Curtin University

Evaluating the impact of an innovative education model to build capacity for the future of occupational therapy in developing countries: Vietnam case study

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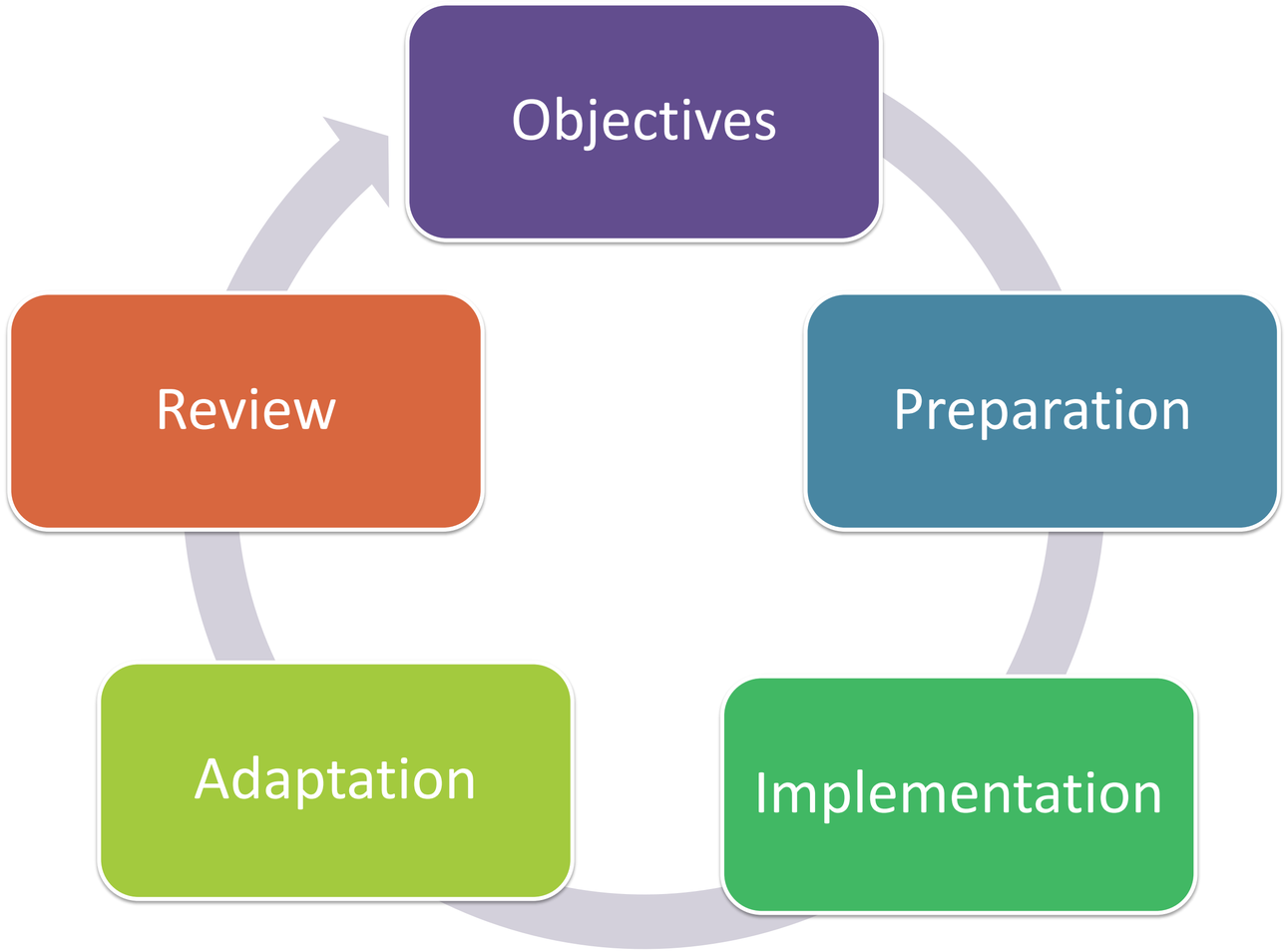
Background

- 2016-2017 Curtin University in partnership with Viet-Nam Assistance to the Handicapped, Ministry of Health of Vietnam and University of Medicines and Pharmacy, Ho Chi Minh City
- Postgraduate training to 31 medical doctors, 63 rehabilitation technicians from Tay Ninh and Bin Phuoc Provinces
- Education program aim: To build capacity for the rehabilitation of people with disability using an occupation-based approach

Sustainable Occupational Therapy Development (SOTD) Model



Methodology

Based on a realist impact evaluation approach to inform practice and in collaboration with stakeholders.

To focus on the Vietnam context, and understanding what works for whom, in what contexts, and how and why.

Objectives:

1. To understand health practitioners (doctors and technicians) experience of the education and training

2. To understand the impact of the training on Vietnamese health practitioners knowledge, attitudes, beliefs, behaviours and service delivery outcomes.

Methodology

Participants – 6 medical facilities from 2 provinces

17 / 31 medical doctors

11 / 63 technicians

Data collection

Semi-structured interviews, with descriptive and explanatory questions including the use of case studies

3 researchers, 2 interpreters

Data analysis

Directed content analysis, as informed by Hsieh and Shannon (2005)

Key findings

1. Barriers to implementing occupation based services
2. A new mindset- doctor’s perspectives
3. Practice context
4. Innovation – a new skill set for technicians

Barriers to implementing occupation based services

Cultural – expectation and norms for families of people with disabilities, societal view of disability

Systemic – Health care policy, systems, health insurance, funding models, billing codes, processes, documentation

Resources – lack of facilities, allocation of time and personnel

Doctor’s perspectives

“When we tried to find out some information for the like a lot of information from the patients, such as their environmental factors or their personal factors, we learned about the life of the patient, just not only about the body and the impairments of the patient. So that's why the patient feels very warm and like very close to the doctors so that they can share a lot of important information for the doctors. So that they can co-operate when they're with the doctors to follow the instructions and the intervention”

“Before the course, the doctors usually asked the patient to do what they don't really want to do. So that's why the patients didn't really co-operate with the doctors. But however, when we did something like person-centred care, they really co-operated with the doctors”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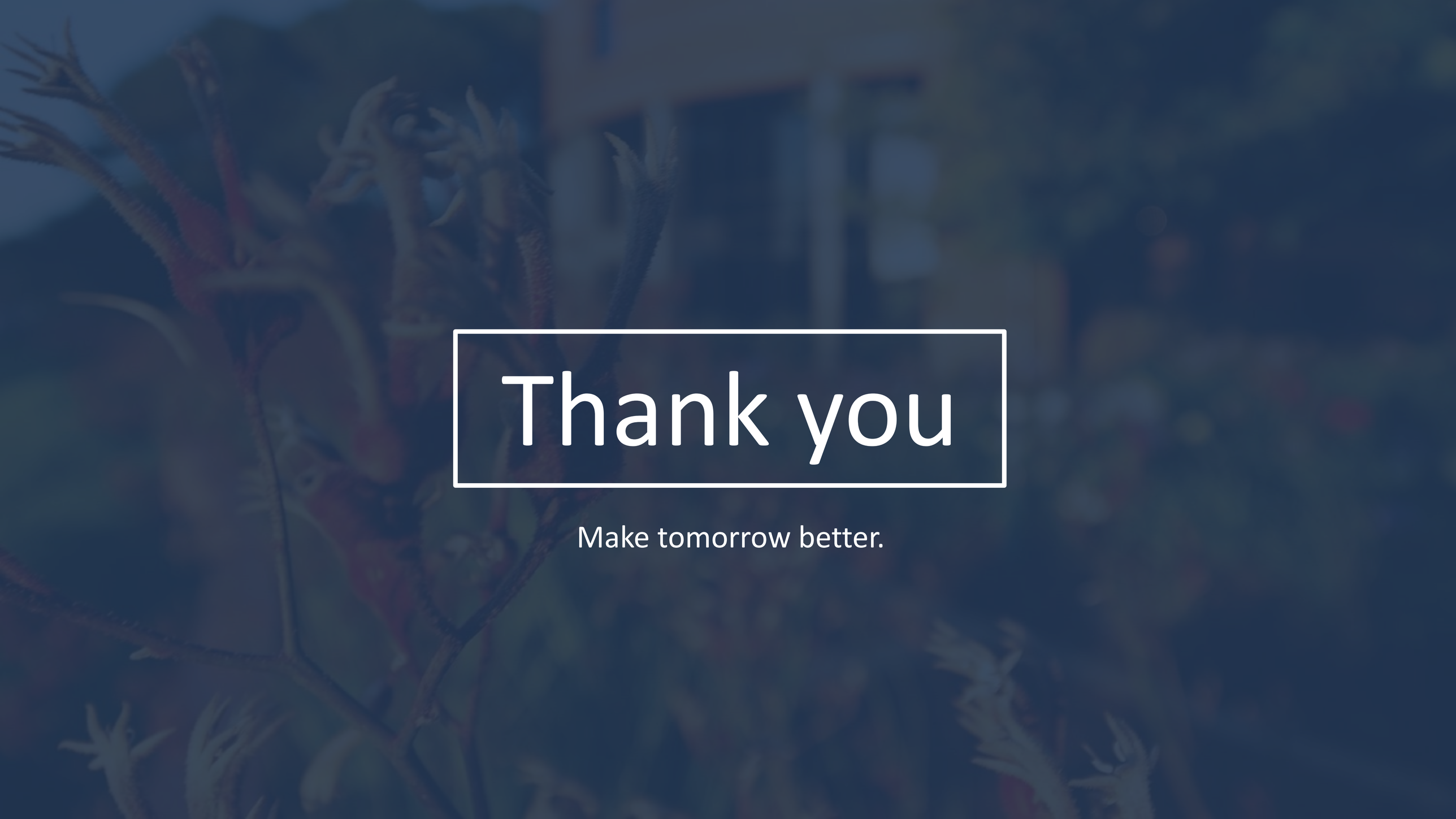
Technician’s innovation

Conclusion

References: Hsieh, H-F. & Shannon, S.E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research, 15* (9), http://journals.sagepub.com/doi/abs/10.1177/1049732305276687.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