



Assessing a driver

Presented by

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Introduction



Driver assessments assist in determining medical fitness to drive.
With mandatory reporting in SA for medical practitioners, Williams OT are your solution.

Williams OT has been established since 2011 and specialize in
OT driver assessments.
Driver rehabilitation
Installation of vehicle modifications

We have Occupational Therapists with post graduate training in driver assessments and rehabilitation
Our OTs are also trained as driving instructors
We will take care of your patients

I know that is a brash and a confident way to start, but I want you to know this right from the start, in case you have to leave early.
If you leave early for what ever reason, you have heard the tak away meassage from today.

Training Outline



What are we going to cover today:

We will look at psychiatric conditions and the impact on driving

We will look at some tools to help you in your job and to assist with screening for issues.

We will look at how we can help you

Medical conditions we see

What is involved in an assessment

How we need you to be involved

What happens after an assessment

And at the end you can all have a play and explore of the vehicle and ask me anymore questions

I want to hear from you:



We are going to have a bunch of these stopping points today where I want to hear from you

I have chunked this one in early because there is always one person bursting at the seams to ask the first question or make the first comment. So I want to give that person that opportunity right now. Who is that person? Who wants to have a go? Come on everyone else volunteer that person for me or I will pick someone?

Alright, I want to know, how does the topic and driving with a psychiatric disorder sit with you right now -

Are you confident in the area, you know what you are doing, and you can come up here and help me out so I can grab a coffee - Or are you not so confident and every time someone brings up driving, you kind of avoid eye contact and hope that question might slip away not to be brought up again?

When you answer the question just tell me your name first before you start. So how does the topic of driving with a psychiatric condition sit with you as an OT?

Thanks, name. (answer question)

What we do at my presentations, After each question or comment that someone makes we give them a one clap applause to say thanks for having the guts and getting up and making the commitment to speak up. So when I say 1, 2, 3 we all give a one clap on what would be 4 to say thanks. Ready. Lets try it.

Hmmmm..... (Split into three groups and discuss)

- How did you get here this morning?
 - Did you have to think about it?
 - Did you have to think about how your were feeling or how your symptoms were affecting you?
 - What symptoms did you need to consider that might impact on driving to help get you here this morning?
- Group A: Schizophrenia
- Group B: Bipolar – experiencing a manic episode
- Group C: Anxiety disorder (PTSD)

Split in to three groups and discuss.

OK, I'll give you a couple of minutes for this. In your groups I want you to write down some comments the following questions

How did you get here this morning:

Did anyone not drive here this morning? If someone put up there hand get them to introduce themselves and comment and then give a clap

Did you have to think about it?

Did you have to think about how your were feeling or how your symptoms were effecting you?

What symptoms did you need to consider that might impact on driving to help get you here this morning.

Get a volunteer from a table to read out there answers from their table (clap)

Ok, now I am going to give each table a diagnosis.

Now you all know the symptoms of these conditions better than me, so I am not going to influence you here at all. If it makes it easier think of 1 specific client between you as I know symptoms can very a lot, but this is just a trial task.

Imagine you have this diagnosis and you had to drive here this morning. I want you to now try and answer the same questions as you did before and try and get in the shoes of your clients.

Get a volunteer from a table to read out there answers from their table (clap)

Surprise

Our meeting has now been moved and is now at the Convention Center on North Terrace?

- We are restarting in 30 minutes from now. See you there
- What would you have to do to organize your way there?
- What about your client groups, what impact would this have?



- I want to hear from you:
 - What have you learnt so far?
 - What has this done to your thought processes as a health professional?



Ask 3 people for each question.

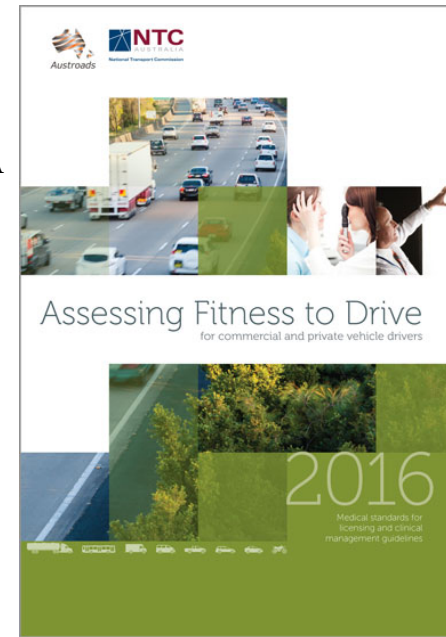
Benefit to you

- Motor Vehicles Act 1959...mandatory reporting in SA (www.austlii.edu.au)
 - Medical practitioners, physiotherapists and eye specialists are obliged to notify the registrar at Driver Licencing Authority in writing of any illness or injury that may impair a patient's driving ability, within a reasonable time after the occurrence of the illness/injury

- Medical / Vision assessment: >70yo annually if you have a recorded medical condition

People will sent a self assessment annually from aged 75 years to prompt the need to see a Doctor

- Road test: >85yo annually



Read slide:

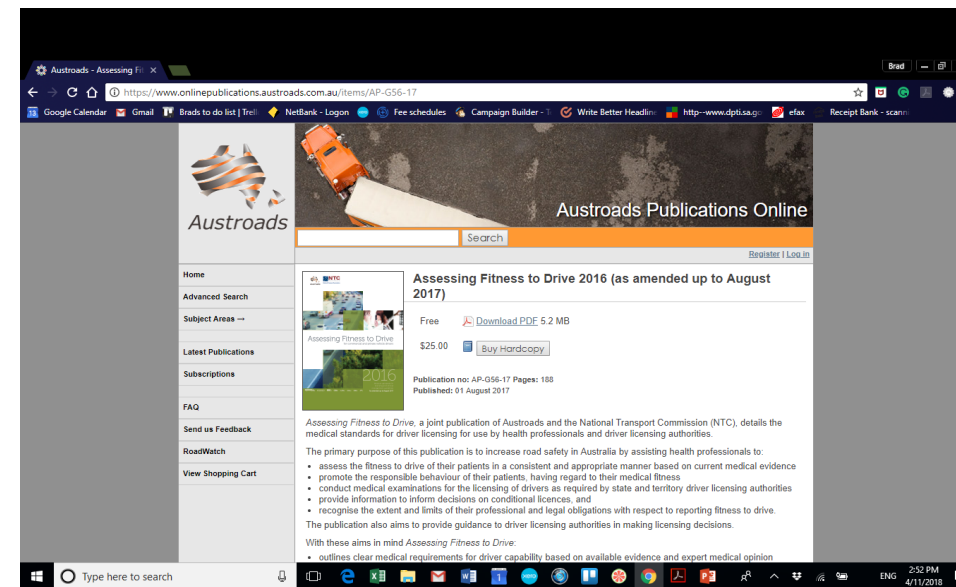
Then:

What about OT's?????

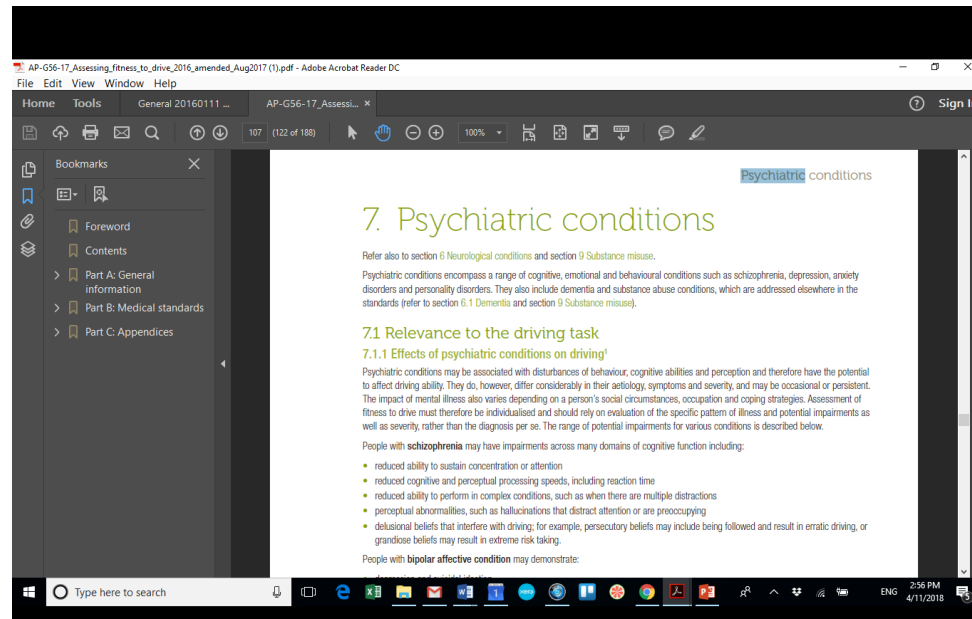
What do you think our obligations are?

Austroads – medical guidelines

<https://www.onlinepublications.austroads.com.au/items/AP-G56-17>



Psychiatric conditions — part B section 7, pg 107



On your tables you should have a copy of the important section for you to all have a look at.

Lets have a bit of a look.

- I want to hear from you:
- Who has seen this before?
- Who has ever referenced it before?
- What was helpful about reviewing this?



Guess what.....

Now there might be an even better tool to help

SASKATCHEWAN PSYCHIATRIC
OCCUPATIONAL THERAPY
DRIVING SCREEN
(SPOT-DS)

Carey Burton Grochulski Pinay and Remillard (2017) from Canada have designed a new screen tool just for you guys.

How luck are you!!!!!!!!!!

The SPOT-DS is the first comprehensive driving screening framework developed for generalist OTs working with clients with psychiatric disorders.

It is a tool to help clarify if clients might be safe to continue to driving, or might need a more comprehensive driver evaluation.

What it is a clinical reasoning tool and is a step towards creating a more systematic approach to driver screening in the psychiatric population.

Who wants to know more?

Im sorry, we are out of time.

Write this down.....

- <http://ssot.sk.ca/+pub/Resources%20and%20Links/SPOT-DS%202016.pdf>
- www.williamsot.com

This is where you will find it.

And you can find my address on our website to send me presents to say thanks. I like red wine

Should we take a look?

Use with Caution

"Occupational Therapists are experts in the relationship between occupation, health, and well-being."⁹⁵ Internationally, Occupational Therapists have been identified as being the ideal health professional to screen and assess driving ability.^{58,24,95} The SPOT-DS was developed by Occupational Therapists for Occupational Therapists. The clinical judgment of an OT is important to be able to accurately score and comment on the functional abilities of an individual in each category. These are guidelines, however, and the clinical reasoning of the assessing therapist is imperative.

The SPOT-DS has been developed to be administered by an OT driving generalist.^{27,39} A thorough driving assessment (by an OT driving advanced specialist) needs to follow if there are identified areas of functional concern on the screen.^{27,39}

Bédard & Dickerson (2014) have outlined a number of consensus statements about the use of screening tools when determining driving fitness. The following are of particular relevance to the use of the SPOT-DS:

- In the hands of a general practice occupational therapist, results from screening/assessment tools serve as criteria for referral and action. In the hands of the driver rehabilitation specialist, the same tools can contribute to a decision for fitness-to-drive.
- Processes should be followed for occupational therapy generalists to start the driving discussions with sufficient clinically related evidence.
- Occupational therapy generalists should consider the multi-factorial nature of someone's condition and potential for improvement.

The SPOT-DS has been developed for use with the mental health population, including clients with psychotic, affective, anxiety, and/or personality disorders.

Category	Considerations	Green	Amber	Red
Cognition/ Perception	insight attention decision making mental flexibility memory judgment problem solving planning initiation visual perception	functional/ adequate	limited	dysfunctional/ inadequate
Physical/ Sensation	vision hearing range of motion strength coordination endurance psychomotor retardation	functional/ adequate	limited	dysfunctional/ inadequate
Psychosocial	driving habits/history collateral report substance use aggressive behaviours	minimally impacts functional abilities	somewhat impacts functional abilities	significantly impacts functional abilities
Medications	"See Medication Reference Guide"	little to no effect on driving abilities	moderate effect on driving abilities	significant effect on driving abilities
Other	ECT acute psychosis undue preoccupations compliance to medications hallucinations fluctuating mood suicidal/homicidal ideation	minimally impacts functional abilities	somewhat impacts functional abilities	significantly impacts functional abilities

The tool has a stop light system to help you determine if the client has mild moderate or severe symptoms that might impact on driving. Lets have a closer look at the slide and pull it apart a bit.

History of Presenting Illness, Past Psychiatric/Medical History, Current Treatment Plan: Mr. Green presents with a 6 month history of depression. He was admitted to hospital with a suicide attempt by hanging after increased stresses at home. He has a poor support system at present.

✓ Consent/assent obtained

CATEGORY	ASSESSMENT	SCORE
Considerations	Screen Completion Guidelines: Comment on relevant considerations in each category. Score each category based on clinical judgment.	
1. COGNITION/ PERCEPTION Insight, attention, decision making, mental flexibility, memory, judgment, problem solving, planning, initiation, visual perception	Planning, mental flexibility, and problem solving are fair. There has been a significant improvement noted by family members since admission. Good insight demonstrated as he voiced concern about potential safety issues pertaining to night driving and poor vision. MoCA and Trails A/B scores are within normal limits. Include observations, informal assessments and/or standardized assessments.	
2. PHYSICAL/ SENSATION Vision, hearing, ROM, strength, coordination, endurance, psychomotor retardation	Mr. Green had laser eye surgery completed approximately 2 years ago, resulting in limited night vision. He already reports a driving restriction after dark. He reports that since the surgery, he has not driven at night. He demonstrates functional strength, range of motion, and sensation.	
3. PSYCHOSOCIAL Driving habits/history, collateral/family/friend report, substance use, aggressive behaviours	Mr. Green is a life long non drinker. He has no history of aggressive behaviours. He and his family report he has had no accidents.	
4. MEDICATIONS *See reverse for recommendations. For guideline use only.	He started Citala 6 months ago after going to his GP with depressive symptoms. His dose has been increased and adjusted on admission. No other medication changes at this time. ✓ Impact of medications discussed with pharmacist or psychiatrist	
5. OTHER ECT, acute psychosis, undue pre-occupations, compliance to medications, hallucinations, fluctuating mood, suicidal/ homicidal ideation	He has been compliant with his regular medications. He has no history of ECT, no hallucinations or delusions. His suicidal ideation has been minimized since admission with the addition of supports and coping strategies.	
COMMENTS	Mr. Green has been working on identification of warning signs and developing coping skills during his admission. His emotional status has improved during the admission.	TOTALS

Now its your turn. Try and score these areas based on the stoplight system from the slide before. What is your total?

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Lets have a look through the results. Do you agree?

History of Presenting Illness, Past Psychiatric/Medical History, Current Treatment Plan: Ms. Screen presents with a long history of Bipolar Affective Disorder (BPAD) and is currently in a manic phase. She is undergoing an adjustment of medications during this hospital admission. The plan is to discharge her home at the end of next week. ✓ Consent/assent obtained		
CATEGORY <small>Considerations</small>	ASSESSMENT <small>Screen Completion Guidelines: Comment on relevant considerations in each category. Score each category based on clinical judgment.</small>	SCORE
1. COGNITION/ PERCEPTION <small>Insight, attention, decision making, mental flexibility, memory, judgment, problem solving, planning, initiation, visual perception</small>	Ms. Screen demonstrated poor insight, decision making, and judgment prior to admission by spending large amounts of money frivolously while on a very limited income. Erratic and impulsive behaviours have continued while on the unit (ie: buying herself and other patients on the unit elaborate gifts and stuffed animals from the hospital gift shop). Limited attention was noted during the assessment. <small>Include observations, informal assessments and/or standardized assessments.</small>	<div></div>
2. PHYSICAL/ SENSATION <small>Vision, hearing, ROM, strength, coordination, endurance, psychomotor retardation</small>	Ms. Screen demonstrates functional physical and sensory skills. No concerns.	<div></div>
3. PSYCHOSOCIAL <small>Driving habits/history, collateral/family/friend report, substance use, aggressive behaviours</small>	Ms. Screen drives her own vehicle regularly. She has no family or friend support. She reports occasional alcohol use. She has no history of collisions.	<div></div>
4. MEDICATIONS <small>*See reverse for recommendations. For guideline use only.</small>	She has been restarted on Lithium during her admission. The length of time she has not been on medication is unknown. ✓ Impact of medications discussed with pharmacist or psychiatrist	<div></div>
5. OTHER <small>ECT, acute psychosis, undue preoccupations, compliance to medications, hallucinations, fluctuating mood, suicidal/ homicidal ideation</small>	Ms. Screen has a history of poor compliance to medications, which was a contributing factor to this admission.	<div></div>
COMMENTS	Ms. Screen is a pleasant, talkative woman. She was agreeable to the assessment.	<div>TOTALS</div>

Lets have another go.

History of Presenting illness, Past Psychiatric/Medical History, Current Treatment Plan: Ms. Screen presents with a long history of Bipolar Affective Disorder (BPAD) and is currently in a manic phase. She is undergoing an adjustment of medications during this hospital admission. The plan is to discharge her home at the end of next week. ✓ Consent/assent obtained			
CATEGORY	ASSESSMENT		SCORE
Considerations	Screen Completion Guidelines: Comment on relevant considerations in each category. Score each category based on clinical judgment.		
1. COGNITION/ PERCEPTION <small>Insight, attention, decision making, mental flexibility, memory judgment, problem solving, planning, initiation, visual perception</small>	Ms. Screen demonstrated poor insight, decision making, and judgment prior to admission by spending large amounts of money frivolously while on a very limited income. Erratic and impulsive behaviours have continued while on the unit (ie: buying herself and other patients on the unit elaborate gifts and stuffed animals from the hospital gift shop). Limited attention was noted during the assessment. <small>Include observations, informal assessments and/or standardized assessments.</small>		<div><div>G</div><div>A</div><div>●</div></div>
2. PHYSICAL/ SENSATION <small>Vision, hearing, PICA, strength, coordination, endurance, psychomotor retardation</small>	Ms. Screen demonstrates functional physical and sensory skills. No concerns.		<div><div>●</div><div>A</div><div>R</div></div>
3. PSYCHOSOCIAL <small>Driving history/history of collapse/family/friend report, substance use, aggressive behaviour</small>	Ms. Screen drives her own vehicle regularly. She has no family or friend support. She reports occasional alcohol use. She has no history of collisions.		<div><div>●</div><div>A</div><div>R</div></div>
4. MEDICATIONS <small>*See reverse for recommendations. For guideline use only.</small>	She has been restarted on Lithium during her admission. The length of time she has not been on medication is unknown. ✓ Impact of medications discussed with pharmacist or psychiatrist		<div><div>G</div><div>●</div><div>R</div></div>
5. OTHER <small>ECT, acute psychosis, undue preoccupation, compliance to medications, delusions, fluctuating mood, suicidal/homicidal ideation</small>	Ms. Screen has a history of poor compliance to medications, which was a contributing factor to this admission.		<div><div>G</div><div>●</div><div>R</div></div>
COMMENTS	Ms. Screen is a pleasant, talkative woman. She was agreeable to the assessment.		TOTALS <div><div>2</div><div>2</div><div>1</div></div>
RESULTS	<div><div><input type="checkbox"/> A. No concern present (0-5 GREEN)</div><div><input type="checkbox"/> B. Mild concern present (1-2 AMBER) <input type="checkbox"/> C. Moderate concern present (3-5 AMBER) <input checked="" type="checkbox"/> D. Significant concern present (6-8 RED)</div></div>		KEY INDICATES CONCERN IN CATEGORY
RECOMMENDATION	<div><div><input type="checkbox"/> A. Continue driving Repeat screen may be indicated if functional status changes.</div><div><input checked="" type="checkbox"/> B. Re-screen after further stabilization <input type="checkbox"/> C. Refer for specialized driving assessment <input checked="" type="checkbox"/> D. Unsafe to drive <input type="checkbox"/> Other _____</div></div>		<div><div>G = GREEN = NONE</div><div>A = AMBER = MODERATE</div><div>R = RED = SIGNIFICANT</div></div>
NOTES	Currently Ms. Screen is unsafe to drive due to significant cognitive and behavioural decline. Re-screening is recommended prior to discharge after her mood stabilizes further. ✓ Results/recommendations discussed with client		

Can you see how the scores lead to different recommendations?

- I want to hear from you:

- Who has seen this before?

- Who has ever referenced it before?

- What was helpful about reviewing this?

- Will you use it?



Where do we fit in?



Benefit to you

- Health professionals are put into a difficult situation:
 - Evaluation of public safety risk (risk to the driver & other road users)
 - Balanced against maintenance of independence & risk to the individual
 - Different criteria for manoeuvring different vehicles (e.g. light vs heavy), with considerations given to different environmental factors (e.g. night vs day)
 - You need to stay abreast of what might help the patient regain their licence
 - The Williams OT team will do this for you

Williams OT see patients with....

- Anything that impacts on:
 - Physical ability
 - Vision
 - Cognition

Cva
MS
Ca
Amputations
Dementia
Brain injury
CP
The list goes on and on

What is involved in an assessment?

- We want to be able to speak to your patients and put them at ease
- We are your solution, but the solution is not quick
- We take our task seriously
 - Thorough background
 - Need for driving
 - Screening of vision, physical ability and cognition for driving
 - On road assessment to look at dangers from the pre-drive assessment
- It is a 2-3 hour assessment with the client.
- There is 1-2 hours of coordination
- And a comprehensive report to assist you determine medical fitness to drive.

We get asked what is the cost.
People hesitate at the price
Referrers hesitate to refer a client thinking that a client cant afford it.

Go back to the task at the start.

how would you get to here if you were told you couldn't drive and then ask how

much would you pay for an assessment to help you drive?

But why us?

- Many OTs offer this as another service they do – part time
- DPTI – it's free and it is 20 minutes of driving around a set course
- Repat at Flinders driver clinic – small fee but a long wait list, and no follow through with rehab. Assessment only.
- We have dedicated our business to **Driver Rehabilitation.**
 - Our OTs are required to complete professional development in the area of driving
 - Our OTs are trained or training to become driving instructors
 - We have a driving instructor that specialize in medical conditions
 - We have a vehicle that has the most modifications to trial and train with
 - We install modifications
 - We get better outcomes for clients than any other driver assessment service.
 - More solutions
 - Quicker
 - More qualified

Really – why us?

- We will take care of your patient
- We are an all in one service
- We will keep you fully informed
- We will follow up you client into the future
- We go everywhere

- **We are the best in this area
and we have worked extremely hard
to get here**



How we need you to be involved

- Use the screening tool and then Refer
 - Medical clearance to do an assessment
 - A medical summary
 - Specialist reports if appropriate
 - Contact details
- During the assessment
 - Change of medical fitness to drive
 - Requesting for a temporary licence
- After the assessment
 - Change of licence details
 - Temporary licence for driving
 - Review of ongoing medical fitness to drive.



Summary

- **Benefits to you**
 - We are there to help you with a difficult situation
- **Medical conditions we see**
 - Any condition that impacts on the physical, visual and cognitive elements of driving
- **What is involved in an assessment**
 - Pre-drive assessment and on road assessment
 - Report and liaison with key stakeholders
- **How we need you to be involved**
 - Referral with a statement of medical fitness to drive for assessment and medical summary
 - Be available to action elements of the assessment outcomes
- **What happens after an assessment**
 - We will keep you informed of progress and outcomes
 - We may ask you for further input to progress with a licence

Questions



Lets Play

Resources:

<http://www.austroads.com.au/drivers-vehicles/assessing-fitness-to-drive>

<http://ssot.sk.ca/+pub/Resources%20and%20Links/SPOT-DS%202016.pdf>

<http://journals.sagepub.com/doi/suppl/10.1177/0308022617752065>

<http://www.williamsot.com>

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