Person Centred Approach in Rehabilitation Goal Setting

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Definitions of Person Centred Care

• In LTC’s person centred care is used to ‘promote social supports and social and family influences and apply the principles of behaviour change’ (Bauman et al 2003)

• Other examples - Mead and Bower 2000
  – Patient as person – understanding the personal meaning of illness
  – Sharing power and responsibility
  – The therapeutic alliance

• Patient centred practice in the UK has been driven by the need for patients to have a voice in their own clinical care and in the shaping of services.
Core Properties of Patient-Centred Care Frameworks

- Education and shared knowledge
- Involvement of family and friends
- Collaboration and team management
- Sensitivity to non-medical and spiritual dimensions of care
- Respect for patient needs and preferences
- Free flow and accessibility of information

(Shaller 2007)
Dimensions of Patient-Centred Care

- Compassion, empathy and responsiveness to needs, values and expressed preferences
- Coordination and integration
- Information, communication and education
- Physical comfort
- Emotional support, relieving fear and anxiety
- Involvement of family and friends

(Institute of Medicine 2001)
Benefits of Using a Patient Centred Approach

- Increased patient satisfaction
- Improved adherence to treatment
- Better health outcomes
- More judicious use of resources
  (Stewart 2001)

- The UK however remains a poor performer on indicators of patient engagement including that associated with treatment planning and goals.
  (Coulter 2006)
What is Goal Setting?

• Life goals and aspirations
  – **However** – There may be social factors which influence the meaning of GS to individuals Kielhofner (1997)

• Rehabilitation goals
  – Choice and meaning

• Targets/ Goal directed activity
  – Real objects and functional situations

• Note the need at all levels and with all types of goals to be person centered
Does Goal Setting Matter?

- Physiotherapy research project looking at goal setting for clients with upper limb problems following stroke
- The answer to the question in short is ‘Yes’:
  - Therapists and patients in all study groups rated goal setting as having high importance
  - Evidence from the literature
- However:
  - Not always
    - “I don’t set goals for myself about anything really at all, never have done. I know my limitations and I’m not the brightest of people”
  - SMART or not so smart?
    - “I just want to be....”
What are the Potential Consequences of Goals not being Patient Centred?

• Involvement issues for the patient and wider team
  – “We set the goals; myself and the occupational therapist will set goals for the patient”
  – Lack of ownership
• Being Process Driven
  – “So tend to have to channelled towards, maybe sort of, sort of you know the things we, that are achievable within a couple of weeks.”
• Discrepancy between patient goals and physiotherapy activities
What Tools Might We Use to Set Patient Centred Goals?

- Goal Attainment Scaling (GAS)
  - Complex
- Therapy Outcome Measures (TOM’s)
  - Simple and non-medical in model
- SMART
  - Developed in personnel management
- Canadian Occupational Performance Measure (COPM)
  - Used in the aforementioned physiotherapy research study.
Therapy Outcome Measure
Pam Enderby, Alexandra John and Brian Petheram

- Relevant, valid, reliable
- Based on ICF
- 11 point ordinal scale with 6 defined points
- Cross disciplinary
- Describe ability in 4 different ways
- Severity scale 0-5 with ½ points allowed
- Assess at beginning and end of treatment
- Well being dimension:
  - Client self-rates
  - Can use a visual scale for this
- Need to translate or express the issues identified as goals
COPM
Mary Law et al

- Takes the form of a semi-structured interview
- Assesses patients’ key areas of concern – in 3 domains:
  - Self-care
  - Productivity
  - Leisure
- Rate all issues for ‘importance’
- Rate up to 5 most important for:
  - Performance
  - Satisfaction
- Validity and reliability demonstrated in a variety of rehabilitation settings.
- Need to translate or express the issues identified as goals
How Did the Research Project Suggest we Make GS Better?

• Use a structured process

• Engage patients in the process:
  – Relevant, meaningful goals
  – Make the process and their involvement more explicit

• Revisit and review goals

• COPM was a clinically useful tool in physiotherapy practice
Emergent Research Findings

- Goal setting has importance to both therapists and patients
- Physiotherapists often chose therapy activities that did not relate well to patient goals.
- Structuring the process helps to focus on common issues
- COPM can be a useful tool for physiotherapists
- Through a guided process COPM helps patients to identify key issues to address in therapy sessions
- COPM may also help with ‘disengagement’ by focussing not just on task performance but levels of satisfaction.
Conceptual Model of Neurological Physiotherapy Goal Setting

Models/Theories on Human Performance
- Model of Occupational Performance
- Motor Learning Theory

Models/Theories on Human Behaviour
- Goal Setting
- Feedback
- Motivation
- Emotions
- Self-Determination Theory
- Self-Regulation Theory

Contextual Factors – Social & Environmental

Not SMART but PC:TRICK Goals


Community Rehabilitation in Neurology Training Programme
Conclusions

- Better understanding of the knowledge base will help physiotherapists set more appropriate goals for treatment with their patients.
- Goals should direct what we do in neurological physiotherapy practice, forming the basis of the treatment sessions, not just the target for final outcome of treatment.
- **PC:TRICK** goals should be considered rather than SMART.
- Better involvement of patients in goal setting can help to keep the rehabilitation process more patient centred.