June 2014

Bridges news 8

For everyone concerned with rehabilitation

In this issue:
Contributions from Speech and Language Therapists; self-management on an acute stroke unit; using the workbook in a group setting; latest news; research and policy update

A goal by any other name...reflections on goal setting practices in rehabilitation

Therapist: 'What are your goals?'
Patient: 'To find the middle'

Therapist: 'What are your hopes for the future?'
Patient: 'To go back to work'

"The role of goal setting in motivating people is often easily lost" Katie Campion pictured here with a patient, Gladys

I realised how much I must have gone on about sitting balance and the elusive 'midline' when my patient recently said the above in a goal setting session. I was mortified and also intrigued as it clearly demonstrates how powerful your choice of words can be as a therapist. This was a gentleman who I would describe as being naturally quite good at goal setting.

Following on from the lectures by William Levack (ACPIN, 2013) last year I ran an in-service workshop looking at goal setting in the in-patient setting. Unsurprisingly it generated fierce debate. Goal setting can be a chance to collaborate and motivate, or a trudge through the heavy-set glue of process, paperwork and pulling teeth. Therapists loved goals that were generated by patients, that were rebellious and inventive, for example one patient wanted to go on his annual holiday to Portugal and to do the beach steps to sit in the bar and watch the sunset with his wife. This type of goal captures something of the individual and is inspiring.

Whilst therapists liked this type of goal it is something that cannot fulfil all of our requirements of a 'goal'. Levack in his lectures made us think of why we do goal setting and put it into the context of the individual, the team and the health funder. These three tend to pull us in different directions. Sometimes goal setting can generate really useful MDT discussion or a way in which we demonstrate to the health funder what we are achieving. But one goal is rarely, if ever, going to perform all three functions. Within our training session there was general consensus that often it is the role of goal setting in motivating the individual that is most easily lost.

In order to try to get to these motivational goals on the unit I thought one way might be to improve patient preparation prior to goal setting as suggested in the recent House of Care paper (Kings Fund 2013). Learning from the Bridges approach of using other patients to provide context and reference to the experience of stroke through the workbook, I decided to create a DVD of patients talking about what goal setting is and the types of things they were working towards. My hope is that we can show this to other patients on the unit and their families a week or so prior to goal setting so, they have time to think about what it important to them.

Another issue that came forth in our in service workshop was the fear of big, unrealistic goals. Fear that if you ask 'What are your hopes for the future?', that someone will reply 'I want to walk again' and that this is unrealistic and doesn't fit with the types of goals therapists would like to set. This discomfort could be the reason why it's so easy to adopt a 'don't ask, don't tell' ethos, and a tendency to take control over the process.

Goal setting is a tricky business and we always seem to be in search of the best way of doing it. The research seems to be telling us that we need to be more bespoke and less rigid in an approach. Perhaps we can use a Bridges principle and instead of thinking about all of the difficulties with goal setting, reflect on what makes for a really good goal setting and try our best to foster this?

By Katie Campion, Senior Neurological Therapist and Bridges trainer, London

Published by Bridges Self-Management Limited

Bridges News in Brief

Can a digital version of the Bridges stroke workbook be developed?

Bridges has recently won an award with London Fusion to test the feasibility and acceptability of using a digital platform to deliver the content of the Bridges stroke workbook and carers' booklet. This will be done through user testing and obtaining feedback from patients, carer's and practitioners.

It is an exciting project and we are very pleased to be collaborating on the project with Dr Nada Philip, a Senior Lecturer in the School of Computing and Information Systems at Kingston University and with uMotif, a social enterprise who design and develop software to support health self-management, self-care & shared decision making.

If you are interested in finding out more about the project or would like to get involved, please let us know.

Cluster randomised controlled trial (SESAME) is complete!

Findings from a study funded by NIHR, Research for Patient Benefit are due to be disseminated at our stakeholder event on 17th June 2014, and currently being prepared for publication. The research evaluated if it was feasible to integrate a self-management programme (SMP, Bridges) into post stroke rehabilitation and whether this was acceptable to patients and clinicians, cost effective and had any impact on quality of life, mood, confidence and activity on those patients receiving it. The study was completed on time, and recruited 78 stroke participants, overall the findings showed it was feasible to integrate a SMP into rehabilitation, which can have a beneficial impact on patients' confidence to self-manage after stroke. These results support the need for further research in this area and a larger trial to measure the effectiveness of the SMP with more stroke survivors.

Bridges collaborates with Kings College Hospital to develop Bridges for people after Brain Injury.

Dr Petra Makela from Kings College Hospital, NHS Foundation Trust London, has successfully secured one of the highly competitive 'Shine' awards from the Health Foundation to work with Bridges. The project aims to develop the stroke specific content in the workbook and family booklet to be suitable for people with brain Injury. Bridges training will be delivered to staff in the neurotrauma pathway at Kings to integrate a self-management approach into their work, their experiences as well as those of patients and families will be evaluated. The new workbook and resources will be developed through consultation with a stakeholder group of staff, patients and families, working with the Bridges team contributing content they feel to be most relevant. We will also be helped by senior clinicians from St Georges Hospital and Bart's Health London.

Bridges volunteers

We are really grateful to all our volunteers who help us behind the scenes. Jennifer Gray and Sophie Hobson are both studying to be physiotherapists at St George's University of London, they told us why.

Jennifer

'Neurology, specifically stroke is an area in Physiotherapy that has interested me since I first considered a career in the profession. I first came across Bridges being used when I was on my student placement in a London hospital. To me, self-management is about empowering an individual through different support systems, giving the patient the knowledge and the self-efficacy to return to a lifestyle as close to the one they had previously. Bridges is a brilliant example of patient-centred care and demonstrates the ideal goal setting process.

I will be volunteering at the upcoming symposium event and making contributions to the newsletter as well as hopefully becoming Bridges trained myself within the next year!'

Sophie

"Like many new students I wasn't familiar with self-management at the beginning of my physiotherapy course. As a student it can be very easy to focus on the 'practical skills' and forget about the bigger picture, so I think it's great that principles such as self-management are being covered more in degree programmes.

I recently attended a Bridges open workshop and learned a lot about the theoretical principles and from qualified practitioners who had put Bridges into practice. On a recent stroke placement, I felt the whole philosophy and importance of self-management fell into place for me, as well as being able to appreciate the challenges faced by healthcare professionals in promoting this. I have been helping out in various capacities since September 2013, in particular working on the Bridges website and getting Bridges social media up and running.'

For frequent updates about Bridges, follow us:

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Bridges in Ireland: participants' action plan

Bridges training was delivered to health practitioners in the Republic of Ireland for the first time during November 2013 and March 2014. We would like to thank the efforts of Sarah Durcan, Physiotherapist at Baggott Street Community Hospital, Dublin and Orla Barry from the Irish Society of Chartered Physiotherapists, for making this possible.

We were delighted with the participant's contributions to the workshops that were held in Dublin and Galway. Here we share their combined action plan for sustaining Bridges in practice.

Discover people's meaningful, big goals

Try it out during a group or carers group

Don't wait for the perfect patient, give it a go now!

If the workbook isn't suitable, use the principles instead

Encourage people to reflect on progress made, however small

Review clinical documentation to reflect Bridge's ethos

Using the Bridges Workbook in a Group Setting

Eilish recently tried to integrate the Bridges self-management approach into a group format, here she tells us how.

'I was working with four gentlemen who I believed may benefit from the topics and strategies outlined within the Bridge stroke workbook, so I decided to try Bridges in a group setting rather than a one to one. The group consisted of men aged between 69-87 all of whom had experienced a stroke. I began the group with the objective of introducing the concept of goals. I asked each of them to reflect and consider what goals were meaningful as part of their own rehabilitation while receiving inpatient stroke care. The need, importance and ability to set goals was explained, reflected on and demonstrated through weekly group sessions, as well as individual sessions throughout the week.

As the weeks progressed, the ideas and strategies I learnt about through the Bridges training encouraged what we chatted about and involved discussions about the skills they could use to set goals for their life not just during rehabilitation. As an occupational therapist working with each of them, it was very inspiring to hear their ideas and aspirations for their lives back in their home communities.

I enjoyed how the different personalities within the group influenced the way in which the concept of self-management was introduced, nurtured and adopted. One gentleman was very motivated to engage in rehabilitation and I believe that this was largely, but not wholly, related to his reasonable level of insight for his residual deficits post stroke. He engaged well with the concepts of setting realistic and meaningful goals, and where appropriate, provided good peer-learning for other group members, who had less developed levels of insight following their stroke.

Another useful component of the Bridges approach was using the workbook to discuss the vignettes of people sharing their experiences of post-stroke difficulties. Their individual strategies on how to manage these in their future provided tangible, concrete suggestions to the members of the group. I saw my clients relate to the shared experience, and the fact that the age of many of the cases was included in the vignettes, was a factor the gentlemen really valued towards relating these experiences to their own stroke experience.

Eilish Hogge, Senior Occupational Therapist in Stroke Rehabilitation, St Mary's Hospital, Dublin

Creativity and ingenuity from Speech and Langua and people with aphasia = self-management

Here we share ideas from Speech and Language Therapists about using the Bridges workbook in practice.

Example 1: Aphasia and Total Communication

Leanne Marshall, Speech and Language Therapy Assistant in Northern Devon Healthcare NHS Trust, Adult Community Team

Leanne and her colleagues have used their ingenuity and ideas to use the Bridges stroke workbook from an aphasic and total communication approach. Leanne gives a quick 'how to guide' through each section of the workbook.

Section 1: Reflection

We have worked together with patients to chart their progress here using their own writing, drawings, or sticking photographs in these pages to help them to see how they are improving. This seems a good place for patients who need help to believe in their own achievements.

Sections 2 and 3: Experiences and Management

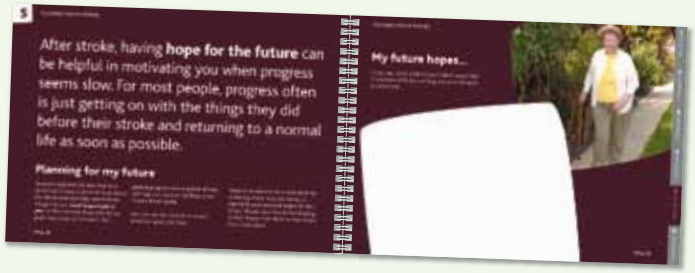
We have used both these sections in a small group for conversation therapy or in a one to one therapy session. We have read aloud some of the stories and experiences, which has helped members to identify with people in a similar situation to them, to help them feel comfortable to talk about their experience of stroke and ask questions.

Section 4: Keeping active

By going through this section, it gives patients some opportunities to think about their own goals, and see what other people have tried. This leads into section 5.

Section 5: Future goals

By using a Total Communication approach – by using any tools and communication ramps where necessary – we have facilitated what the patient would like to achieve in the future. This provides another opportunity to attach the patient's own work to pages to personalise and encourage and motivate rehabilitation.



Section 6: Taking control

Many tools can be added here, such as aphasic friendly timetables (daily, weekly or monthly) or plotting goals and achievements on their own calendar or diary. Successes can be recorded or ticked off by the patient, or facilitated writing, or using photos or pictures.

ge Therapists

Example 2

Natalie, Speech and Language Therapist in Sutton and Merton Community Services (London), Stroke Early Supported Discharge Team

Natalie first attended a Bridges workshop just after she had qualified which was three years ago. At the time her work was dominated by dysphagia referrals and the opportunity to see a patient with communication needs, or work together with other team members was rare. She reflected:

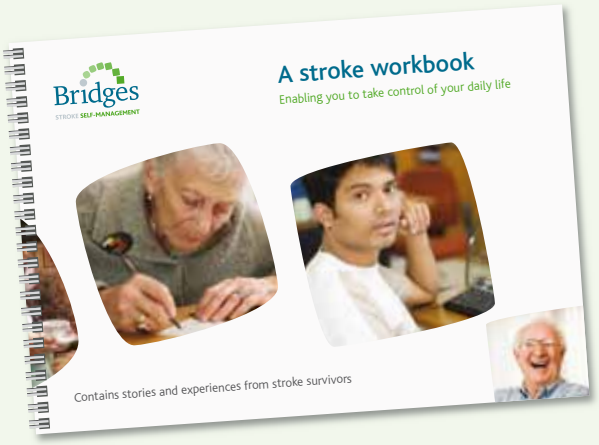
'I found it difficult to see how I could use the workbook to any great benefit with the patients I was seeing, the workbook did not appear to be appropriate for patients who had aphasia, I felt that it had been developed more in mind for patients with physiotherapy or OT goals'

Three years down the line and with 1.5 years of experience working within an early supported discharge team and where the focus is very much about team working, her understanding and perspective has completely changed. Natalie recently attended Bridges training for a second time.

'I now totally get the research behind the approach and the relevance and importance of encouraging a self-management approach with many of our patients , not all of whom have the insight, ability or inclination to self-manage their rehabilitation' .

Natalie also recognised that as input from ESD is usually at a mid-point in the stroke pathway it is partially the responsibility of her team to ensure continuality of the patient's experience when they move from one team to the next. So where Bridges is concerned, they liaise with the previous inpatient stroke team to check whether they have introduced the book and at discharge, they liaise with the community neuro-therapy team if the book is being used.

I found it difficult to see how I could use the workbook.... I now totally get the research behind the approach



Case example

Natalie recently used the workbook with a patient with a cerebellar stroke. He had reduced memory, word finding difficulties and dysarthria. He had made great progress since his stroke but by his own admission was a 'half empty kind of guy' and therefore could not quite see the extent of his progress.

Towards the end of the six weeks of therapy, he used the Bridges work book which they explored together and then for homework Natalie asked him to read through the experiences section and to feed back in the next session about the person he could relate to most and why.

'At the start of the next session he was keen to show me that he had read all the cases and summarised the main points for each. This also addressed his SALT and OT goals relating to written word finding and memory strategies.'

Natalie and he also used the reflection section to explore his progress to date.

'Initially, he could only see the big steps e.g. being able to walk into Wimbledon but by the end of the session he had written a list of the smaller steps made in those early days e.g. being able to open his eyes for more than 5 seconds and sitting out for an hour. He reported that he had found the task very useful because it reminded him that he was not the only person to have suffered a stroke and that others had experienced more severe difficulties and yet had set goals which they had gone on to achieve. He felt that this had re-motivated him to think forward beyond the team input to goals he might want to work towards.'

Perspectives of Helen Kelly: stroke survivor and student Physiotherapist

As a final year student physiotherapist at Kings College London, I attended the Bridges Stroke self-management workshops earlier this year. I found it inspiring, informative and incredibly interesting, and after the 2nd follow up workshop I really felt the Bridges approach came together.

This may sound like the usual response of a therapist after attending a training programme, but I'm probably not the usual student therapist. It will be 3 years ago this July, when I suffered a stroke while out running leaving me paralysed down my left side. At 23 years old, I had just graduated from the University of Bath and moved back home with the usual graduate plan of trying to figure out what I wanted to do in my life.

However my summer of 2011 was primarily spent in the acute stroke ward of Watford General Hospital where I learnt how to walk again. The physiotherapy I had, in my opinion, was exceptional, and it inspired me to become as good a physiotherapist as the physiotherapy I received.

Two and a half years later I'm now 6 months away from completing my physiotherapy qualification. I applied to the course with the help and support from a Clinical Neuropsychologist specialising in Vocational Rehabilitation and I'm pretty sure the application process was, at first, considered to be just a cognitive exercise for me. However I got onto the course and no-one suggested I turn down the opportunity.

It has definitely not been straightforward and I've needed the on-going support from specialists and my family; they've been my 'safety net' that are there to help me through the challenges and to help maintain my confidence when I've been knocked down. I've only had contact every few weeks with my Clinical Neuropsychologist; maybe more when I've come up against a problem on this course, but contact has been less and less as I've become more independent.

And that's what hit me when reflecting back on the Bridges training days; my recovery that has got me to where I am today has, in my opinion, been down to all those supporting me, unknowingly implementing some of the Bridges stroke self-management approaches. I had support in identifying what I wanted to work towards and then that support was increased or decreased as necessary- just enough to keep my confidence up and as needed to maintain my independence. Even if I didn't end up completing the course this year, and at times, this has been a real possibility, the recovery I've made while pushing myself on this course has been huge. If I hadn't had this goal to focus on and work towards I don't believe I would be at this stage of my recovery today.

Helen Kelly, second from right, returning home to her family after having a stroke

In my eyes, no goal that means a lot to you is too big to work towards with the right support. It may require much more hard work, time and commitment than before and you may not even make it all the way, but what you'll achieve in trying along the way could be the best thing of all.

Nearly 3 years post stroke and 6 months away from qualifying, I am beginning to feel normal again. I really believe that the Bridges stroke self-management program is effective in long term rehabilitation, and I'd recommend any therapist who is interested, to get a place on one of their workshops.

In my eyes, no goal that means a lot to you is too big to work towards with the right support. It may require much more hard work, time and commitment than before and you may not even make it all the way, but what you'll achieve in trying along the way could be the best thing of all

Workshop

Early Bridges: Starting self-management support on an acute stroke ward

The St George's acute stroke unit staff completed their Bridges training in 2013 as part of a drive to create a shared approach towards promoting rehabilitation and self-efficacy with patients in the first few days after stroke. After the training we created a plan to integrate our ideas into practice.

Setting up a working party

A group of 'Bridges champions' consisting of an OT, Nurse Practice Educator, Nurse, HCA, OT and Physio Assistants was formed. We used all our individual skills in this joint project, for example one member of the team was great with capturing and recording data for audit, others at explaining the benefits of this new way of working through example, teaching others. We met every 6 weeks and as projects developed, sub-groups would meet as needed.

A first shared goal:

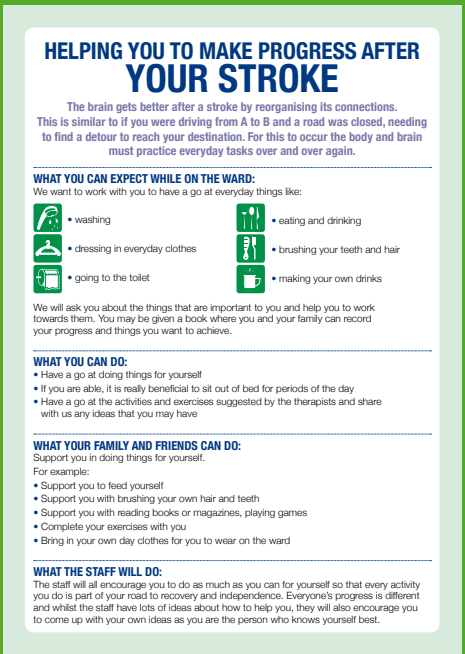
We decided our primary focus would be on promotion of self-management in personal care. We felt that patients were often assisted more than was necessary with their personal care, and that bed baths were being used sometimes with more able patients, also there were often miscommunications to the nursing staff about a person's abilities.

The plan:

We used the Bridges approach to self-management as a vehicle of change, and started with practical scenario training with the nursing and OT staff supported by written material. We focused on the importance of knowing the needs of each patient and how to help them achieve the ways of washing and toileting that they wanted in order to do as much as possible for themselves.

The challenges:

We struggled to get to every staff member, and some missed training so they were given written information. At times it was difficult to motivate some of the staff to try new methods of working, and to convince them that this was not a short term project, but a new ethos for the ward for the future. All staff across the MDT have struggled to change their language, even if they were dedicated to supporting self-management approach, old habits of being directive and controlling aspects of care take time and practice are hard to break.



HELPING YOU TO MAKE PROGRESS AFTER
YOUR STROKE

The brain gets better after a stroke by reorganising its connections. This is similar to if you were driving from A to B and a road was closed, needing to find a detour to reach your destination. For this to occur the body and brain must practice everyday tasks over and over again.

WHAT YOU CAN EXPECT WHILE ON THE WARD:
We want to work with you to have a go at everyday things like:

- washing
- dressing in everyday clothes
- going to the toilet
- eating and drinking
- brushing your teeth and hair
- making your own drinks

We will ask you about the things that are important to you and help you to work towards them. You may be given a book where you and your family can record your progress and things you want to achieve.

WHAT YOU CAN DO:
- Have a go at doing things for yourself
- If you are able, it is really beneficial to sit out of bed for periods of the day
- Have a go at the activities and exercises suggested by the therapists and share with us any ideas that you may have

WHAT YOUR FAMILY AND FRIENDS CAN DO:
Support you in doing things for yourself.
For example:
- Support you to feed yourself
- Support you with brushing your own hair and teeth
- Support you with reading books or magazines, playing games
- Complete your exercises with you
- Bring in your own day clothes for you to wear on the ward

WHAT THE STAFF WILL DO:
The staff will all encourage you to do as much as you can for yourself so that every activity you do is part of your road to recovery and independence. Everyone's progress is different and whilst the staff have lots of ideas about how to help you, they will also encourage you to come up with your own ideas as you are the person who knows yourself best.

The solutions:

We provided some 'one to one' training for nursing staff with our Practice Educator and we all tried to lead by example, demonstrating how integrating a self-management approach can lead to more time as a patient can be left to part of a task themselves while the staff assist with someone else. We used visual prompt sheets above patients' beds, to highlight needs and how patients could self-manage.

Measuring change.

We carried out an audit on the time taken for personal care and the nature of care provided. Time was often stated by staff as the reason why patients were assisted more than was necessary, however the audit found that this was not the case.

By Emma Kelly,
Occupational Therapist

Top tips:

- Include time for new staff with Bridges Champions and make it part of everyone's responsibility to contribute to a shared ethos to rehabilitation with a focus on self-management.
- Use a system to communicate at MDT meetings to disseminate how Bridges is being used.
- Find different ways to advise patients of their abilities and what is possible, and tell relatives and staff what can be expected from them- for example to take part in own personal care or to wear own clothes.
- A self-management approach needs to be a whole-team approach, and to have strong leadership. It is not a concept that can be put down, but needs constant review of services, ethos and processes to best reflect it in everything we do.

What's new?

Research and Policy Update

There are a growing number of publications and guidelines on self-management in the public domain that we report in our regular e-bulletins. We have summarised some of the most relevant ones below.

Cameron, M and Marsh, S. (2014) Surviving is one thing, living quite another: support that makes life worth living for people affected by traumatic brain injury. Ajahma Charitable Trust. Online: www.headwayeastlondon.org/wp-content/uploads/2014/03/Surviving-Is-One-Thing_Living-Quite-Another.pdf

This publication is a must read for anyone working in the rehabilitation of traumatic brain injury (TBI) across the UK. It is not a review of the evidence base but a guide to the challenges of planning for and providing rehabilitation and long-term support for people affected by TBI, punctuated by the voices of brain injury survivors who identify important themes in person-centred services. The publication is given life through the quotes of brain injury survivors and art work produced by members of Headway, East London.

Brown, M., Levack, W., McPherson, K.M. et al. (2013) 'Survival, momentum, and things that make me ''me'': patients' perceptions of goal setting after stroke'. *Disability and Rehabilitation*. DOI: 10.3109/09638288.2013.825653.

This study explored the patients' experiences and views of goal setting during inpatient and early outpatient stroke rehabilitation in New Zealand. The findings indicate that stroke patients think about goals very differently to health professionals. Patients in this study tended to have broadly worded goals around returning to normality and the things they've always enjoyed, and this is in contrast to the professional preference of specifically worded goals. The findings lead to a discussion around the topics of hope, expectations and SMART goals in rehabilitation. One suggestion for bridging the gap between stroke patient and professional views about goals is for professionals to understand the experience of stroke and how this affects their perspectives on engaging with professionals in rehabilitation planning through goal setting.

McKenna, S., Jones, F., Glenfield, P. and Lennon, S. (2013) 'Bridges self-management programme for people in the community: A feasibility randomised controlled trial'. *International Journal of Stroke*. DOI: 10.1111/ijs.12195.

This trial evaluated the feasibility of delivering the Bridges stroke self-management programme (SSMP) in addition to usual stroke rehabilitation compared to usual rehabilitation only. Staff in a community rehabilitation team in Northern Ireland were trained the SSMP. Participants who received the Bridges stroke self-management program had a greater change in self-efficacy, functional activity, social integration and quality of life over the six-week intervention period and showed less decline in mood and quality of life at the three-month follow-up. Professionals found the program acceptable to use in practice, and feedback from participants was broadly positive. Many questions were raised that require further investigation before the feasibility can be fully confirmed, and have since informed a larger, cluster randomised controlled trial.

Kingston University London | St George's University of London

Register your interest:
For further information, including a copy of our 'frequently asked questions' and a booking form, or to join our mailing list and receive regular updates on the progress of Bridges and a copy of future editions of Bridges News, please contact:

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Bridges aims to integrate self-management support into rehabilitation through practitioner training and innovative research and development