NORTHWESTERN UNIVERSITY

Northwestern University Feinberg School of Medicine

Institute for Public Health and Medicine

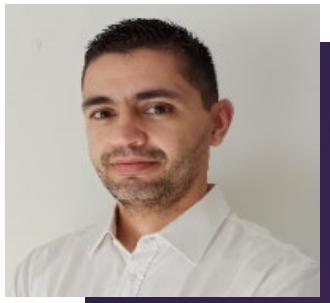
Center for Education in Health Sciences

Systematic Review on Person-Centered Rehabilitation

WHAT EXACTLY DOES IT MEAN IN CONCEPT AND PRACTICE ?

Tiago Jesus, OTD, PhD
Postdoctoral fellow

NIDILRR
National Institute on Disability, Independent Living, and Rehabilitation Research



Tiago Jesus, OTD, PhD (Health Psychology)

Background:

Professional: Full-time OT for 14 years (Portugal).

Scientific: Total of **52** international peer-reviewed publications **(2015-2022)**

Subjects of interest:

(Inter)national health policy, systems, and service research, including workforce studies - in the rehabilitation and disability fields.

Quality improvement, person-centered care, and implementation science in the rehabilitation field, often as cross-crossing themes.

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Archives of Physical Medicine and Rehabilitation 2015;96:960-9

SPECIAL COMMUNICATION

Postacute Rehabilitation Quality of Care: Toward a Shared Conceptual Framework

Tiago Silva Jesus, PhD, OT,[a] Helen Hoenig, MD, MPH[b,c]

Editors' Selections From This Issue:

RehabCast

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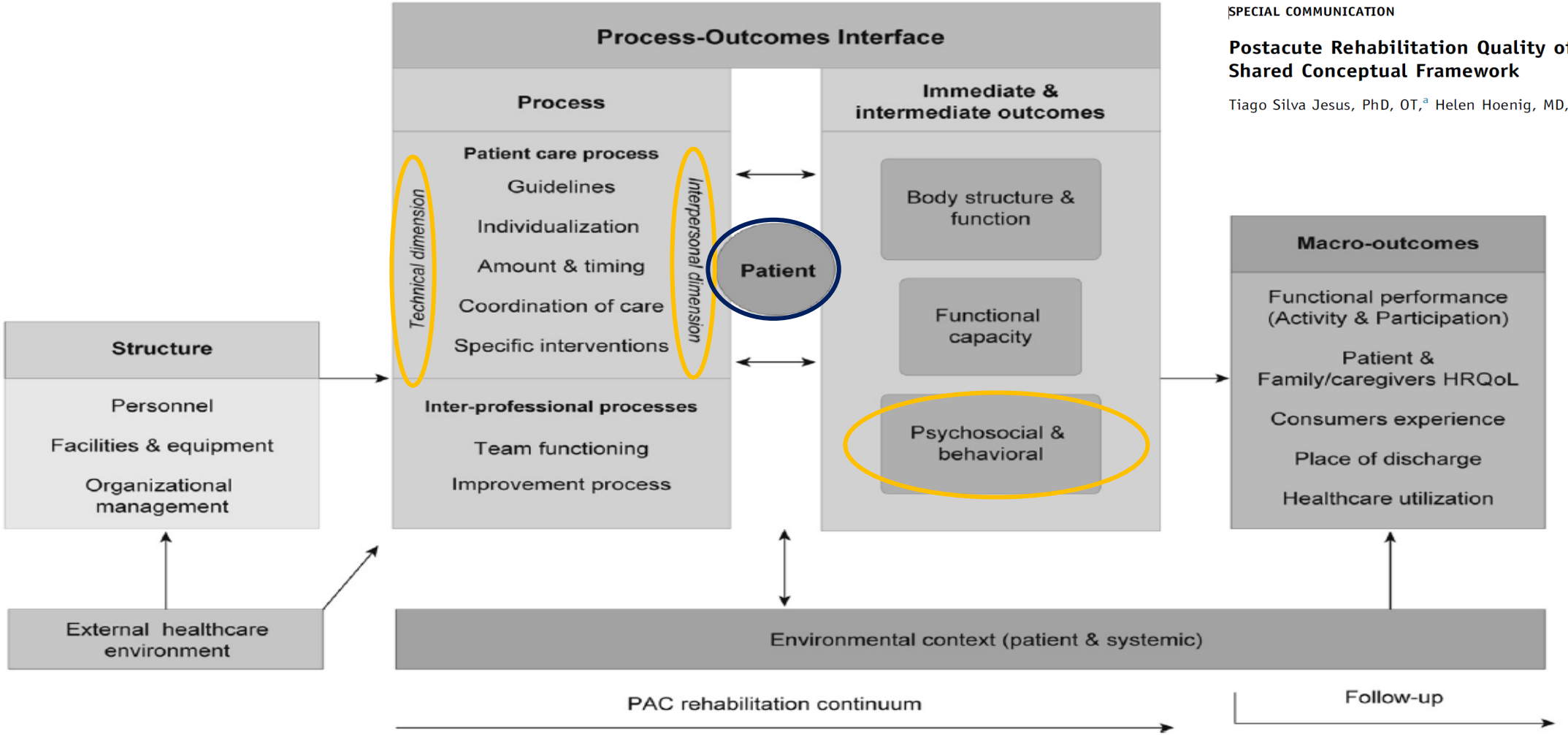


Fig 1 PAC-rehab quality framework.

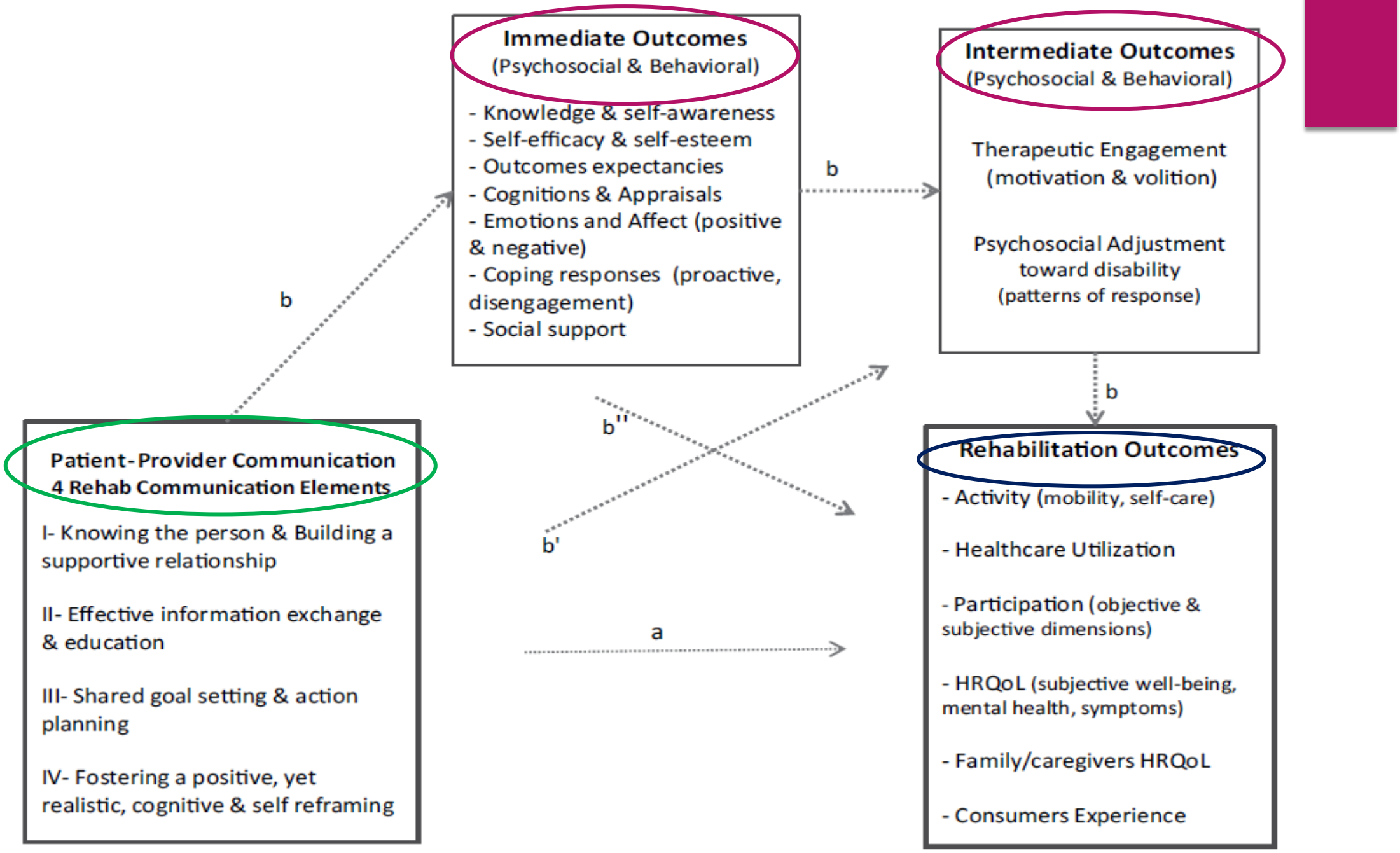
> Clin Rehabil. 2016 Apr;30(4):315-28. doi: 10.1177/0269215515585133. Epub 2015 May 7.

Toward an evidence-based patient-provider communication in rehabilitation: linking communication elements to better rehabilitation outcomes

Tiago Silva Jesus [1], Isabel Lopes Silva [2]

4 Rehab Communication Elements

1) knowing the person and building a supportive relationship;
2) effective information exchange and education;
3) shared goal-setting and action planning;
4) fostering a more positive, yet realistic, cognitive and self-reframing.


Immediate Outcomes
(Psychosocial & Behavioral)
- Knowledge & self-awareness
- Self-efficacy & self-esteem
- Outcomes expectancies
- Cognitions & Appraisals
- Emotions and Affect (positive & negative)
- Coping responses (proactive, disengagement)
- Social support
Intermediate Outcomes
(Psychosocial & Behavioral)
Therapeutic Engagement
(motivation & volition)
Psychosocial Adjustment
toward disability
(patterns of response)
b
b
b
b''
b'
a
Patient-Provider Communication
4 Rehab Communication Elements
I- Knowing the person & Building a supportive relationship
II- Effective information exchange & education
III- Shared goal setting & action planning
IV- Fostering a positive, yet realistic, cognitive & self reframing
Rehabilitation Outcomes
- Activity (mobility, self-care)
- Healthcare Utilization
- Participation (objective & subjective dimensions)
- HRQoL (subjective well-being, mental health, symptoms)
- Family/caregivers HRQoL
- Consumers Experience

Open Access Protocol

BMJ Open

Person-centred rehabilitation: what exactly does it mean? Protocol for a scoping review with thematic analysis towards framing the concept and practice of person-centred rehabilitation

Tiago S Jesus,[1] Felicity Bright,[2] Nicola Kayes,[2] Cheryl A Cott[3]

To cite: Jesus TS, Bright F, Kayes N, *et al*. Person-centred rehabilitation: what exactly does it mean? Protocol for a scoping review with thematic analysis towards framing the concept and practice of person-centred rehabilitation. *BMJ Open* 2016;**6**:e011959. doi:10.1136/bmjopen-2016-011959

Review > Disabil Rehabil. 2021 Jun;43(11):1626-1636. doi: 10.1080/09638288.2019.1668483. Epub 2019 Sep 25.

Scoping review of the person-centered literature in adult physical rehabilitation

Tiago S Jesus [1], Felicity A Bright [2], Cátia S Pinho [3], Christina Papadimitriou [4], Nicola M Kayes [2], Cheryl A Cott [5]

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Archives of Physical Medicine and Rehabilitation 2021;000: 1–15

REVIEW ARTICLE (META-ANALYSIS)

Person-Centered Rehabilitation Model: Framing the Concept and Practice of Person-Centered Adult Physical Rehabilitation Based on a Scoping Review and Thematic Analysis of the Literature

Tiago S. Jesus, OT, PhD,[a] Christina Papadimitriou, PhD,[b] Felicity A. Bright, PhD,[c] Nicola M. Kayes, PhD,[c] Cátia S. Pinho, BSc,[d] Cheryl A. Cott, PhD[e]

Clinical Rehab
@ClinicalRehab

DW. Essential reading: "Person-centred rehabilitation model". This is a substantial systematic review and careful synthesis (protocol 2016 published 2022)

Editors' Selections From This Issue:

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ArchivesPMR
@ArchivesPMR

Well this one took off! #rehabilitation

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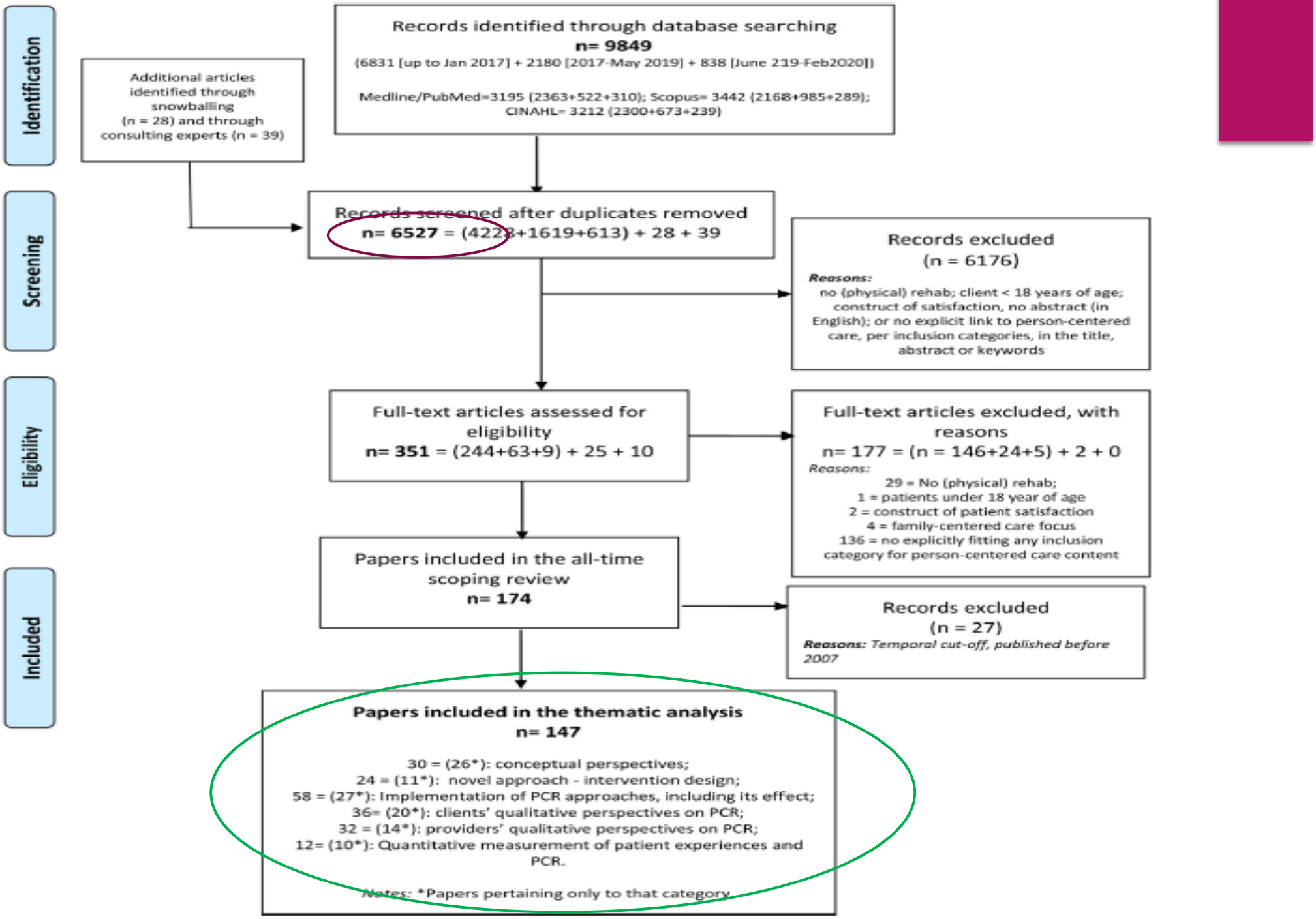
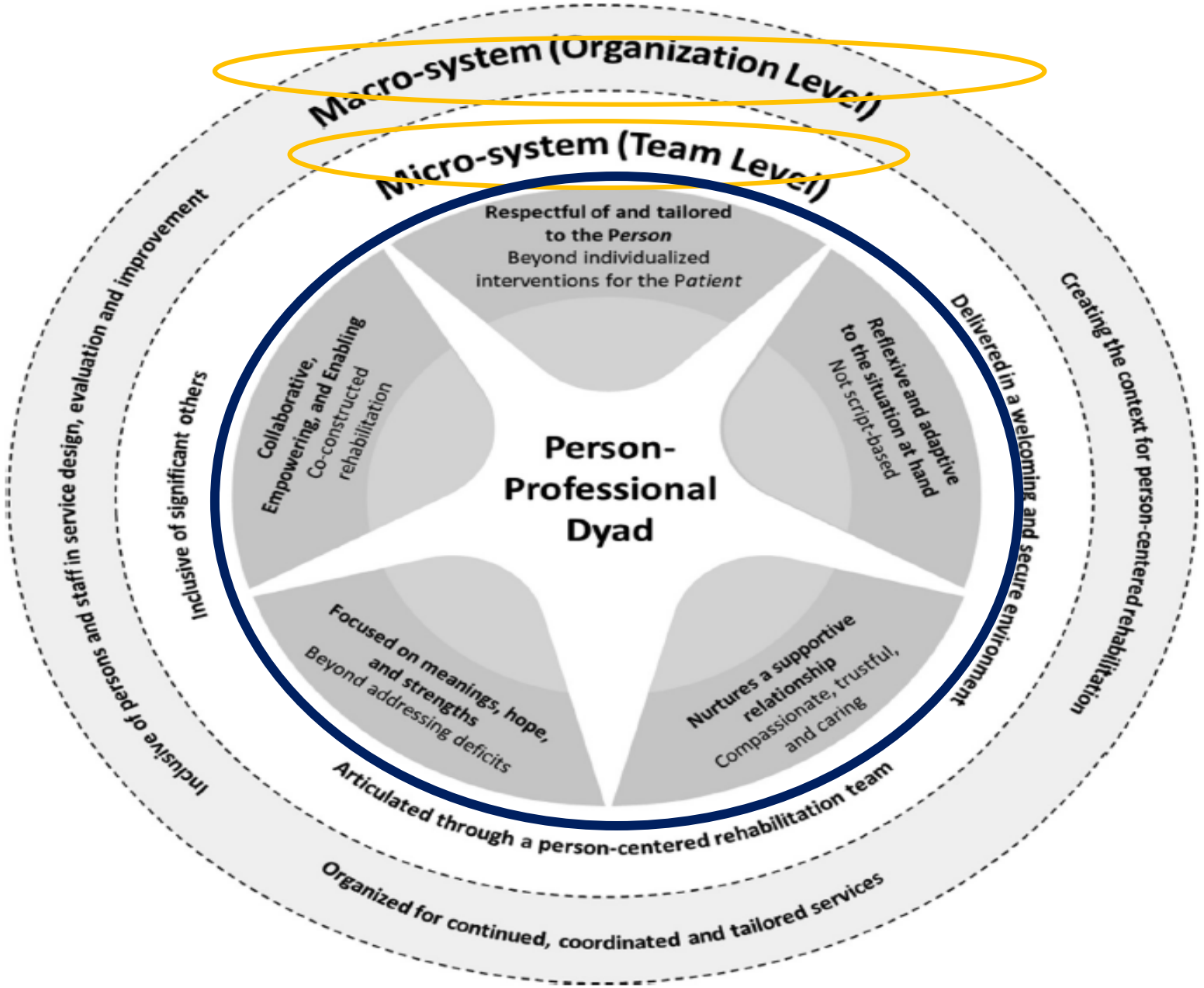

Identification
Screening
Eligibility
Included
Additional articles identified through snowballing (n = 28) and through consulting experts (n = 39)
Records identified through database searching
n= 9849
(6831 [up to Jan 2017] + 2180 [2017-May 2019] + 838 [June 219-Feb2020])
Medline/PubMed=3195 (2363+522+310); Scopus= 3442 (2168+985+289); CINAHL= 3212 (2300+673+239)
Records screened after duplicates removed
n= 6527 = (4228+1619+613) + 28 + 39
Records excluded
(n = 6176)
Reasons:
no (physical) rehab; client < 18 years of age; construct of satisfaction, no abstract (in English); or no explicit link to person-centered care, per inclusion categories, in the title, abstract or keywords
Full-text articles assessed for eligibility
n= 351 = (244+63+9) + 25 + 10
Full-text articles excluded, with reasons
n= 177 = (n = 146+24+5) + 2 + 0
Reasons:
29 = No (physical) rehab;
1 = patients under 18 year of age
2 = construct of patient satisfaction
4 = family-centered care focus
136 = no explicitly fitting any inclusion category for person-centered care content
Papers included in the all-time scoping review
n= 174
Records excluded
(n = 27)
Reasons: Temporal cut-off, published before 2007
Papers included in the thematic analysis
n= 147
30 = (26*): conceptual perspectives;
24 = (11*): novel approach - intervention design;
58 = (27*): Implementation of PCR approaches, including its effect;
36= (20*): clients' qualitative perspectives on PCR;
32 = (14*): providers' qualitative perspectives on PCR;
12= (10*): Quantitative measurement of patient experiences and PCR.
Notes: *Papers pertaining only to that category


Macro-system (Organization Level)
Micro-system (Team Level)
Respectful of and tailored to the Person
Beyond individualized interventions for the Patient
Collaborative, Empowering, and Enabling
Co-constructed rehabilitation
Reflexive and adaptive to the situation at hand
Not script-based
Person-Professional Dyad
Focused on meanings, hope, and strengths
Beyond addressing deficits
Nurtures a supportive relationship
Compassionate, trustful, and caring
Inclusive of significant others
Delivered in a welcoming and secure environment
Creating the context for person-centered rehabilitation
Inclusive of persons and staff in service design, evaluation and improvement
Articulated through a person-centered rehabilitation team
Organized for continued, coordinated and tailored services

Catalyst Grant Program

Funding Opportunity for Innovative Ideas from All Employees

QUALITY Grant	Projects that lead to clinical or research quality improvements.	≤$15,000	12-18 months	▪ Change in infrastructure (efficiency and/or data accessibility) ▪ Presentation (internal/external)

- *Title:* **Responding to** patient experience feedback in **real time**: Development and pilot testing of a new system **integrating digital capabilities** with **an in-person Patient Experience Rounding.**

Shirley Ryan Abilitylab

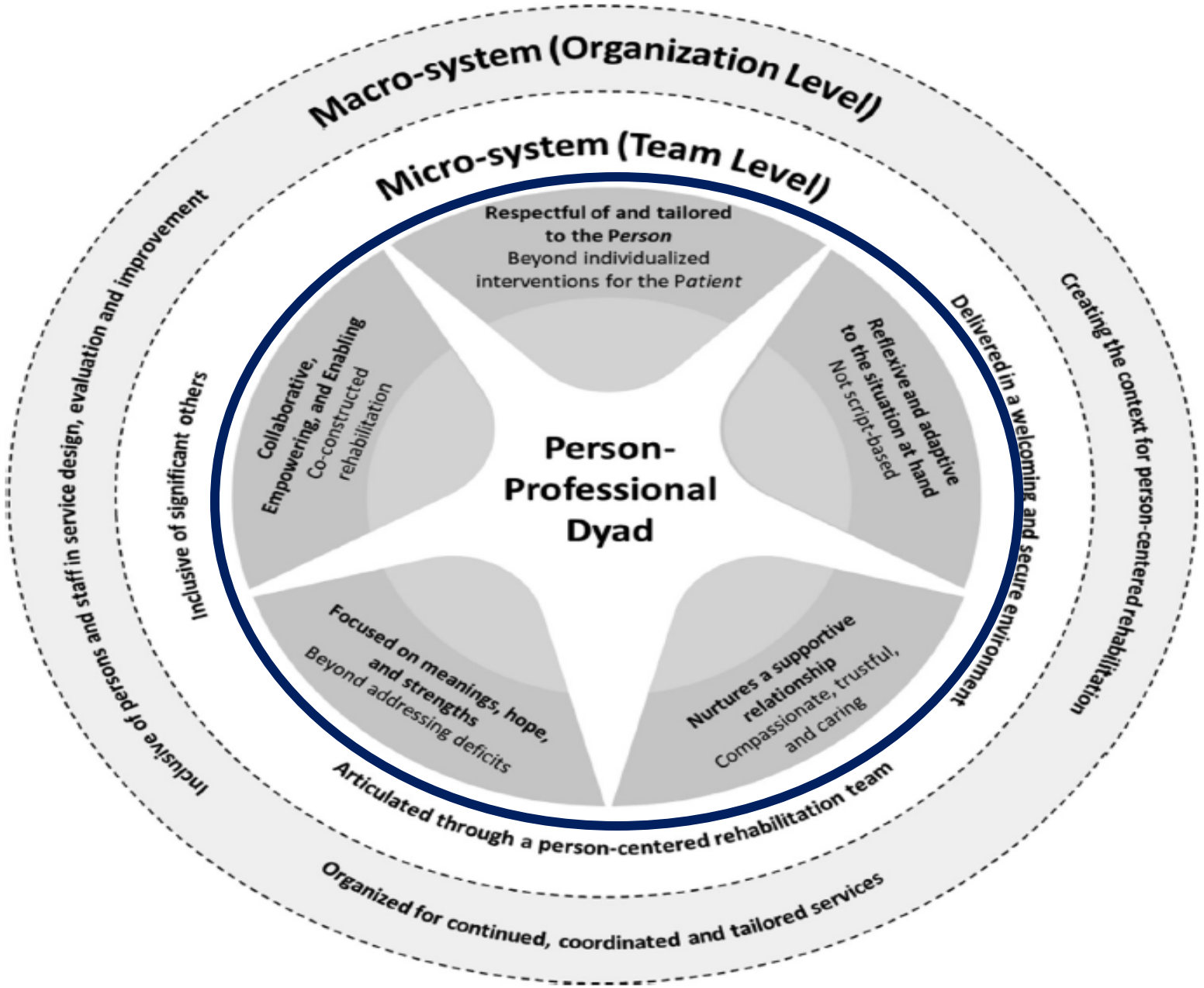
Patient Experience Toolkit

Shirley Ryan Abilitylab

Jesus TS, Stern B, Struhar J, Deutsch A, Heinemann AW

The use of the patient experience feedback in rehabilitation quality improvement and codesign activities: scoping review

Clin Rehabil. 2022 Sep 16;2692155221126690. doi: 10.1177/02692155221126690.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1. Respectful of and tailored to the person beyond individualized interventions for the patient

- Focus on the **individual needs of the whole PERSON** (e.g., unique preferences, values, worldview), **not merely the individualized need of the PATIENTS** ... the ***humanistic*** stance.

- Persons should be treated with **respect**, **dignity**, and **valued** as persons with needs, **resources, and capabilities**.

- The approach might be accepting, **nonjudgmental**, **embraces individual differences**, and aspires to **reduce any power differentials** (e.g., avoid the "I know best" approach).

1. Respectful of and tailored to the person

beyond individualized interventions for the patient

Promote person's **control and self-determination**, providing the **opportunity and support** for the persons to participate in their own care and **decisions as much as they want to**, including respecting when they don't.

Respectful of and tailored to **person-specific circumstances** (cultural values, health or digital literacy, educational level, and language (not native speakers).

2. Reflexive and adaptive to the situation at hand, not script-based

- Being person-centered **varies in approach for each person,** occur at the interface of two subjectivities, is **subject to failure**, and involves **continuous learning and adaptation**

- It requires **humility**, mindful **questioning**, ethical **reasoning**, and **continuous critical reflection** in and on one's actions.

2. Reflexive and adaptive to the situation at hand, not script-based

Reflecting **in** (during) one's actions - as the interactions occur:

Observing the person's cues and reactions to your communication, then processing them in **real-time** to adjust response and communication rapidly and accordingly.

Reflective **on** (i.e., about) one's actions: Have a dedicated space/time to **retrospectively** analyze, reflect about (e.g., how your interaction pattern came across)

3. Nurtures a supportive **relationship** - compassionate, trustful, and caring

- Interactions are compassionate, trustful, caring, attentive, and **genuinely** emotionally supportive.
- Includes **empathetic reassurance** of persons' suffering, or misfortunes, **without pity**.
- Requires **undivided attention**, and active listening toward the person's lived experience, showing ***presence….*** The person wants to be listed to, known for – **not merely 'a number'**
- One get to know the person and his/her values AND one builds a **therapeutic relationship** → needed for any sensitive / difficult conversations down the road.

5. Collaborative, empowering, and enabling co-constructed rehabilitation

- Rehabilitation is seen as **co-constructed** - the product of a **shared** responsibility for the rehabilitation process and outcomes.

5. Collaborative, empowering, and enabling co-constructed rehabilitation

- **Shared decision-making (SDM) process** - on rehabilitation goals, intervention planning, discharge options.
- SDM first involves **sharing information** (e.g., jargon free) about assessments, intervention options and rationales, community resources – and **assuring the person understands that** (e.g., ***tech back***).
- SDM evolves toward **shared deliberation**, whereby **alternatives** and their rationales as well as persons' preferences are openly **discussed nonjudgmentally**, balancing **effectiveness**, risks, and uncertainty against what is meaningful or the person prefers.

5. Collaborative, empowering, and enabling co-constructed rehabilitation

- Shared deliberation hopefully leads to a **shared understanding** of which goals and activities are **relevant**, have **acceptable risks**, and are **deemed achievable**.

- **Plans** and goals are **not set in stone** – subject to change over time (as new information, circumstances, progress, or lack thereof arise)
- **It is not a ticking box exercise**, and not necessarily formulaic, and **not necessarily on paper** – can be **tacit**, as long as commonly understood.

Thank You

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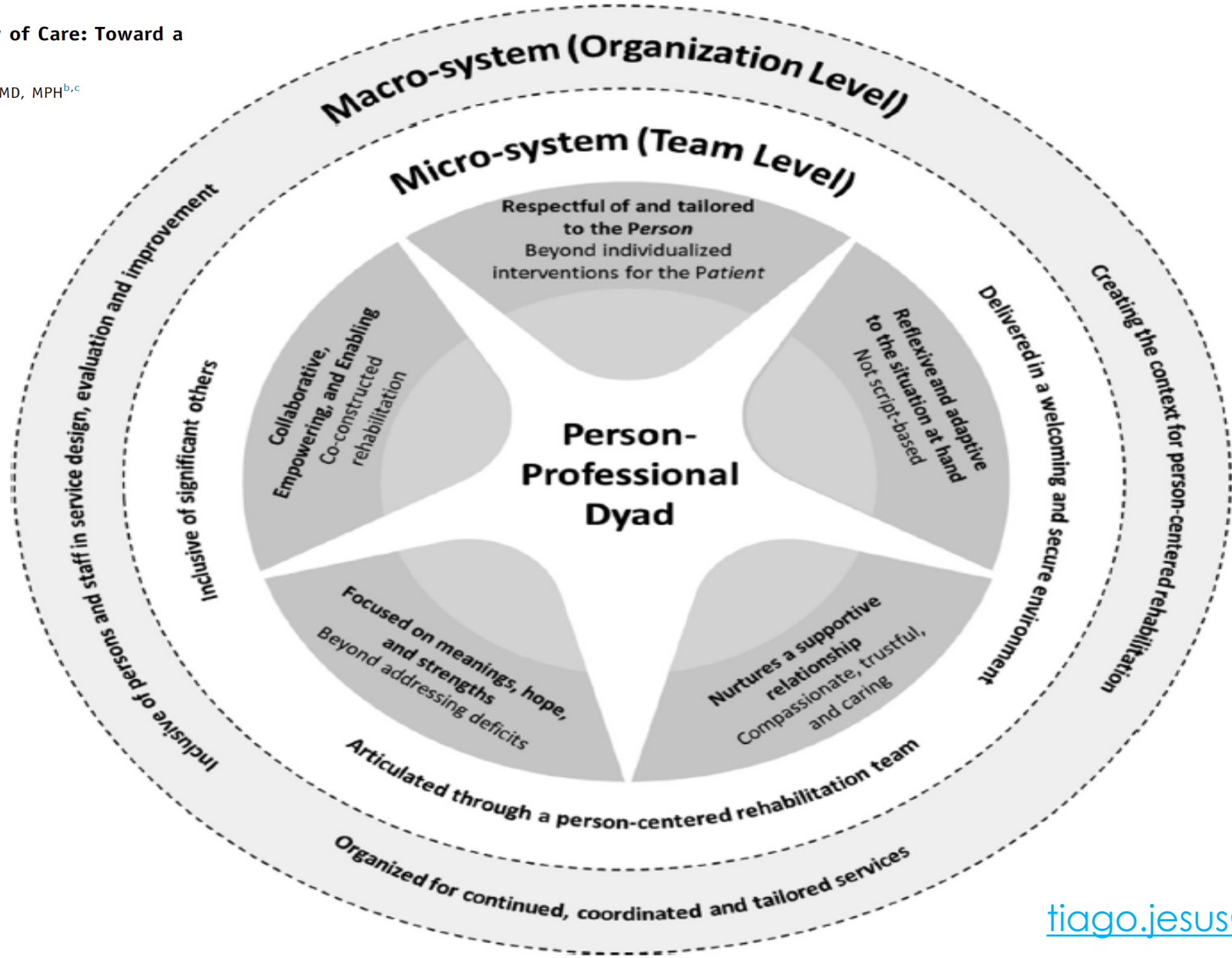

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