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Person Centred Approach in Rehabilitation Goal Setting

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Community Rehabilitation in Neurology Training Programme



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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.



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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)



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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)



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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)



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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



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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...."



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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



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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.



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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



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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



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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



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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.

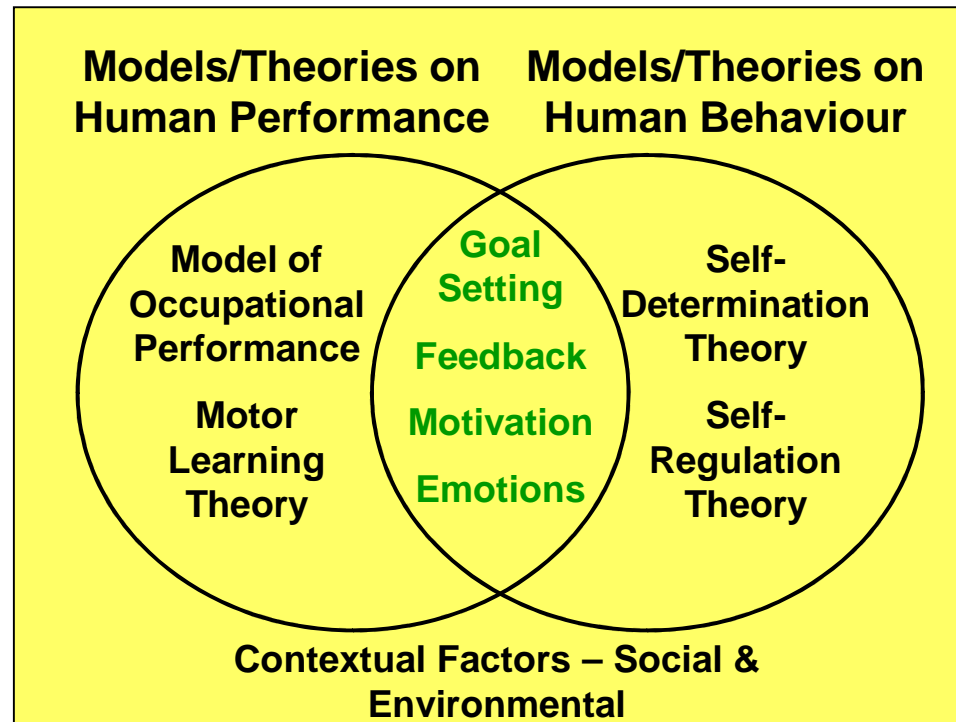


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Conceptual Model of Neurological Physiotherapy Goal Setting



Not SMART but PC:TRICK Goals

TRICK: Targeted, Realistic, Individual, Challenging and Knowledge based but always first and foremost PC: **Person Centred**.

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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.