

**Case study: Cambridge University Hospitals NHS Foundation Trust**

# The impact of providing self management support training to practitioners on a stroke ward

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## What we did

Petrea Fagan from Cambridge's Co-creating Health team ran training for the Assistant Practitioners (Rehabilitation) [AP(R)s] on the Lewin Stroke & Rehabilitation Unit at Addenbrooke's Hospital in agenda setting and goal setting for their patients.

The training schedule included the AP(R)s designing and testing their own agenda and goal setting forms, which they then refined based on their experience of using them. To iron out any problems that might arise, to build confidence and to embed good practice, Petrea also provided support and coaching to the AP(R)s 'at the bedside'.

At the same time, Petrea worked with the other professions in the Unit to ensure that the purpose of agenda setting and goal setting wasn't misunderstood. This led the team to change the terminology used from 'goal setting' to 'action planning'.

As a result of this work, some patients are now completing the action planning forms themselves, but in other cases (depending on the extent of disability or level of literacy) the AP(R)s are completing them, based on their conversations with the patients.

The forms are taken to the Multi-Disciplinary Team meetings at which the weekly patient timetables are developed. And, because the forms are stored so that they are available for reference by clinicians within the Unit, all treatment can be directed towards helping patients to achieve their goals.

Recently, Brian Leeming has been carrying out interviews with patients in the Lewin Unit, some of whom are stroke victims but others are recovering from brain surgery or trauma. Many have spent time in other parts of the hospital before coming to the Lewin. The interviews are intended to get patients to elucidate their experience of the agenda setting and goal setting processes. As prompts, and to bring some structure to the interviews, Brian has been using a set of questions, approved by the Patient Satisfaction Team at Addenbrooke's. However, all interviewees have been very keen to talk, and interviews have tended to evolve into conversations.

By 20 April 2012, eight patients had been interviewed, two of them twice, making ten interviews in total. The reason for the repeated interviews was to test how well the goal setting process has been able to accommodate patients' changing needs over time. Progress is slow because interviews have to fit into the dense timetable of rehabilitation activities that the Unit provides for patients.

## The impact

Interviewees have been universally complimentary about the agenda setting and goal setting processes and have commented on:

- the benefits of having forms to help to structure their thought processes;
- how everyone who works with them understands their goals;
- how their motivation to recover has increased;
- how much quicker they feel they are progressing than before they were introduced to self-management.

One patient commented, adversely, that there was, 'some duplication. Others are asking [me] the same thing.' But another said, 'Stuff I've said to the AP(R) pops up in other sessions.' These comments are positive signs that other clinicians are cognisant of the goals that the patient has set.

Because the AP(R)s are so enthusiastic about the effects of agenda setting and action planning, the likelihood is that it will be sustained in the Unit. However, we will need to check that it becomes embedded, and we should be prepared to use coaching or retraining as necessary.

## Our learning

- When introducing self-management, there is much greater ownership if the people who will be supporting patients to self manage design the system to deliver it. Indeed, this fits beautifully with the philosophy of self-management.
- Care should be taken to ensure that all

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other professionals that are treating patients understand the purpose of self-management, to create cooperation and to avoid ‘ruffling feathers’.

- A shared understanding of patients’ goals can lead to a more harmonised approach amongst the different teams and professions working with an individual.
- The Assistant Practitioners have reported increased cohesion within their team and enhanced job satisfaction.
- Some patients have found it hard to contextualise how important a goal is to them and how confident they feel in achieving it. Providing them with a ‘ruler’ numbered from one to ten and asking them to use the ruler to help them articulate how confident they feel on a scale of one to ten can help.
- If patients are keen to engage with the interviewer, there is little need for a formal set of questions, other than to act as prompts if the conversation dries up. If patients aren’t keen to engage with the interviewer, there would be little point in persisting.
- We believe, but haven’t yet proved, that recovery is quicker among patients that are self-managing their rehabilitation.