What are the benefits of using MYMOP2 (Measure Yourself Medical Outcome Profile) over ORIDL (Outcome Related to Impact on Daily Living) to track patient progress?

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Introduction

In an era of accountability, healthcare providers are increasingly required to use reliable and valid outcome measures to assess changes in patient characteristics, including function and activities of daily living, following intervention [1,4,5,6]. The challenge of finding practical, patient-related outcome measures is a key issue in the evaluation of healthcare systems and interventions. [2]

Measure Your Medical Outcome Profile (MYMOP) was created in 1996 to provide an objective outcome measure for the therapist to monitor their client progress based on the tracking of their symptoms and wellbeing [3]. In 1999 MYMOP was revised to contain questions on medication and termed MYMOP2 [1].

A much shorter outcome questionnaire, Outcome Related to Impact on Daily Living (ORIDL) was created in 2007 [2]. This outcome questionnaire used two questions; one on the client’s main complaint and the other on their general wellbeing. Preliminary studies suggested ORIDL was comparable to MYMOP2 [2].

The purpose of this study is to determine if ORIDL is comparable to MYMOP2 in improving the client consultation and clinical outcomes for student therapists of the Institute of Physical Therapy and Applied Health Science (IPTAS). Barriers to the implementation of these questionnaires were also explored and the strategies for overcoming these barriers.

Sample

The study took place in the Priory Clinic, Stillorgan, Co. Dublin which houses a six room treatment facility. The IPTAS student clinic operates from this facility.

Third year students conduct client consultations in the student clinic under the supervision of a clinic supervisor and assistant. Each student undertakes four clinic blocks which run over a six week period on Monday, Wednesday and Friday evenings and Friday mornings for a five hour period. Eight student clinic blocks, labeled A to H, are scheduled within the academic year. This study was conducted over blocks D and E.

A second and first year student are paired with each third year to complete the full consultation with each client in an observational capacity. A to H, are scheduled within the academic year. This study was conducted over blocks D and E.

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A second and first year student are paired with each third year to create a clinic team. Second and first year students are present for the full consultation with each client in an observational capacity.

A total of 24 students took part in this study. Of these, 19 provided feedback on their experience of MYMOP2 and ORIDL.

Methods

Prior to the outset of this study, students undertaking student clinic block D and E were briefed as a group and individually on the administration of the MYMOP2 and ORIDL questionnaires.

Students were advised to complete the questionnaires with their client at the outset of the consultation however, the student could choose where it best fit within their consultation.

Student clinic supervisors supported students over the course of each clinic block in distributing the questionnaires, ensuring copies were available for students and in filing completed surveys so students could review them prior to consultations for follow-up clients.

Over the course of the study 104 MYMOP2 and 87 ORIDL questionnaires were completed.

A questionnaire containing both quantitative and qualitative data was administered by the organizers of the study at the end of student clinic block D and E. 74% of interviews were administered face to face with 26% being administered by phone.

The purpose of the questionnaire was to determine if MYMOP2 and/or ORIDL enhanced the client consultation and clinical outcomes for the student therapist.

In addition to this, the interviews established the method of distribution of each outcome questionnaire and any obstacles encountered with this.

Finally, this questionnaire was used to establish if students would use either MYMOP2 or ORIDL upon graduation and the rational for their choice.

Data was analyzed using SPSS and Excel.

Results

The results of the questionnaires revealed that 83 % of students agreed that MYMOP2 and ORIDL enhanced their client consultations whereas, 78 % agreed that it improved their clinical outcomes.

Figure 2 shows that 17% more students strongly agreed that MYMOP2 improved their clinical outcomes over ORIDL.

In addition to this, figure 3 shows that 28% more students strongly agreed that MYMOP2 improved their client consultation when compared to ORIDL.

Conclusions

The students who took part in this study found using MYMOP2 significantly improved their client consultation and clinical outcomes however, despite one to one training and continuous support for these students almost half of them experienced administration difficulties.

This has implications for both existing students and therapists who wish to include outcome questionnaires in their practice.

It is recommended that further research is carried out to examine the best approach to training and embedding outcome questionnaires for existing IPTAS students.

A further study is also recommended for current practitioners to determine the level of training and support required to effectively implement MYMOP2 in private practice.

References


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