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”
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).

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**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


**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)

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**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 clinicians 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