WeePASS in Clinical Practice

DISCUSSION

Independence Mean Scores by Age Range

- The 1-2 year age group had the lowest independence mean scores of all age ranges, demonstrating the greatest difficulty with Upper Body Dressing: Jacket with a Zipper. The 3-8 year age group had the highest independence mean score for Toothbrushing and the 9+ year age group had the highest independence mean score for Opening Containers. These findings are anticipated, as the skills of zipperng is not mastered until approximately 6 years of age in typically developing children. The age groups for toothbrushing and opening containers were also anticipated based on the developmental milestones.

Independence Mean Scores by Diagnosis

- Though the participants in the congenital diagnoses group had the highest independence mean scores out of all diagnosis groups, it was also the smallest group (N=3).
- The typically developing group did not score the highest in any of the 3 tasks. This may be due to the fact that the typically developing group also had the youngest mean age (4.33 years) and comprised a relatively small portion of the overall sample (8 typically developing vs. 37 with diagnoses).

Pre-Post Training Survey Results

- For our needs assessment, therapists reported wanting more training in scoring the WeePASS, therefore the training sessions included more in-depth practice. As anticipated, not only did therapists have increased confidence in scoring after the training sessions, but in administering and interpreting the WeePASS as well.
- Providing these hands-on training sessions improved therapist confidence and comfortability in using the WeePASS. The increased understanding of the WeePASS will help therapists identify when they can administer it to a patient and increase utilization throughout all UPMC Children’s outpatient sites.

LIMITATIONS

- Convenience Sampling was utilized for this project.
- Limited geographical range (Children in the Pittsburgh Region)
- Gender (64.4% M vs 35.5% F)

FUTURE CONSIDERATIONS

- Recommend development of additional WeePASS task items by University of Pittsburgh Doctor of Occupational Therapy students in collaboration with the OT staff of UPMC Children’s Hospital of Pittsburgh.
- Recommend integration of training programs to support the use of performance-based ADL and IADL tools in OT services.

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REFERENCES

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