

FIM FACILITY TRAINERS NEWSLETTER

December 2019

Dear <name>,

Welcome to the FIM Facility Trainer's Newsletter - we hope you find it informative. The purpose is to:

- Keep you updated with what's happening at AROC
- Direct you to some useful FIM resources
- Look at a few FAQs
- Provide a few reminders

AROC would like to take this opportunity to wish you a Merry Christmas and Happy Holiday Season.

AROC Open Workshops 2020

All FIM, WeeFIM and Facility Trainer (FT) **Workshops for 2020** are now available on the [website](#). These are conducted in most state capitals, including Auckland.

If you are due to complete a Facility Trainer workshop as a refresher for your ongoing requirements (every 4 years), please refer to our website at [AROC OPEN WORKSHOPS](#) for workshop dates and registration details.

Please send in an expression of interest if your state capital has no scheduled workshop.

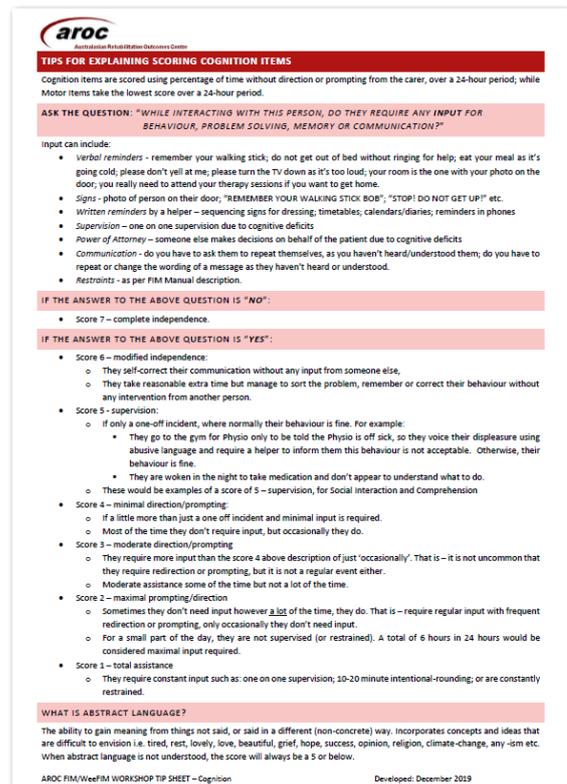
Resources & Support

Tip Sheets - AROC has been developing TIP SHEETS. The two most recent tip sheets are for **Facilitating Workshops** and **Explaining Scoring Cognition Items**. If you would like the Facilitating Workshops tip sheet, please email into AROC at fim@uow.edu.au. You can download the tip sheet for Explaining Scoring Cognition Items from our [Tools and Resources](#) webpage.

NEW Practise Case Study - A **spinal specific** practise case study "Peter" has been developed. If you would like a copy of this practise case study to use with your clinicians, please email your request to fim@uow.edu.au

FIM Manual - The most recent print of the "FIM Training Manual Adult Assessment" for FIM clinicians is **Version 5.4 Revised November 2019**. The only update in this manual is the addition of a note point on page 25 Bladder Management – Part 2 *"If an accident occurs longer than 2 weeks ago but within the past month – score 5. Do not take into account any accidents that occurred longer than a month ago."*

"Excellent ideas to improve"
"Very informative with very good examples and explanations"
"Stepping outside my comfort zone and learning to present more fluidly"
"Provision of updated Trainer manual and slides"
"Opportunity to discuss difficulties"
"Opportunity to clarify aspects of FIM and talk to other FIM Facility Trainers about their experience"
"Interactive and engaging with helpful material"
"Excellent reinforcement and tips on using the resources"
"I've left feeling empowered and motivated to assist others in using FIM to improve/capture rehab being done and use FIM as a tool to assist us in developing a gold star service"



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TIPS FOR EXPLAINING SCORING COGNITION ITEMS

Cognition items are scored using percentage of time without direction or prompting from the carer, over a 24-hour period; while Motor items take the lowest score over a 24-hour period.

ASK THE QUESTION: "WHILE INTERACTING WITH THIS PERSON, DO THEY REQUIRE ANY INPUT FOR BEHAVIOUR, PROBLEM SOLVING, MEMORY OR COMMUNICATION?"

Input can include:

- Verbal reminders - remember your walking stick; do not get out of bed without ringing for help, eat your meal as it's going cold; please don't yell at me; please turn the TV down as it's too loud; your room is the one with your photo on the door; you really need to attend your therapy sessions if you want to get home.
- Signs - photo of person on their door; "REMEMBER YOUR WALKING STICK BOB"; "STOP! DO NOT GET UP!" etc.
- Written reminders by a helper - sequencing signs for dressing; timetables; calendars/diaries; reminders in phones
- Supervision - one on one supervision due to cognitive deficits
- Power of Attorney - someone else makes decisions on behalf of the patient due to cognitive deficits
- Communication - do you have to ask them to repeat themselves, as you haven't heard/understood them; do you have to repeat or change the wording of a message as they haven't heard or understood.
- Restraints - as per FIM Manual description.

IF THE ANSWER TO THE ABOVE QUESTION IS "NO":

- Score 7 - complete independence.

IF THE ANSWER TO THE ABOVE QUESTION IS "YES":

- Score 6 - modified independence:
 - They self-correct their communication without any input from someone else.
 - They take reasonable extra time but manage to sort the problem, remember or correct their behaviour without any intervention from another person.
- Score 5 - supervision:
 - If only a one-off incident, where normally their behaviour is fine. For example:
 - They go to the gym for Physio only to be told the Physio is off sick, so they voice their displeasure using abusive language and require a helper to inform them this behaviour is not acceptable. Otherwise, their behaviour is fine.
 - They are woken in the night to take medication and don't appear to understand what to do.
 - These would be examples of a score of 5 - supervision, for Social Interaction and Comprehension
- Score 4 - minimal direction/prompts:
 - If a little more than just a one off incident and minimal input is required.
 - Most of the time they don't require input, but occasionally they do.
- Score 3 - moderate direction/prompts:
 - They require more input than the score 4 above description of just 'occasionally'. That is - it is not uncommon that they require redirection or prompting, but it is not a regular event either.
 - Moderate assistance some of the time but not a lot of the time.
- Score 2 - maximal prompting/direction:
 - Sometimes they don't need input however a lot of the time, they do. That is - require regular input with frequent redirection or prompting; only occasionally they don't need input.
 - For a small part of the day, they are not supervised (or restrained). A total of 6 hours in 24 hours would be considered maximal input required.
- Score 1 - total assistance:
 - They require constant input such as: one on one supervision; 10-20 minute intentional-rounding; or are constantly restrained.

WHAT IS ABSTRACT LANGUAGE?

The ability to gain meaning from things not said, or said in a different (non-concrete) way. Incorporates concepts and ideas that are difficult to envision i.e. tired, rest, lovely, love, beautiful, grief, hope, success, opinion, religion, climate-change, any -ism etc. When abstract language is not understood, the score will always be a 5 or below.

AROC FIM/WeeFIM WORKSHOP TIP SHEET - Cognition Developed: December 2019

Bladder Management – Part 2

Useful table for clarification regarding frequency of accidents:

BLADDER MANAGEMENT - Part 2 Frequency of Accidents	
FIM Score	Accident Occurred
5	Once greater than 14 days ago but within the last month
4	Once 8 – 14 days ago
3	Once within past 7 days
2	Most days even though patient tries to stay dry by asking for assistance
2	Dry during day but accidents most nights
1	Most days but patient does not help to stay dry

Clinical Queries & Explanations

Eating

Question: At our facility, a number of older people request a modified texture (soft) diet, as they prefer this type of food texture. Our facility requires that a Speech Pathologist assess each of these patients before their diet code can be changed and they receive the modified diet. How do we score patients in this scenario?

Answer: In this situation, consider whether the patient requires the modified texture diet, that is whether it is clinically indicated, or whether this is a request based on personal preference. If the patient is requesting a modified texture diet due to personal preference but is assessed by the Speech Pathologist as being able to swallow a standard diet, you would score the FIM item: Eating as a level 7: Complete Independence. However, if the patient required the modified texture diet to be deemed safe when eating then score level 6: Modified Independence.

Social Interaction

Question: What is the difference for medication (as a chemical restraint) between someone who is a Level 6 and someone who is a Level 1? I understand regarding the 24-hour period for restraint with someone who is a Level 1; however, most medications seem to be for a 24-hour period. Therefore, would most people on regular anti-depressants etc be a Level 1?

Answer: Indication for a FIM Score of 6 for Social Interaction - a regular dose of a common anti-depressant/anti-anxiety medication. That is, taken daily so the client maintains appropriate interactions with others. Indication for a FIM Score of 2 for Social Interaction - a chemical restraint that is given PRN (when necessary) due to an unforeseen escalation of adverse behaviour. Indication for a FIM Score of 1 for Social Interaction - a patient has a regular dose of a chemical restraint to control their behaviour i.e. an antipsychotic medication.

Transfers

Question: Our hospitals have introduced a new admission policy stating that all patients admitted to hospital need to be at minimum 'Stand-by assist' for transfers and mobility for the first 48hours. This is in keeping with our Falls Prevention tool. This policy will obviously increase the "burden" of care for the patient but the 'Actual' performance of the patient may not require stand-by assist. Should we be scoring the patients actual performance or the burden of care that the hospital has caused due to the policy?

Answer: For accuracy of data, a qualified FIM clinician needs to ask the question "*does the patient need the supervision or are they just supervised due to the blanket policy of the facility*", and then scored appropriately based on what the patient actually needs.

Dressing

Question: When a person is first assessed, on admission, for dressing upper or lower body with loose fitting clothes and quite often, less layers, is it fair to conduct the pre discharge (quite a long time later) assessment when they are wearing more layers and, in the BIU setting (younger patients), tighter fitting clothes?

Answer: The Dressing FIM scores are based on what the person is actually wearing in the 24-hour period of FIM scoring and how much help they require to put on and remove any clothing in that 24-hour period of time. It is not about what they wore previously, why they wore it or comparing clothing to other times or other people. It is purely about what assistance they required for dressing and undressing in the 24 hour FIM scoring period (which would be at Admission and Discharge and any other time you want to track their progress).

AROC News

THE COACHING WORKSHOP: Evidence-based coaching skills for rehabilitation professionals

- **Target audience:** Occupational therapists, physiotherapists, allied health assistants and exercise physiologists. No pre-requisites. Short publications providing a general overview on a range of interesting topics using the AROC dataset.
- **Overview:** This workshop will summarise research about attention, demonstration, instructions, cues, goals, feedback and motivation as they relate to adult neuro-rehabilitation and aged care. Video examples will be used for analysis. Therapists will practice and receive feedback on their coaching skills during the workshop.

Presenters: Dr Simone Dorsch, Dr Kate Scrivener, Karl Schurr, Dr Annie McCluskey

Date and time: Fri 14 Feb 2020, 8.30am-4.30pm

Venue: Australian Catholic University, North Sydney

Cost: \$220

Registration: Choose option: "Coaching workshop NSydney"

https://students.acu.edu.au/administration/forms/school_of_physiotherapy_workshop

Contact person: simone.dorsch@acu.edu.au

QUEENSLAND STATEWIDE REHABILITATION CLINICAL NETWORK GOAL SETTING RESOURCES

The Statewide Rehabilitation Clinical Network in Queensland has recently completed a two year project on goal setting. A number of excellent resources have been developed that might be of interest to your Networks including:

- [Rehabilitation goal-setting guideline and implementation toolkit](#)
- [Resources for consumers](#) including an editable goal setting workbook, goal setting prompt sheets, goal boards, a follow up template and aphasia friendly resources
- [Resources for clinicians](#) (still undergoing further development)

Reminders

Participant Evaluation Forms

Please ensure that you have sent in all your completed participant FIM workshop evaluation forms for 2019. We will collate all your evaluation forms to produce a Workshop Summary Report of the workshops you have conducted.

Updating your clinicians details

As a Facility Trainer or FIM Coordinator, it is possible to update your clinicians' emails, contact numbers and addresses:

1. Log in to AOS using your Username and Password,
2. Click "My Facilities" and select your facility,

3. Scroll down to "Facility Roles"
4. Click on the **clinician's name** you'd like to update - this will take you to that clinician's contact details in AOS
5. Click on Quick Links "Edit" at the top left hand of the screen
6. Make the appropriate updates and click "save"

This information and more can be found in the [AOS User Manual for Facility Trainers](#)

Holiday Season

Thank you for all your hard work supporting your clinicians with the use of FIM throughout 2019.



**AROC wishes you a Merry Christmas
and a Happy New Year 2020**

The AROC Office will close on **Friday 20 December** and reopen on **Monday January 13, 2020**

All our Newsletters and other resources can be found on the AROC [Tools & Resources](#) page, or on the [FIM and WeeFIM Resources](#) page.

Warm Regards, the team at AROC

