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GUIDE FOR QUESTIONS FOR THE FOCUS GROUPS WITH OCCUPATIONAL THERAPY CLINICIANS

Question	Cues/prompts
Let's talk about outcomes, what you know, your opinion, anything that comes to mind.	What do you understand, perceive or think of outcomes? Have you ever thought of outcomes? How would you explain to other team members what you are doing in OT? Do you get feedback from the team about the effectiveness of your service?
In your opinion, how important is this whole concept of outcomes?	Should the outcomes that you measure relate to the programme that you are offering?
Currently, how do you measure outcomes?	Do you measure the effect of your service? Do you get feedback from the patients about the service?
Which outcomes would you like to measure?	Let's talk about specific areas of outcomes. Can you give specific examples of outcomes?
When do we need to measure outcomes?	Could there be improvement early in the programme? If the effect of the OT programme can only be expected after discharge, when should we measure the outcome? How often should outcomes be measured?
Do you foresee any threats in measuring outcomes?	What if there is no change in the occupational performance of the patients? Do you experience problems with patient overload?
Do you foresee any benefits from measuring outcomes?	Benefits for you personally? Benefits to the profession? Benefits to the client? Benefits to the institution/hospital?
Last question: After all the discussions from the first and second focus groups, could you summarise your perception about outcomes?	What is your opinion about outcomes?

DOMAINS AND ITEMS LIST USED IN THE NOMINAL GROUP TECHNIQUE

Column A	Column B
Performance skills: Communication / Interaction skills	• Physicality: (Contacts, gazes, gestures, maneuvers, orients, postures) • Information exchange: (articulates, asserts, asks, engages, expresses, modulates, shares, speaks, sustains) • Relations: (collaborates, conforms, focuses, relates, respects)
IADL	• Care of others • Care of pets • Childrearing • Communication device use • Communication mobility • Financial management • Health management and maintenance • Home establishment and management • Meal preparation and cleanup • Safety procedures and emergency
Performance skills: Process skills	• Energy • Knowledge • Temporal organization • Organizing space and objects • Adaptation
Leisure	• Leisure exploration • Leisure participation
ADL	• Dressing • Eating • Functional mobility • Personal hygiene and grooming • Sexuality • Sleep/rest
Work	• Employment interests and pursuits • Employment seeking and acquisition • Job performance / work skills • Retirement preparation and adjustment
Motivation	

Column A	Column B
Affective	• Mood • Affect
Role competence	• Accepting different roles • Role performance
Social participation	• Community • Family • Peer / friend
Coping skills / lifeskills	
Goal setting	
Cognition	
Insight	• Problem spotting • Problem solving
Emotional maturity	• Taking responsibility • Insight
Self-esteem	
Identity	• Assets and limitations • Identifying own needs
Locus of control	
Education	
Balanced lifestyle	
Habits	• Useful habits • Impoverished habits • Dominating habits

INTERVIEW GUIDE FOR MENTAL HEALTH CARE USERS

(Afrikaans questions in italics)

Question	Cues/prompts
What does OT mean to you? *Wat beteken AT vir jou?*	What do you get from the programme? *Wat kry jy uit die program?* Which success do you feel you have achieved since attending OT? *Watter suksesse voel jy het jy behaal sedert jy AT bywoon?* What is the most important thing that OT did for you? *Wat is die belangrikste ding wat AT vir jou gedoen het?* Can you mention something in yourself that have improved since attending OT? *Kan jy iets noem wat in jouself al verbeter het vandat jy AT bywoon?*
Which things in the programme are most helpful in your opinion? *Watter dinge in die program is die meeste waardevol in jou opinie?*	What are there in the programme that the OTs must **not** take out? *Wat is daar in die program wat die ATe **nie** moet uithaal **nie**?* Which things works very well for the patients at OT? *Watter dinge by AT werk baie goed vir die pasiente?* Which groups or activities are the most popular or patients attend the most? *Watter groepe of aktiwiteite woon die pasiente die meeste of graagste by?*
Are there things in the OT prgramme that is unnecessary in your opinion? *Is daar iets in die AT program wat onnodig is in jou*	Is there something in the programme that is not working or wasting time? *Is daar iets wat nie werk in die program of wat jy dink tydmors is?*

Question	Cues/prompts
opinie?	Are there things that the patients never attend? *Is daar iets wat die pasiente omtrent nooit bywoon nie?*
Is there anything else that you would like to improve in your situation and with which the OTs can help you? *Is daar nog iets wat jy graag sou wou aan werk in jou situasie en waarmee die ATe jou kan help?*	What else do you want to achieve here at OT? *Wat wil jy nog bereik hier by AT?* Do you feel ready for discharge? *Voel jy jy is gereed vir ontslag?* When do you think you will be ready for discharge? *Wanneer dink jy sal jy gereed wees vir ontslag?*
Scenario question (within the patient's frame of reference) to see if patient will be able to apply what he has learnt: • What will you do if Social Services stop your disability grant? *Scenario vraag (binne ps se raamwerk) om te sien of ps wel kan toepas wat hy geleer het:* • *Wat sal jy doen as die Dept jou pensioen stop?*	Easier questions if the patient is unable to answer difficult questions: • What will you do if you have to stay alone for a week? • If ward is on fire? • *Makliker vrae as ps nie moeilike vraag kan beantwoord nie:* • *Wat sal jy doen as jy vir 'n week alleen moet bly?* • *As saal aan die brand slaan?*

VIGNETTE OF THE RESEARCHER

Daleen Casteleijn is an occupational therapist with 27 years of experience in occupational therapy. She has been a clinician for eight years in the fields of neurology, adult and child psychiatry and vocational rehabilitation working in several government hospitals in Gauteng. After eight years of clinical experience, she was appointed as a lecturer at an Occupational Therapy Department. She worked at this university for 18 years and then moved to another university where she was appointed as a senior lecturer at the Occupational Therapy Department.

By the time that this research project on the development of an outcome measure started, the researcher was acquainted with all the mental health care setting in the Pretoria area. This acquaintance happened through the many hours of student clinical supervision that she did in her capacity as a lecturer. She also presented numerous workshops to occupational therapists in clinical settings. All these contacts with the clinicians resulted in a good relationship with them.

At the time when the research idea emerged, the researcher had a strong conviction to investigate the lack of outcomes in occupational therapy in South Africa and particular in mental health settings. She was convinced that there had to be a practical way of measuring latent traits because if psychologists were able to decipher the measurement of an abstract concept like intelligence, occupational therapists definitely could measure occupational performance! It was with this conviction that the researcher entered the field of outcomes research.

During the research process the researcher often visited mental health care settings to collect data and thus created the opportunity to immerse in the clinical situation. She often spent tea and lunch times with clinicians at their workplace and listened to the practical problems, challenges and highlights that happened in day-to-day practice. Personal perspectives were often discussed and viewpoints were shared.

These contacts with clinicians in their workplace assisted the researcher and her understanding of the clinical situation and current challenges that they are facing. The advantage of being immersed in the situation is that clinicians did not give preferred responses during the focus group discussions as they knew that the researcher is aware of their practice setup.

The relationship between the researcher and the clinicians strengthened and could have influenced the researcher's interpretations of certain situations during the research. The interpretation of the results from the focus group discussion happened early in the research process and thus could not have been influenced that much by subjective feelings or incorrect interpretations by the researcher.

CONSENT FROM HOSPITAL MANAGEMENT

University of Pretoria

P O Box 667 PRETORIA 0001 Republic of South Africa

Tel (012) 329 7800 Fax (012) 329 7800

jcastel@postino.up.ac.za

Department of Occupational Therapy
School of Health Care Sciences
Faculty of Health Sciences

Date

Dear *CEO of hospital*

I am in the process of planning an outcomes research study and would like to include the staff of the occupational therapy department in the study. This letter briefly explains the purpose and process of the study. Your permission and signature as CEO of the hospital are kindly requested at the end of the letter. This letter will be forwarded to the Faculty of Health Sciences/Pretoria Academic Hospital Research Ethics Committee for ethical approval of the study.

The purpose of this study is to develop an outcome measurement system for occupational therapists in mental health settings. This system will help occupational therapists to determine mental health users' needs and to address their problems in an efficient and cost-effective way. This tool will help to identify problems in the occupational therapy programmes and indicate to therapists where improvements in the programme are necessary. This system will also be available in an electronic format, which could generate uniform reports with radar graphs. These reports could be filed in the mental health users' files and could be forwarded to Review Boards.

The study will commence after registration of the title at the University has been done. The planned commencement is January 2006 and will continue until November 2006.

Therapists will be asked to participate in at least three information-gathering groups to develop the outcome measurement system. No patients will be involved during this stage of the research. Once the content for the outcome measurement system is established I as the principal investigator will compile the system in a manual and an electronic version. Once the outcome measurement system is ready for use, therapists will be asked to attend the training session for the administering of the system. After the training therapists need to implement the system and administer it on their patients.

This is not the informed consent but permission that the OT department could be included in the study. Informed consent letters for the therapists as well as the patients will be introduced when the study commences.

If your institution requires any additional information re ethical issues please let me know. You are most welcome to contact me should you need further information.

Yours sincerely

Daleen Casteleijn

Signature of the CEO of the Hospital where the research will be conducted		
Signature	**Hospital**	**Date**
CEO _____	*Name of Hospital*	

INFORMED CONSENT

OCCUPATIONAL THERAPIST INFORMATION LEAFLET AND INFORMED CONSENT

INTRODUCTION

You are invited to volunteer for a research study. This information leaflet is to help you to decide if you would like participating. Before you agree to take part in this study you should fully understand what is involved. If you have any questions, which are not fully explained in this leaflet, do not hesitate to ask the investigator. You should not agree to take part unless you are completely happy about all the procedures involved.

WHAT IS THE PURPOSE OF THIS RESEARCH?

The purpose of this study is to develop an outcome measure for occupational therapists in mental health settings. This measure will help occupational therapists to determine the change in mental health users' occupational performance problems after treatment. This tool will help to identify problems in the occupational therapy programme and indicate to therapists where improvements in the programme are necessary. The outcome measure will be available in electronic format which could generate uniform reports with radar graphs. These reports could be filed in the mental health users' files and could be forwarded to Review Boards.

WHAT IS THE DURATION OF THIS TRAIL?

The duration of the implementation of the outcome measure will be approximately 6 months.

HAVE THE RESEARCH RECEIVED ETHICAL APPROVAL?

This research project has been submitted to the Ethics Committee of the Pretoria Academic Hospital and the Faculty of Health Sciences, University of Pretoria for ethical approval. The study has been structured in accordance with the Declaration of Helsinki (last update: October 2000). Approval has been granted: nr 118/2005.

Another application for ethical approval has been submitted to the Ethics Committee of the Faculty of Health Sciences, University of the Witwatersrand.

EXPLANATION OF PROCEDURES TO BE FOLLOWED.

You will be asked to participate in the implementation of the outcome measure. This entails the following of normal occupational therapy procedures that is assessment and treatment. After you have assessed your patient, you will be asked to complete the outcome measure by selecting the most appropriate description that fits your patient's occupational performance. You will then commence with treatment and after two or three weeks, will complete the outcome measure again to determine if any change is evident.

Your final participation will be appreciated when we evaluate the value and applicability of the outcome measure.

RISK AND DISCOMFORT IN

No risks or discomforts are involved.

POSSIBLE BENEFITS OF THIS STUDY.

If therapists are able to measure outcomes, they will have evidence to show their contribution towards the rehabilitation of mental health users. This evidence will help to motivate for sufficient funding and better post structures. This could also assist them to take part in evidence-based practice where they could start comparing different treatment methods and the outcomes in their programmes.

I understand that participation is voluntary and I may at any time withdraw from this study.

If I have any questions concerning this study, I should contact: Mrs Daleen Casteleijn tel and fax: 011 643 5769 or cell: 082 561 2249.

CONSENT TO PARTICIPATE IN THIS STUDY.

I have read the above in a language that I understand before signing this consent form. I have been given opportunity to ask questions and am satisfied that they have been answered satisfactorily. I hereby volunteer to take part in this study.

I have received a signed copy of this informed consent agreement.

.....	.....	.....	.....
Patient / Guardian signature	Date	Person obtaining informed consent	Date

.....	.....
Witness	Date

INFORMED CONSENT

MENTAL HEALTH USER INFORMATION LEAFLET AND INFORMED CONSENT

INTRODUCTION

You are invited to volunteer for a research study. This information leaflet is to help you to decide if you would like to participate. Before you agree to take part in this study you should fully understand what is involved. If you have any questions, which are not fully explained in this leaflet, do not hesitate to ask the investigator. You should not agree to take part unless you are completely happy about all the procedures involved.

WHAT IS THE PURPOSE OF THIS STUDY?

The purpose of this study is to develop a measurement tool to measure outcomes in mental health users like yourself. This tool will help occupational therapists to determine users' needs and to address their problems in an efficient and cost-effective way. This tool will help to identify problems in the occupational therapy programme and indicate to therapists where improvements in the programme are necessary.

WHAT IS THE DURATION OF THIS STUDY?

The duration of this study is approximately 1 year.

HAVE THE RESEARCH RECEIVED ETHICAL APPROVAL?

This research project will be submitted to the Ethics Committee of the Pretoria Academic Hospital and the Faculty of Health Sciences, University of Pretoria for ethical approval. The study has been structured in accordance with the Declaration of Helsinki (last update: October 2000).

EXPLANATION OF PROCEDURES TO BE FOLLOWED.

The investigator and the occupational therapists working at the mental health service provider (the hospital or the clinic) will develop the outcome measurement tool. As soon as it is ready to use, you will be assessed with this measurement tool during admission and again at discharge. Your occupational therapist might do a telephonic follow-up after a month of discharge to see how you are coping with your performance at home. You do not have to fill in any forms or questionnaires except for this consent form. You only need to follow the occupational therapy programme at the hospital or clinic.

RISK AND DISCOMFORT INVOLVED.

There are no risks or discomforts involved.

POSSIBLE BENEFITS OF TH

If therapists are able to measure outcomes, they will have evidence to show their contribution towards the rehabilitation of mental health users. This evidence will help them to motivate for sufficient funding and better post structures.

I understand that if I do not want to partake in this study, I will still receive standard treatment for my illness.

I may at any time withdraw from this study.

If I have any questions concerning this study, I should contact: Mrs Daleen Casteleijn tel and fax: (012) 329 7800 or cell: 082 561 2249.

CONFIDENTIALITY.

All records obtained whilst in this study will be regarded as confidential. Results will be published or presented in such a way that patients remain unidentifiable.

CONSENT TO PARTICIPATE IN THIS STUDY.

I have read or had read to me in a language that I understand the above information before signing this consent form. The content and meaning of this information have been explained to me. I have been given opportunity to ask questions and am satisfied that they have been answered satisfactorily. I understand that if I do not participate it will not alter my management in any way. I hereby volunteer to take part in this study.

I have received a signed copy of this informed consent agreement.

.....	.....	.....	.....
Patient / Guardian signature	Date	Person obtaining informed consent	Date

.....	.....
Witness	Date

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

FWA Nr. 0000 2567
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University of Pretoria

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Private Bag x 385
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0001

Faculty of Health Sciences Research Ethics Committee
University of Pretoria
Date: 28/10/2005

Number	:	118/2005
Title	:	The Development And Empirical Investigation Of An Outcome Measure For Occupational Therapist In Mental Health Practices
Investigators	:	Daleen Casteleijn; Department Occupational Therapy; Pretoria Academic Hospital ; University of Pretoria; Pretoria
Sponsor	:	no
VAT No	:	no
Study Degree	:	**PHD in Occupational Therapy**

This Protocol and Informed Consent have been considered by the Faculty of Health Sciences Research Ethics Committee, University of Pretoria on 26/10/2005 and found to be acceptable.

Mr P Behari	B.Proc. KZN; LLM – Unisa; (Lay Member)
*Advocate AG Nienaber	(female)BA(Hons) (Wits); LLB; LLM (UP); Dipl.Datametrics (UNISA)
*Prof V.O.L. Karusseit	MBChB; MFGP (SA); M.Med (Chir); FCS (SA): Surgeon
Dr M E Kenoshi	MB,CHB; DTM & H (Wits); C.E.O. of the Pretoria Academic Hospital
Prof M Kruger	(female) MB.ChB.(Pret); Mmed.Paed.(Pret); PhDd. (Leuven)
Dr N K Likibi	MB.BCh.; Med.Adviser (Gauteng Dept.of Health)
*Dr F M Mulaudzi	(female) Department of Nursing,
*Mrs E.L. Nombe	(female) B.A. CUR Honours; MSC Nursing – UNISA (Lay Member)
*Snr Sr J. Phatoli	(female) BCur (Et.Al) Senior Nursing-Sister
*Dr L Schoeman	(female) Bpharm, BA Hons (Psy), PhD
Prof H.W. Pretorius	MBChB; M.Med (Psych) MD: Psychiatrist
*Prof J.R. Snyman	MBChB, M.Pharm.Med: MD: Pharmacologist
*Dr R Sommers	(female) MBChB; M.Med (Int); MPhar.Med;
Prof TJP Swart	BChD, MSc (Odont), MChD (Oral Path) Senior Specialist; Oral Pathology
*Prof C W van Staden	MBChB; Mmed (Psych); MD; FTCL; UPLM; Dept of Psychiatry

DR R SOMMERS; MBChB; M.Med (Int); MPhar.Med.
SECRETARIAT of the Faculty of Health Sciences Research Ethics Committee - University of Pretoria

* = Members attended the meeting on 26/10/2005.

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Mrs JMF Casteleijn

CLEARANCE CERTIFICATE	**M091025**
PROJECT	An Outcomes Measure for Occupational Therapists in Mental Health Settings
INVESTIGATORS	Mrs JMF Casteleijn.
DEPARTMENT	Occupational Therapy Department
DATE CONSIDERED	2009/10/30
DECISION OF THE COMMITTEE*	Approved unconditionally

Unless otherwise specified this ethical clearance is valid for 5 years and may be renewed upon application.

DATE 2009/12/01 **CHAIRPERSON** pp .....
(Professor PE Cleaton-Jones)

*Guidelines for written 'informed consent' attached where applicable

cc: Supervisor : Prof MS Graham

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10004, 10th Floor, Senate House, University.
I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to a completion of a yearly progress report.**

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES...

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THE DOMAINS AND ITEMS OF THE ACTIVITY PARTICIPATION OUTCOME MEASURE

Process Skills

The cognitive and executive functions that one uses to perform a task. This includes the ability to plan a task, select and use tools and materials appropriately, to pace the actions and to adapt one's performance when problems are encountered.

The items for this domain are:

- **Attention:** ability to focus on the task, without distractions and the quality of the attention.

- **Pace:** rate of work and how accuracy is influenced by the rate of work.

- **Knowledge:**
  - Selects appropriate and necessary tools and materials for the task, knowledge about the task as well as the materials,
  - concept formation beginning with elementary, combined concepts, their functions and progressing to complex and abstract concepts

- **Skills:**
  - Uses tools and materials according to their intended purposes
  - Supports, stabilizes, and holds tools and materials in an appropriate manner that protects them from damage, falling, or dropping.

- **Task concept:** the different aspects of task concept
  - Understanding the activity as a whole
  - Identifying with the activity
  - Execution of the activity
  - Task completion
  - Task satisfaction
  - Evaluation of the end product

- **Organising space and objects:**
  - Logically positions or spatially arranges tools and materials in an orderly fashion within a workspace to facilitate ease of task performance.
  - Restores refers to putting away tools and materials in appropriate places, restores immediate workspace to original conditions (e.g., wiping surfaces clean), closes and seals containers and coverings when indicated, and twists or folds any plastic bags to seal.

- **Adaptation:** the ability to anticipate, correct for, and benefit by learning from the consequences of errors that arise in the course of task performance.

PROCESS SKILLS DESCRIBED IN LEVELS OF PARTICIPATION

Item	Tone (1, 2, 3)	Self differentiation (4, 5, 6)	Self presentation (7, 8, 9)	Participation		
				Passive (10, 11, 12)	Imitative (13, 14, 15)	Active (16, 17, 18)
Attention	Unaware of the task.	Fleeting attention to the task.	Focuses attention for short periods, easily distracted.	Focuses attention for duration of task performance but quality of attention sometimes poor, sometimes distracted.	Focuses attention for duration of task performance with good quality, not easily distracted.	Able to attend to task completely, quality of attention extremely good.
Pace	Not prepared to engage in a task.	No talk of pace or rate of work as actions are destructive or incidental.	Inconsistent pace or task execution, slow or poor rate and poor accuracy.	Pace starts to be consistent but still slow, accuracy sometimes poor.	Consistent pace, good rate of work according to the norm, good accuracy.	Consistent pace, good rate of work, sometimes exceeding the norm without risking accuracy.
Knowledge	No attempt to select appropriate tools and materials for the task.	No attempt to select appropriate tools and materials for the task.	Poor selection and impulsive use of appropriate tools and materials for the task.	Selects appropriate and necessary tools and materials for the task if task is familiar and structured.	Selects appropriate and necessary tools and materials for the task, even unfamiliar tasks.	Selects appropriate and necessary tools and materials for familiar and unfamiliar the tasks.
	No evidence of knowledge of materials or tasks. Concepts are disrupted.	Minimal knowledge of materials and tasks. Identifies elementary concepts e.g. body, colour and numbers. Knows functions and characteristics of elementary concepts.	Basic knowledge of intrinsic properties of materials. Identifies elementary and combined concepts.	More developed knowledge of materials and tasks Identifies combined concepts. Abstract concepts begin to emerge.	Sufficient knowledge of materials and tasks, knows where to find additional information if he does not know. Complex and abstract concepts are more extensive.	Good knowledge, will seek out interesting facts or more advanced information. Complex and abstract concepts are extended and well developed.
Skills	No handling of materials or tools.	Poor or inappropriate handling of material and tools. Poor maneuvering of objects held in the hand.	Appropriate handling but poor maneuvering of tools. Uses everyday tools and materials according to their intended purposes.	Skill of handling tools is improving, not yet according to the norm. Uses tools and materials according to their intended purposes.	Good skills and handling of tools, comply with the norm. Uses tools and materials according to their intended purposes.	Good skills and handling of tools, is able to learn new skills, tool handling is swiftly. Adapts tools or materials for better performance.

Item	Tone (1, 2, 3)	Self differentiation (4, 5, 6)	Self presentation (7, 8, 9)	Participation		
				Passive (10, 11, 12)	Passive (10, 11, 12)	Passive (10, 11, 12)
Task Concept	No task concept.	No task concept but able to follow an instruction or command.	Beginning to understand the task and could identify with task. Will begin with a task but not able to plan logical order of the task independently. Task concept unconsolidated.	Needs assistance in beginning the task, deciding when to do next step and when task is complete. Better performance with familiar tasks - might be able to complete familiar tasks. Task concept almost consolidated, avoids evaluation of the task.	Able to begin, order steps logically, continue and complete steps without hesitation. Shows satisfaction and evaluate the task. Task concept is consistent and consolidated.	Shows initiative and originality in task execution, able to improve on performance due to critical evaluation of a task.
Organizing space and objects	No ability to organize space and objects for task performance.	Actions in task performance aimless, incidental and sometimes destructive, no ability to organize space and objects.	Willing to explore with materials and tools but no intention to organize the workspace. Area to be structured by therapist. No attempt to restore workspace.	Beginning to organize own work space and objects for familiar tasks, needs assistance with unfamiliar tasks. Will restore if asked to.	Able to organize space and objects, follows/imitates the procedure as set out by others. Restores workspace without reminding.	Able to organize space and objects in own original manner. Willing to assist others. Always restores workspace and remind others to do so.
Adaptation	No engagement in tasks and therefore unable to anticipate or correct for errors.	Engagement in tasks incidental or destructive and no ability to anticipate or correct for errors.	Engage in tasks to explore, needs prompting to anticipate or correct for errors but no learning from the consequences of errors.	Anticipated one or two apparent, simple errors and able to correct these errors. Beginning to learn from the consequences of errors.	Anticipated a number of apparent, complicated errors and some complex errors and are able to correct these errors. Learns from the consequences of errors.	Anticipate and correct for errors to ensure good quality end product. Learns from errors and will come up with original solutions.

THE DOMAINS AND ITEMS OF THE ACTIVITY PARTICIPATION OUTCOME MEASURE

Motivation

The desire to explore and master the environment through occupation or engagement in activity. It includes the basic drives and motives for action as well as the perception about the underlying main causes of events in one's life.

The items are:

- **Active involvement:** the desire to engage in tasks or activities and demonstrating maximum effort and a sense of enjoyment and satisfaction

- **Motives and drives:** follows the hierarchical motives of Maslow from physiological, security, affiliation and love, self-worth to self actualisation motives.

- **Shows interest:** interest in familiar and unfamiliar activities, including the ability to sustain interest

- **Goal-directed behaviour:** planning of goals that fit the person's occupational profile, ability to adapt when problems arise, showing initiative in task performance, and achievement of goals. Includes the action towards the goal e.g. explorative, passive or experimental, imitative or with originality.

- **Locus of control:** the believe that one controls oneself and one's life and taking responsibility for own actions (internal locus of control) versus a believe that the environment, some higher power or other people control one's life.

MOTIVATION DESCRIBED IN LEVELS OF PARTICIPATION

Item	Tone 1 , 2, 3	Self differentiation 4, 5, 6	Self presentation 7, 8, 9,	Participation		
				Passive 10, 11, 12	Imitative 13, 14, 15	Active 16, 17, 18
Active involvement	Makes no effort to engage in activity.	Makes minimal effort, incidental response, shows enjoyment for brief moments.	Puts in effort, willing to try out and present self. Effort usually ends abruptly and before activity is completed.	Muster courage and able to maintain effort if no problems are encountered. Shows enjoyment during the task.	Sustains consistent effort for a task. Enjoyment motivates him to participate in more challenging tasks.	Sustains consistent effort and generates originality. Enjoyment leads to more creative participation in future situations.
Motives and drives	Basic drive to maintain the body in homeostasis, no signs of will to live, quality of life dependent on nursing care.	Willing to participate if basic drives needs are satisfied.	Egocentric motives, belonging and approval from selected persons drive the person to action.	Approval and belonging to a group drive the person to action.	Positive self-esteem drives the person to action	Striving for self actualization and values drive action.
Shows interest	Shows no need for stimulation or participation in activities.	Shows interest in activities that will satisfy basic and immediate needs.	Shows interest in stimulation and activities, interest not sustained.	Shows interest in variety of activities, sustains interest in preferred and known activities.	Able to show interest in preferred and non-preferred activities, willing to learn new skills.	Interested in preferred and non-preferred activities, execution with originality, adapts to make non-preferred activities more interesting.

Item	Tone 1 , 2, 3	Self differentiation 4, 5, 6	Self presentation 7, 8, 9,	Participation		
				Passive 10, 11, 12	Imitative 13, 14, 15	Active 16, 17, 18
Goal-directed behaviour	No signs of goal-directed behaviour.	No signs of goal-directed behaviour, participates in tasks with incidental action.	Beginning to work towards a goal with guidance from therapist, participates in task with explorative action.	Works towards a goal in well structured and well known tasks, action is passive and needs support and encouragement from therapist.	Able to plan goals for a task, imitate others and abide by rules and own structure.	Plans goals, adapt when problems arises, shows initiative in task performance.
Locus of control	External locus of control, dependent on total nursing care.	External locus of control, able to do self care but needs external rewards to participate in other tasks. Not able to see if activity was successful or not, incidental actions.	External locus of control, egocentric and participates for rewards. Needs to experience success to engage in activity again, impulsive actions.	External locus of control, waiting for therapist to structure environment, willing to participate in secure environment. Experience failure as traumatic, hesitant actions.	Internal locus of control emerging, set up a plan of action and beginning to take responsibility for own actions. Could handle negative effects of failure.	Internal locus of control, takes responsibility for own actions, changes behaviour or actions where necessary, failure is seen as a challenge to improve in future, believes he can influence outcomes of events.

APPENDIX F3

THE DOMAINS AND ITEMS OF THE ACTIVITY PARTICIPATION OUTCOME MEASURE

Communication/Interaction Skills

Exchange of information using the physical body and spoken language to express intentions and needs in building and maintaining social relationships.

The items are:

- **Physicality:**

  Using the physical body when communicating. It includes making physical contact with others, using gazes and gestures and directing the body in relation to others.

- **Information exchange:**

  Refers to giving and receiving information. It includes the production of clear and understandable speech, the ability to express desires, refusals, and requests, engaging in interactions, sharing information and modulates volume and tone of speech.

- **Relations:**

  Maintaining appropriate relationships with others. It includes conforming to implicit and explicit social norms, attempting to establish a rapport with others and respecting other people's reactions and requests.

COMMUNICATION/INTERACTION SKILLS DESCRIBED IN LEVELS OF PARTICIPATION

Item	Tone (1, 2, 3)	Self differentiation (4, 5, 6)	Self presentation (7, 8, 9)	Participation		
				Passive (10, 11, 12)	Imitative (13, 14, 15)	Active (16, 17, 18)
Physicality - Non verbal communication	Aware that someone is there, makes no physical contact.	Avoids physical contact or makes inappropriate physical contact.	Makes physical contact, usually inappropriate and to see reaction of others.	Limited physical contact but appropriate.	Makes appropriate physical contact as other do (imitate correct behaviour).	Consistently makes appropriate physical contact.
	Stares into nowhere Might have fleeting eye contact.	Gazes and stares inappropriately, unable to use gaze to communicate.	Stares because of curiosity and seeking attention.	Beginning to use gazes correctly for communication.	Gazes appropriately for communication.	Use gazes consistently and appropriately in communication.
	No use of gestures.	Uses none or inappropriate gestures.	Uses gestures excessively or inappropriately.	Gestures becoming appropriate.	Gestures are appropriate. Orientates self correctly in relations to others.	Uses gestures consistently and appropriately.
	Sometimes aggressive behaviour but does not use body to communicate.	Poor ability to use body to communicate, sometimes aggressive behaviour.	Does not maneuver body correctly to suit the situation or in relation to others.	Orientates oneself physically in correct position in relation to others.	Maneuvers body correctly to suit the situation or in relation to others.	Uses body effectively in communication, not unsure to show actions and maneuvers body well to others in a group.
Information exchange	Limited to no use of speech to communicate.	Uses speech to communicate but usually incoherent and not able to modulate tone of voice or volume.	Articulates understandable speech but short phrases, not always clear. Inability to modulate speech and volume for the situation.	Beginning to articulates clear and understandable speech and modulates volume, but not consistent.	Consistently articulates clear and understandable speech and modulates volume.	Good articulation and modulates speech well.

Item	Tone (1, 2, 3)	Self differentiation (4, 5, 6)	Self presentation (7, 8, 9)	Participation		
				Passive (10, 11, 12)	Imitative (13, 14, 15)	Active (16, 17, 18)
	No exchange of information.	Exchanges limited information, only articulate own immediate needs.	Tries to communicate and exchange information but superficially and not always appropriate.	Exchanges information in "safe" and known situations, usually appropriate but limited.	Exchanges a variety of information.	Exchanges relevant and interesting information.
	Limited expression of desires, refusals seen in aggressive behaviour.	Needs to express desires and refusals immediately and inappropriately.	Expresses desires and refusals inappropriately, cannot select the right situation.	Unsure to express desires and refusals.	Still unsure to express desires and refusals but imitate others if necessary.	Expresses desires and refusals with confidence.
	Does not initiate interaction.	Does not imitate interaction or sustain a conversation unless to defend self.	Does not initiate interaction unless for egocentric reasons. Unable to sense when to terminate a conversation.	Initiates interaction and terminates a conversation correctly.	Engages in interaction according to social norms. Keeps up a conversation and expresses affect towards others.	Seeks out interaction with others, warm and open approach to others. Is able to focus on relevant aspects in conversations.
Relations	No awareness of others and no desire to form a relationship or adhere to social norms.	Fleeting awareness of others and no desire to form a relationship or adhere to social norms.	Awareness of basic social norms emerging but unable to conform to social norms, forms a relationship for egocentric reasons.	Aware of social norms and beginning to conform to explicit social norms. Dependent on others to initiate meaningful relationships.	Give and take emerges in relationships. Complies with social norms like others do.	Forms good relationships with others, seeks to give in relationships. Adapts own behaviour when situation changes.
	No interest to form rapport with others and unaware of others' needs and requests.	No interest to form rapport with others and unaware of others' needs and requests.	Beginning to show interest to form rapport with others. Does not respond to the needs of others (might be aware of needs).	Is unable to but wishes for rapport with others, inconsistent giving in a relationship.	Is able to establish rapport with others, respect others' reactions and requests.	Is able to establish rapport consistently, responds to needs of others with ease.

THE DOMAINS AND ITEMS OF THE ACTIVITY PARTICIPATION OUTCOME MEASURE

Self-esteem

The worth that one ascribes to one self, the evaluation of one's virtues, the desire to feel accepted and expectations of success or failure.

The items are:

- **Commitment to task or situation:** showing confidence to carry out to a task
- **Using feedback:** the critical appraisal of negative and positive feedback to realize one's self-worth
- **Attitude towards self:** attitude that tends to be negative or positive, pessimistic or optimistic
- **Awareness of qualities:** takes pride in what one is able to do and what one is good at, ability to acknowledges the poor qualities without self pity
- **Social presence:** feeling socially at ease and having an equal place with others, showing signs of social poise and presence.
- **Self-worth:** feelings of being useful and have something to contribute, expectations to succeed and ability to handle failure

SELF-ESTEEM DESCRIBED IN LEVELS OF PARTICIPATION

Item	Tone (1, 2, 3)	Self differentiation (4, 5, 6)	Self presentation (7, 8, 9)	Participation		
				Passive (10, 11, 12)	Imitative (13, 14, 15)	Active (16, 17, 18)
Commitment to task or situation	Withdrawn, no awareness of situation or little reaction to a situation.	Reluctant to commit self to a task or situation.	Willingness to commit to some steps of a task and present self for a short period in a known situation.	Willingness to try out an entire task in a secure environment and known situation.	Confident to participate if norms are clear.	Assertive and confident in most situations.
Using feedback	Not aware of feedback.	Little reaction to feedback, sometimes gets aggressive towards feedback.	Unable to view feedback as means to improve self-esteem, reacts to concrete positive feedback.	Unable to handle the negative aspects of evaluation or feedback from others.	Able to handle negative aspects of feedback.	Expresses opinions, judge negative feedback correctly.
Self-worth	Unaware of self-worth.	Unaware of self-worth. OR Rejection sensitive and devalues self.	Sometimes unrealistic self-worth, not able to select appropriate criteria to judge self-worth against. Fragile self-esteem.	Self-handicapping behaviour sometimes evident, protect the self from failure and therefore no risk taking (anxiety for failure).	Anxiety for failure present when situations are risky.	Behaves and acts quickly and with confidence. Productive, get things done.
Attitude towards self	Withdrawn and secluded.	Unpredictable changes in attitude and behaviour. "I can't" attitude	Hesitant if therapist or support is absent or unavailable.	Hesitant in unfamiliar situations and withdraws when frustrated.	Generally self- assured in all situations.	Cheerful and happy. Sought out for advice and reassurance.
	No evidence of an attitude towards self.	Do not express an attitude towards self.	Feels cheated and victimized by life.	Doubt own adequacy, self-defeating. Subtly negativistic.	Beginning to be confident to stand up for self. Usually a positive attitude towards self.	Satisfied with self and no signs of self-concern.

Item	Tone (1, 2, 3)	Self differentiation (4, 5, 6)	Self presentation (7, 8, 9)	Participation		
				Passive (10, 11, 12)	Imitative (13, 14, 15)	Active (16, 17, 18)
Awareness of qualities	Not aware of any qualities or characteristics about self.	Do not express any qualities or characteristics about self. "The world does not see me"	Self-pitying, timid, could express concrete characteristics about self.	Self-conscious and sometimes self-depreciative, pre-occupied with incompetencies, unsure if conformed to norms.	Imitate successful persons, able to name good and bad qualities.	Able to acknowledge poor qualities, usually attempts to improve on it.
Social presence	Unaware of social contexts.	Unaware of social contexts.	Dependent from social acceptance and attention.	Passive in social situations, not confident to participate.	Not isolated from others, confident to be part of a group.	Socially at ease, social poise and presence.

THE DOMAINS AND ITEMS OF THE ACTIVITY PARTICIPATION OUTCOME MEASURE

Balanced Lifestyle

Use of time, habits and routines that address personal needs and demands of environment, occupational preferences in balance (good mix of occupations in all areas: physical, mental, social, spiritual, rest). It includes occupations that are meaningful and promote wellness.

The items are:

- **Time use and routines:** the ability to allocate time proportionately to rest, work, leisure and personal management and follows a routine to achieve this.

  Routines are occupations that are performed in a certain sequence and take place at certain times of the day

- **Habits:** refer to behaviours that become habitual and automatic, usually occur in familiar environments and need minimum energy and thinking. Habits could become addictive and undesirable e.g. smoking, drinking.

- **Mix of occupations:** includes a variety of preferred and meaningful but also obligatory occupations that meet a person's physical, mental, social, spiritual, and sleeping (rest) needs.

BALANCED LIFESTYLE DESCRIBED IN LEVELS OF PARTICIPATION

Item	Tone (1, 2, 3)	Self differentiation (4, 5, 6)	Self presentation (7, 8, 9)	Participation		
				Passive (10, 11, 12)	Imitative (13, 14, 15)	Active (16, 17, 18)
Time use and routines	Person requires total care. Not aware of concept of balanced lifestyle or time use.	Not aware of concept of balanced lifestyle or time use. Person in institution that provides routines that structure time use automatically.	Unable to organize own time use, needs a structured pre-planned programme, gets upset if routine changes.	Aware of the importance of balance in tasks and to have a routines but unable to allocate time use independently.	Able to organize time use into a routine that will improve own lifestyle but finds it difficult to follow it consistently.	Organise own time use and follows it consistently, adapts time use when situation changes
Habits	Not aware of undesirable or good habits.	Inappropriate and destructive habits may be present e.g. begging, chain smoking, addiction to drugs, undesirable sexual activities. Not aware of good habits.	Inappropriate habits still present but beginning to be aware of negative effects of destructive habits. Useful habits emerging e.g. attending OT programme or protected workshop.	Habits not well established and easily disrupted by illness. Finds it difficult to replace undesirable habits with good habits but realizes the importance of it.	Aware of undesirable habits and able to change to good habits.	Avoids undesirable habits, assists others to change habits. Constantly striving for quality of life and will adapt habits to have a better lifestyle.
Mix of occupations	Total care, follows routine of institution. Not aware of meaning of being occupied.	Preference to do as little as possible, unhealthy mix of occupations. Not aware of meaning of being occupied.	Beginning to develop preferences e.g. which tasks to do in ward, at home or in OT department. Meaningful occupations are self-centred.	Aware of the value of variety and meaningful occupations but difficult to identify occupational preferences that provide meaning and satisfaction.	Has a set repertoire of preferred and meaningful occupations but no desire to explore more occupations.	Actively involved in a good repertoire of preferred occupations and often pursues new ones.

THE DOMAINS AND ITEMS OF THE ACTIVITY PARTICIPATION OUTCOME MEASURE

Affect

The observed expression of emotion by others, what one is able to see from the outside. The appropriateness of the emotion, how it is controlled and the range or repertoire of different emotions are aspects that one could observe in a person.

The items are:

- **Repertoire of emotions:** the variety of emotions that a person experiences at different places, situations, occupations or interactions with people. Refer to Plutchik's emotions wheel.

- **Control:** the ability to be in command of one's emotions, that is long lasting mood as well as short lived emotions e.g. frustration. Includes the ability to express emotions in a socially appropriate way.

- **Mood:** enduring and sustained emotion that influences the person's perception of the world Mood is the subjective feeling of the individual and relatively longer lasting than emotions. Moods generally have either a positive or negative tendency or valence.

AFFECT DESCRIBED IN LEVELS OF PARTICIPATION

Item	Tone (1, 2, 3)	Self differentiation (4, 5, 6)	Self presentation (7, 8, 9)	Participation		
				Passive (10, 11, 12)	Imitative (13, 14, 15)	Active (16, 17, 18)
Repertoire of emotions	Blunted, flat affect. OR Emotional burn-out	Evidence of basic emotions e.g. satisfied or dissatisfied, enjoyment or anger, distress or apathy. Loss of joy.	Shows a greater variety of emotions e.g. fear, affection, envy but lacks appropriate level of intensity.	Anxious in unknown situations. Refined emotions like regret, pride, frustration, surprise.	Evidence of empathy, compassion and warmth. Anxious when creativity is required, needs an example to perform.	Whole spectrum of emotions e.g. compassion, tenderness, loyalty. Anxiety usually inspires achievement.
Control	No control over emotions, sometimes screaming.	Little control over emotions.	Easily triggered, sudden outburst of emotions like anger or laughter, lacks control.	Easily immobilized by anxiety, controls emotions in secure situations. Externalization of emotions becomes socially acceptable.	Able to control emotions, immobilized by anxiety in new situations without a model to imitate.	Able to control emotions and negative effects of anxiety and not easily immobilized.
Mood	Apathetic and lethargic.	Unpredictable moods.	Fluctuating moods.	Mood is stable in secure situations but tend to be pessimistic in unfamiliar situations.	Mood is consistent and tends to be optimistic.	Mood is consistent and optimistic.

THE DOMAINS AND ITEMS OF THE ACTIVITY PARTICIPATION OUTCOME MEASURE

Lifeskills

Skills and competencies required by a person to manage independently in the community. It includes the abilities individuals acquire and develop to perform everyday tasks successfully.

The items are:

- Personal care, hygiene, grooming
- Personal safety, care of medication,
- Use of transport
- Domestic skills
- Child care,
- Money and budgeting skills
- Assertiveness skills
- Stress management
- Conflict management
- Problem solving skills: identifying the problems, considering options and alternatives and selecting the best option or solution.
- Pre-vocational skills: Personal and social presentation, work habits (following instructions, neatness and accuracy, recognising errors, planning etc)
- Vocational skills: skill and knowledge in a specific field, work speed, physical and psychological endurance

LIFESKILLS DESCRIBED IN LEVELS OF PARTICIPATION

Item	Tone (1, 2, 3)	Self differentiation (4, 5, 6)	Self presentation (7, 8, 9)	Passive participation (10, 11, 12)	Imitative participation (13, 14, 15)	Active participation (16, 17, 18)
Personal care, hygiene, grooming	Cared for by nursing staff or family.	Needs physical assistance and super-vision for bathing, toileting. Eating usually untidy and messy.	More refined skills e.g. grooming, dressing, hair care inappropriate and poor quality. Dental hygiene poor.	Self-care skills appropriate and with good quality, refined self care appropriate and good quality.	Is independent in all personal care skills and performs it with good quality.	Competently in all personal care skills, uses originality, acts as role model for others.
Personal safety, care of medication	No sense of personal safety, in total care and needs constant supervision and assistance.	Needs constant supervision for personal safety and medication.	Is aware of personal safety but needs occasional reminders and supervision, care of medication dependent on nursing staff or family.	Is able to maintain personal safety, takes responsibility for medication but inconsistent.	Is able to maintain personal safety, consistently takes responsibility for medication and own health.	Competent in personal safety, takes responsibility for safety of others. Responsible use of medication, consults when revision of medication is needed.
Use of transport	Transported by nursing staff or family if needed.	Dependent on others for transport.	Dependent on others for transport.	Is able to organize own transport, utilizes public transport or drive own vehicle.	Organizes own transport, whether public, self driving or lift club.	Organizes own transport and solve problems with transport in an original way.
Domestic skills	No skills evident.	Does not perform these skills, usually under constant supervision or care of others.	Performs aspects of domestic skills e.g. washing dishes, making tea. Quality still lacking.	Greater variety in domestic skills with improved quality but not consistently performing well in these skills.	Performs most domestic skills with sufficient quality and consistently (imitate another role models).	Has a wide repertoire of domestic skills and performs them well and with originality (acts as role model for others).

Item	Tone (1, 2, 3)	Self differentiation (4, 5, 6)	Self presentation (7, 8, 9)	Passive participation (10, 11, 12)	Imitative participation (13, 14, 15)	Active participation (16, 17, 18)
Child care skills	No skills evident.	Does not care for children, usually under constant supervision or care.	Is unaware of the different duties and responsibilities in child care skills.	Is aware of the obvious child care duties but not consistently performing well in these skills.	Fulfils child care duties and responsibilities consistently (imitate other role models).	Fulfils childcare duties and responsibilities with originality (acts as role model for others).
Money management and budgeting skills	No skills evident.	Does not handle money or do budgeting, usually under constant supervision or care.	Is unaware of value of goods or setting priorities for spending money.	Is aware of value of daily goods and needs but is not able to spend money consistently well.	Is aware of value of goods, has the ability to budget and spend accordingly in a consistent way (imitate other role models)	Is aware of value of goods, has the ability to budget and spend accordingly in an original way (acts as role model for others).
Assertiveness	No skills evident.	Is unaware of own or others' rights and feelings, acts with aggression or withdrawal.	Puts own rights first, is unaware of others' rights and feelings, acts with aggression or withdrawal.	Is aware of own and others' rights and feelings but responds passively, avoids conflict or immobilized by stress.	Responds appropriately to the rights and feelings of others but needs a role model to be assertive.	Responds appropriately to the rights and feelings of others. Sets the example for assertiveness.
Stress management	Is unaware of stress.	Is unaware of own stressors, acts with aggression or withdrawal.	Is aware of stressors but cannot identify own. Do not realise effect of stress on life. Is unaware of techniques for stress relieve.	Identifies own stressors with guidance, is aware of techniques for stress, uses techniques with guidance.	Identifies own stressors and manages stressors by following prescribed techniques and methods on own.	Creates own stress management programme with valuable techniques and methods. Sets the example for others.

Item	Tone (1, 2, 3)	Self differentiation (4, 5, 6)	Self presentation (7, 8, 9)	Passive participation (10, 11, 12)	Imitative participation (13, 14, 15)	Active participation (16, 17, 18)
Conflict management	Is unaware of conflict.	Handles conflict with aggression or withdrawal, often causes conflict without realising it.	Handles conflict with aggression or withdrawal, causes conflict repeatedly.	Avoids conflict and often immobilized by conflict. Is aware of techniques the handle conflict but only uses it with guidance.	Uses a few techniques for conflict handling independently.	Is able to choose a technique from a variety of techniques. Assists others in conflict management.
Problem solving skills	Is unaware of a problem.	Is not able to identify the problem.	Is able to identify simple problems, no skills to perform other steps of problem solving.	Is aware of the steps of problem solving, identifies simple problems but needs guidance for complex problems.	More complex problem solving skills emerges but follows methods that others would suggest.	Good problem solving skills, a repertoire of methods are being used and Is able to assist others in problem solving.
Pre-vocational skills	No skills present.	Begins to show some skills e.g. performing one or two routine tasks in the ward (making own bed), washing tea cups.	Begins to use pre-vocational skills but inappropriately and with poor quality.	Performs pre-vocational skills with some quality but inconsistently.	Performs pre-vocational skills according to the norm.	Performs pre-vocational skills with originality.
Vocational skills	No vocational skills.	No vocational skills.	Vocational skills emerging, may have splinter skills e.g. filing, typing.	Some vocational skills present but needs assistance to perform the skills.	Enough vocational skills to enter open labour market.	Variety of vocational skills, usually successful in a job.

THE DOMAINS AND ITEMS OF THE ACTIVITY PARTICIPATION OUTCOME MEASURE

Role Performance

The ability to meet the demands of roles in which the patient engages. A set of socially agreed upon expectations, tasks or obligations that a person fulfils and which become part of that person's social identity and participation in everyday life.

The items are:

- **Awareness of roles:**
  Aware that he/she has roles to fulfil in everyday life.

- **Role expectations:**
  Aware of the expectations, tasks and obligations for a specific role.

- **Role balance**
  Having a number of roles to fulfil at the same time.

- **Competency:**
  Ability to perform the expectations and tasks of all the roles.

ROLE PERFORMANCE DESCRIBED IN LEVELS OF PARTICIPATION

Item	Tone (1, 2, 3)	Self differentiation (4, 5, 6)	Self presentation (7, 8, 9)	Participation		
				Passive (10, 11, 12)	Imitative (13, 14, 15)	Active (16, 17, 18)
Awareness of roles	Is unaware of roles.	Is unaware of roles.	Is aware of role in institution, tries to comply but need supervision.	Is aware of roles in own situation and social standing if structure is secure and familiar.	Is aware of roles in own situation and social standing in stable and changing situations.	Completely aware of roles, assist others to be aware of their roles.
Role expectations	Is unaware of role expectations.	Needs reminding of minor tasks of a role.	Needs reminding of expectations and tasks of a role. Unrealistic expectations.	Is aware of simple expectations that are obvious for a role.	Knows expectations of a role and will refuse additional expectations.	Is aware of all expectations and finer nuances of a role.
Role balance	Is unaware of role balance.	Is unaware of role balance.	No evidence of role balance, performs some tasks of a role under supervision.	Is aware of role balance but needs guidance to perform tasks of different roles at the same time.	Is able to balance roles by following a role model and set routine.	Is able to balance roles and adapt routine as expectations increases.
Competency	Is unable to perform any roles.	Is able to perform one or two tasks of a role in the institution or ward under constant supervision.	Is able to perform minor tasks of a role in the institution or ward. Will execute certain tasks of the role to gain priviledges.	Perform some tasks of a role sufficiently.	Performs role as expected and according to the norm.	Competent in a variety of roles at the same time. Acts as a role model for others.