

Goal setting in rehabilitation when there are palliative needs to consider

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A little bit about me.....



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Plan



- Reflections on the challenges of goal setting in the real world
- Overview of G-AP PC (a framework to help you)
- Examples from practice
- Final thoughts

Hospice experiences

- Professionals tended to focus on ‘important goals’;
- The process was implicit rather than explicit;
- Professionals tended to focus on their own areas of expertise and tried to minimise risk;
- Successful goal setting relied on collaborative action planning between the patient and the multidisciplinary team.

Typical goals

- ‘Improve nausea’
- ‘Increase mobility’
- ‘Increase strength’
- ‘Aim to get home’



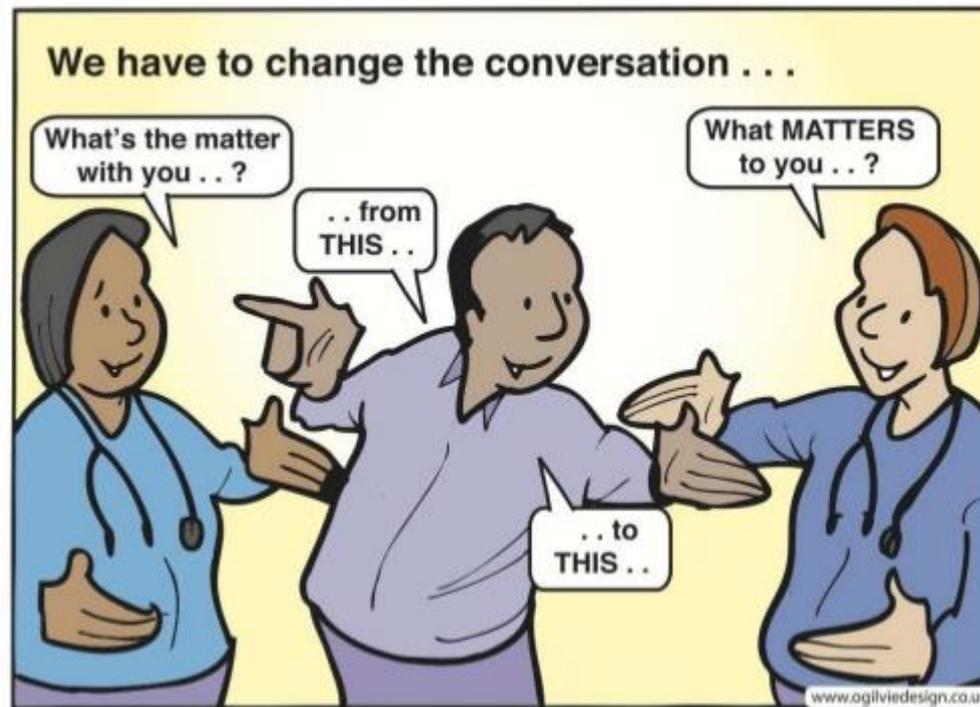
“Just sitting here. It ’s driving me mad. Watching TV all the time.” He then adds “I ’m going to talk to my wife – we ’re going to do things we never get done. Going out, seeing people, the pictures, a meal. We’ll just do it. That’ll make my life more meaningful. I don’t know ”.

Goal setting – the problems....



- Lack of:
 - Consistency of approach as a team
 - Structure
 - Theoretical underpinning
- Leading to:
 - **Missed opportunities**

Need for change...



Co-production



- Worked with a task group from the hospice
- Discussed an existing framework (G-AP) (Scobbie et al 2009, 2013) and discussed its relevance/application to palliative care
- Looked at the literature to identify additional theories important in palliative care

G-AP PC

- Based on 3 theories:
 - Self efficacy (Bandura, 1997)
 - Goal setting theory (Locke and Latham, 2002)
 - Health action process approach (Schwarzer, 2008)
- Added two theories/frameworks relevant to palliative care:
 - Hope Theory (Gum and Snyder, 2002)
 - Framework for coping with living and dying (Bye, 1998)

Self Efficacy



(Bandura, 1997)

Maintaining identity and control

'Oh yes, there's no way I'm giving up any of my independence. If I can – because I'm having a lot of urinary problems and em water works is just going to pot. Um And one of the nurses had mentioned catheter and of course, I nearly had a loopy.'

Goal setting
theory

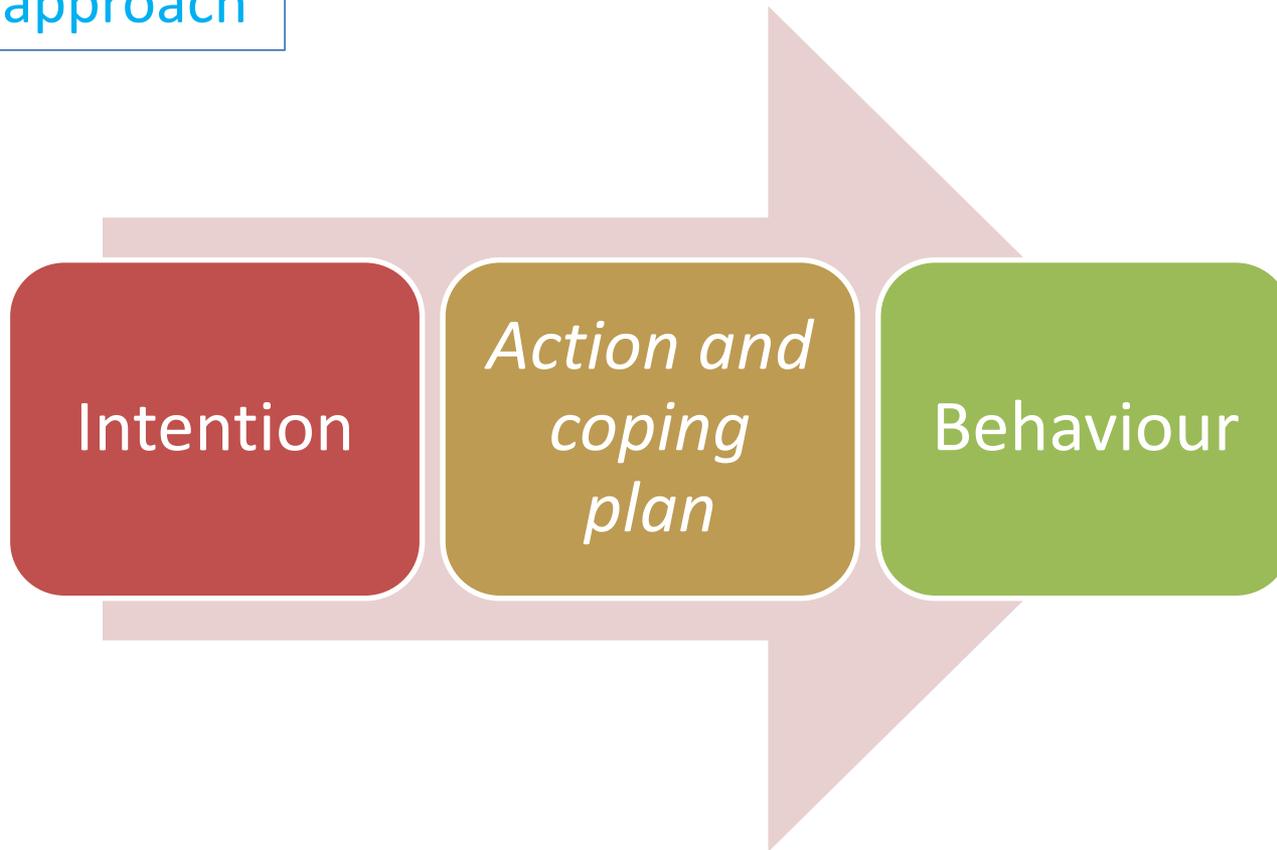


(Locke and Latham, 2002)

Tracking progress

'if you don't set goals, you don't set yourself targets, err – how are you going to know you're progressing.'

Health action
process approach

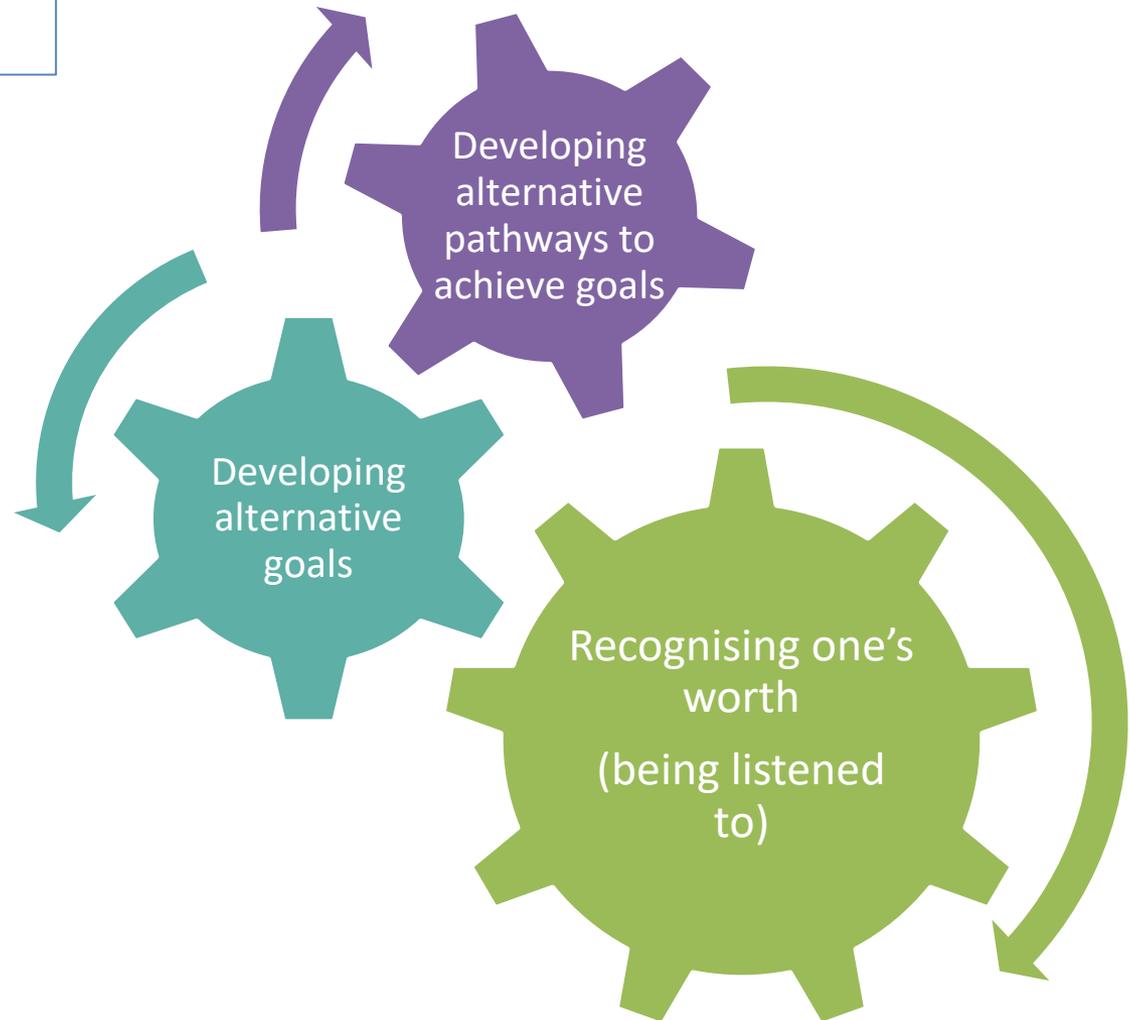


(Schwarzer, 2008)

Action and coping plans

'Well, I tend to have a shower every morning – and I manage that myself – err It takes me round about 45 minutes cause I'll go along – and I'll have a shower – then I'll sit for a little while till I get my breath back. I take this all with me (points to oxygen cylinder) – then I'll start to dry myself, then I'll have another breather – so by the time I do that, have a shave, get dressed and come back along – it can take about 45 minutes.'

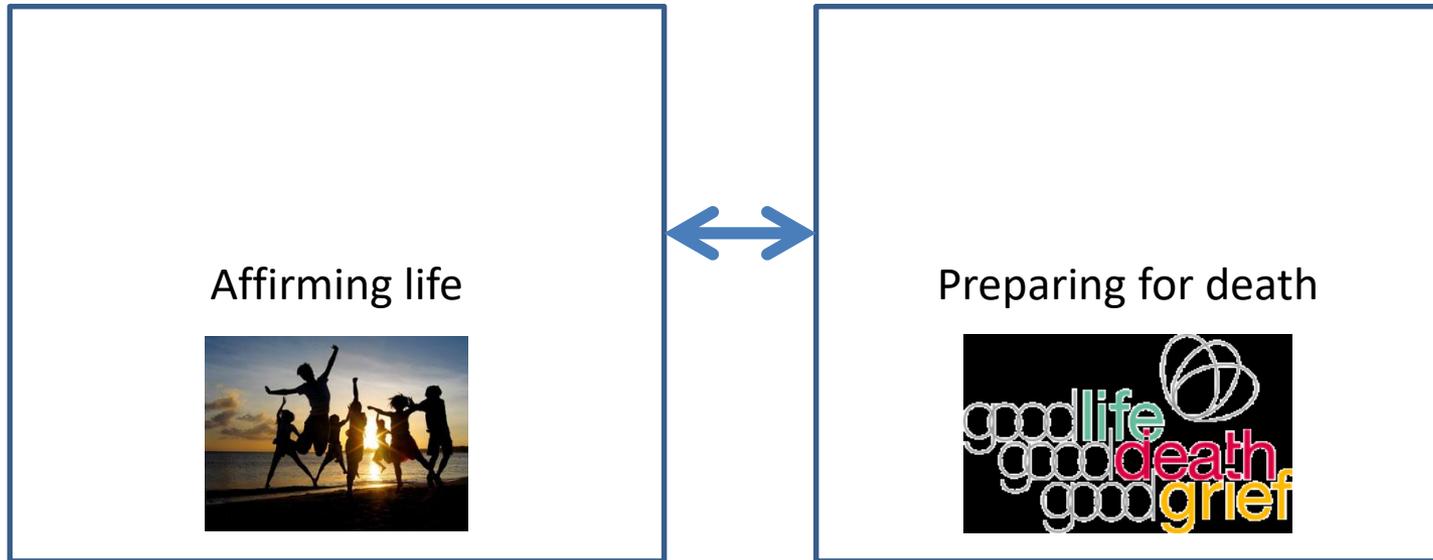
Hope theory



(Gum and Snyder, 2002)

Adjusting

“To be honest, it’s just with having this kind of illness, you’ve really got to – re-think your outlook – because as I said I thought it [a mobility scooter] was going to take away independence. It’s given me more – so, I mean, the likes of MECS (Mobile Emergency Care Service) etc. is doing away with my independence but – it won’t – you know, it’s just getting your head round these things.”



Bye's Framework

(Bye, 1998)

Preparing for death

'I've made a will and done things that we just – try and get things – you know – because you're sort of – you. I know my husband's there – but it's me that's did everything'.

1. What's important to you in the next wee while?

2. What would you like to work towards at the moment?

3. How confident do you feel about this?

Action and coping plan:

What do you need help with and who do you need to ask for help?

Can you think of anything that might get in the way?

4. Carrying out the plan - provide support, as agreed

5. Appraisal and feedback:

How did you get on? – what went well, what didn't go so well?

How do you feel?

Is it still important to you?

What next?



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What's important to you in the next wee while?

To get outside

What would you like to work towards at the moment?

'To be able to get out to field next to house to watch dogs running around'

My goal	<p>Agree on the specific goal the patient wants to work on</p> <p>To be able to get out to field next to house to watch dogs running around'</p>
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How confident do you feel about managing this?

1 2 3 4 5 6 7 8 9 10

Not veryFairly.....Very

If confidence is below 7, discuss the things that might get in the way and ways around the potential difficulties. Repeat the confidence rating once you have done this

What I need to do	<i>'ongoing physio assessment. Stick.'</i>
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What I need help with and who I need to ask for help	<i>'Physio and nurses.'</i>
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<p>'What if' plan....</p> <p>(think of things that might get in the way, and how they might be overcome)</p>	<p><i>'not safe outside independently ?equipment to aid safety ?wheelchair.'</i></p>
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'patient has mobilised to the bottom car park (green recycle bin) and back to the ward. He used a stick – sat in wheelchair at hospice door for a 5 min rest. Stumble x 1 – aware he was not paying attention.

Managed well otherwise – 1 person to supervise closely. Plan to walk to end of car park tomorrow. Patient is pleased with this.

Appraisal and feedback:

How did it go?

What went well?	<i>'Patient has walked down the hospice drive and back to the hospice.'</i>
What didn't go so well?	<i>'Needs to pace and rested in reception. Aware he will need to have someone with him when outside.'</i>
How do you feel about it?	<i>'patient is delighted he has walked outside.'</i>
Is it still important to you?	<i>"I know I won't be walking like I used to. But I'll still be able to take them out into the field behind us – which is great –I'll be able to sit and let them run –um – and just get back, amongst the family."</i>
What next?	<i>Wants to walk to shop at home. Will have wife with him.'</i>

Alan



Differences in documentation

BEFORE G-AP PC implementation	DURING G-AP PC implementation
<p>'Improve nausea'</p> <p>'Increase mobility'</p> <p>'Increase strength'</p> <p>'Aim to get home'</p>	<p>'Increasing mobility so I can get in a bath and relax with a whisky'</p> <p>'Go out for lunch with my family'</p> <p>'Walk the dogs in the field at the back of my house'</p>

Key learning

- Whole team effort
- Theory is important!
- Training, reflection, learning
- Goal setting champions
- Documentation
- Think about how it might fit with current processes
- Task group to plan implementation
- **How to sustain this over time?**

Final thoughts

- Hope is a mechanism for motivation and adjustment
- Goal setting can help people gain back control and provide a focus for working together
- Mind the gap between patient and professional goals – using person's own words in documentation can help

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