## An Introduction to Protocols for Occupational Therapy

Inga Warren

The use of protocols for clarifying thinking and promoting occupational therapy is described, drawing on personal experience. Potential applications and methods of presentation are outlined and Blustrated.

### Introduction

A protocol is a working document, a draft, formula or record, which can be used to clarify ideas, plans and processes. An appropriate definition of a protocol is 'a statement reporting an observation exactly and without attempting an interpretation.' A protocol describes but does not discuss. Occupational therapy protocols state what occupational therapy does or intends to do in given situations. They can be used for service planning and negotiating for resources, setting standards, research, education and training, and role definition.

### Potential applications

### Service planning

When planning services, intentions can be explained by drafting concise information about what will be done, to whom, by whom and how. This document can then be used to present proposals when seeking approval for service developments, or negotiating resources or contracts of service, it may later be used as a framework for planning individual treatments.

The author designed a protocol for occupational therapy with high risk infants admitted to a special care baby unit (SCBU). The project was new and without precedent. The protocol stated objectives, aims, criteria for referral, intended interventions, and skills needed (Table 1). References to appropriate research and publications were included. This was submitted to the pseciatrician who discussed it with key members of staff and agreement that the project should go ahead was reached. The service was implemented in accordance with the protocol, which was updated to take into account increased skills, changes in unit structure and the results of evaluation.

In another example, a protocol was used as the foundation for planning a new elderly care service as part of a hospital complex. In this case, a protocol stating priority goals, preferred locations for interventions, staff numbers and grades was presented to help plan facilities and bids for continuing funds (Table 2). A concise, clearly laid out written statement of what the occupational therapy service intends is essential when bidding for space, funding or representation or when resisting service outs.

#### Setting standards

Protocols can be used to define what is acceptable practice in an occupational therapy department given available resources. Similarly, they can be used to illustrate the effect of changes in resources, structures or other services. They can also be used to compare practices. For example, two protocols for the rehabilitation of amputee patients were prepared. One described the existing service while the other proposed an improved service which would result from earlier referral. These were used to convince surgeons of the advantages of preoperative referral.

### Table 1. Text format (widely used by the author and applied to SCBU project)

Objectives: State main purpose of programme.

Aims: State how you intend to meet the objectives.

Referral: State criteria for referring patients/clients to the programme and method of referral.

Assessment: State screening and assessment tools to be used.

interventions: State treatment techniques to be used and methods of delivery (for example, direct or indirect).

Discontinuation: State criteria for discontinuing intervention.

Locations: State where intervention will take place.

Liaison: State other disciplines or agencies who will collaborate.

Skills required: State specialised skills required by the therapist and related training needs.

References: List supporting research.

Table 2. An extract from a grid layout used to plan resources for a new elderly care unit serving hospital and community perfects.

Acute in Rehabilite Day Communit				
	Acute in-	tion ward	hospital	Community
Number of patients				
Priority goals				
Assessment	Per 1920			
Ineatment activities				
Location of treatment		N		
Facilities/ equipment required				
Staff numbers and grade				
Annual costs				

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