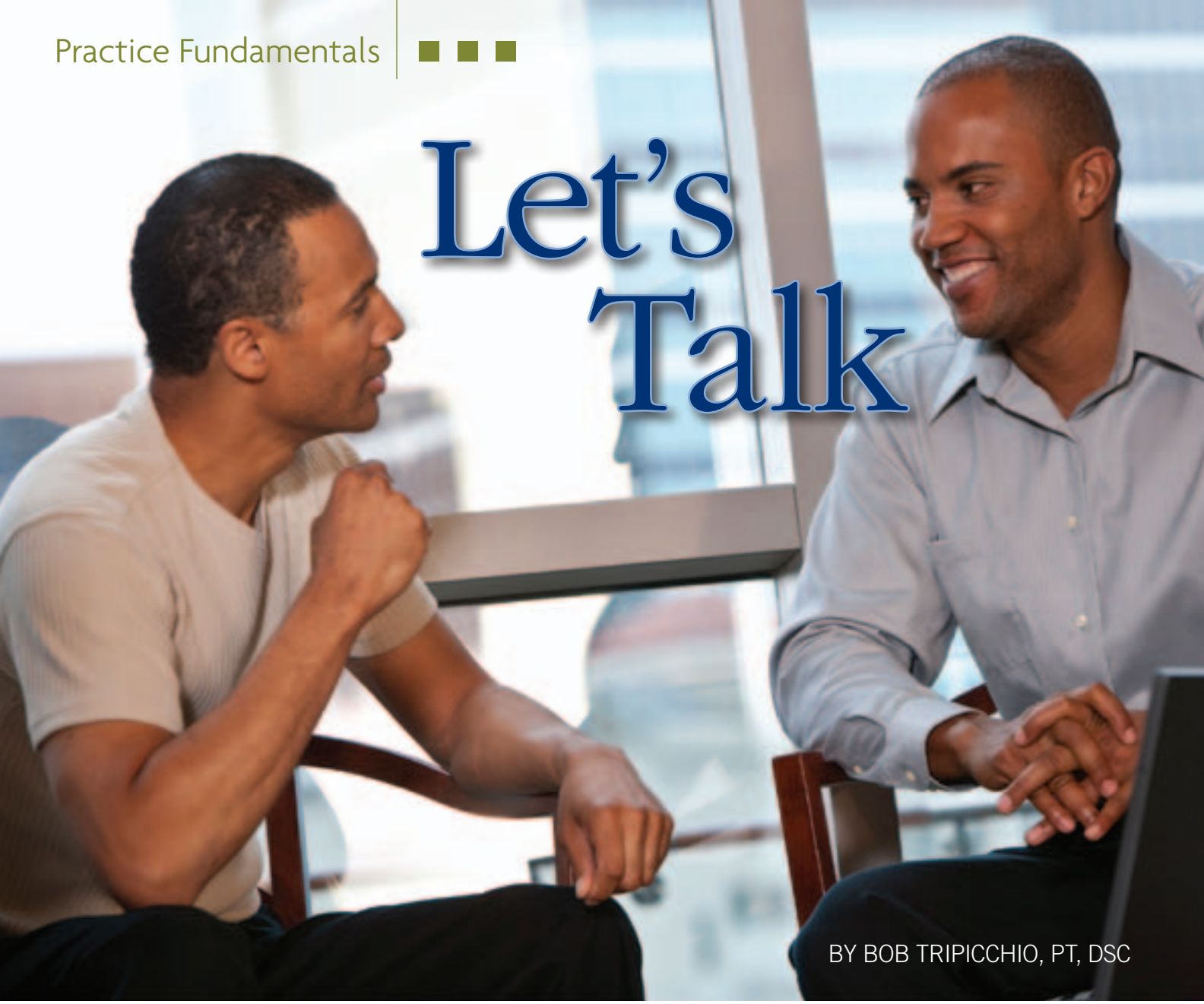

Let's Talk

BY BOB TRIPICCHIO, PT, DSC

EXECUTIVE SUMMARY: Patients and their families are becoming more active consumers of health care services and expect to participate in the decision-making process. Studies show that involving patients in the treatment planning process improves adherence, clinical outcomes, and discharge planning, and decreases patient anxiety and malpractice lawsuits.[1]

A VAST MAJORITY OF PHYSICAL AND OCCUPATIONAL therapists believe that they attempt to involve patients in the goal-setting process. However, the literature demonstrates just the opposite—most involve patients at far less than optimal levels.[3–7] Evidence suggests that increasing patient participation in goal setting and treatment planning improves outcomes and patient satisfaction and, furthermore, is recommended or required in regulatory and practice guidelines.[8–13] Despite the evidence and guidelines, therapy textbooks and curricula offer few specifics as to how therapists should elicit patient goals.[5,6,7,14] When therapists do attempt to involve patients in determining their concerns and goals during the evaluation, they do so most often by using informal interview techniques. Neistadt[5] researched the methods used by therapists to assess patients' priorities and goals and found that informal interview was used 95% of the time. Studies show that the quality of information derived from informal interview varied from person to person because of differences in interview style and skills, and therefore is not sufficient to identify patient priorities and concern in a consistent manner.[5–7]

When explaining why the therapists performed poorly in the Concerns-Clarification and Goal Setting processes, Baker et al.[7] hypothesized that they felt unprepared for these tasks and avoided them. Therapists also had mixed opinions as to whether or not patients were able to set realistic goals.[7] Further,

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Table 1. The Ozer Payton Nelson Method

Questions Posed by Therapist	Three Processess Used by Therapist	Five Levels of Patient Participation
CONCERNS	➢ EXPLORE ➢ SELECT ➢ SPECIFY	• Free Choice • Multiple Choice • Confirmed Choice • Forced Choice • No Choice (Prescribe)
GOALS	➢ EXPLORE ➢ SELECT ➢ SPECIFY	• Free Choice • Multiple Choice • Confirmed Choice • Forced Choice • No Choice (Prescribe)
PROGRESS MADE	➢ EXPLORE ➢ SELECT ➢ SPECIFY	• Free Choice • Multiple Choice • Confirmed Choice • Forced Choice • No Choice (Prescribe)
ACTIONS TAKEN	➢ EXPLORE ➢ SELECT ➢ SPECIFY	• Free Choice • Multiple Choice • Confirmed Choice • Forced Choice • No Choice (Prescribe)

As modified from Ozer MN, Payton OD, Nelson CE. *Treatment planning for rehabilitation: a patient centered approach.* New York, NY: McGraw-Hill; 2000.

Sotosky[15] and May[16] found that most therapists did not receive instruction in teaching as part of their basic professional education and felt inadequately prepared to perform the role of a teacher in a clinical setting. This finding also held true in a more recent study by Nalette et al.[14] involving masters' degree–level physical therapy students. Both the studies of Niestadt[5] and Baker et al.[7] concluded that the educational process has failed to translate our professions' values about patient involvement into a formal set of procedures that could be used in clinical practice.

Enter the Ozer, Payton, Nelson (OPN) Method,[2] a communication system promoting trust, understanding, and freedom of expression. Ozer, a physician, Payton, a physical therapist, and Nelson, an occupational therapist, collaborated to develop a systematic, cyclical method involving patients in setting functional goals and evaluating functional outcomes to the maximum degree possible.[2,17] The therapist leads the patient to explore the range of individual concerns, then identify the primary concern. Goal setting by the patient becomes a motivator and provides a greater degree of choice.

What sets the OPN Method apart from other communication methods is that it guides the clinician to engage the patient throughout the entire process, from evaluation to discharge. This format is not a checklist or a simple guideline to follow, but instead explains what questions to ask and the order in which to ask them. While simplistic in its design, the method requires continued mentoring and practice over time to reach proficiency, but it can work in nearly any health care setting for patients (and families) and with any diagnosis.

Individual concerns are elicited and explored through the use of four questions. These are posed at different stages of treatment planning with three processes for each question (see Table 1). Concerns Clarification and resultant goal setting are

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key points. Concerns Clarification is a multifaceted process that identifies the patient's personal, functional, and disabling problems caused by his or her pathology and impairment. Those problems are ranked in importance and the process helps specify the approach (ie, addressing what, when, where, how, degree) to setting goals.

The goal is for the patient to plan and evaluate their program with the therapist at the highest possible level of independence.

Hierarchical levels of patient participation are used to elicit and clarify patient concerns (see Table 2). Therapists trained in this method begin by asking open-ended questions, giving the patient control and not attempting to influence responses. If a patient is unable to answer an open-ended question at the free-choice level, the therapist will pose the question at three other levels (ie, multiple choice, confirmed choice, forced choice).

Therapists ask for the patient's permission before moving to a lower level, never skip a level, and return to the level of free choice for further questioning whenever possible. Moving from open-ended questions to lower levels means that planning and evaluating are becoming less patient-centered and more therapist-centered. The goal is for the patient to plan and evaluate their program with the therapist at the highest possible level of independence. Prescribing to the patient is to be avoided.

Table 3 presents the results of a recent patient interview using the OPN method to identify revised concerns and goals. The patient was a 46-year-old female who was receiving physical and occupational therapy in a skilled nursing facility for multiple revisions of a total hip replacement. She was married with children and previously had worked as a pediatric nurse. Concerns (1: B-D) were the result of clarifying her physician's direction that she would be required to follow hip precautions for the rest of her life. Clarification of general goals/indicators of progress (III A-B) was necessary to personalize "build up strength" and

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Table 2. Five Levels of Patient Participation

Clinician	Patient	Degree or Level	Level of Involvement
Asks open-ended questions (does not suggest answers)	Free Choice Explores	A	100%
Asks questions and offers suggestions	Multiple Choice Selects	B	75%
Asks questions, provides an answer (recommendation), and asks for agreement and confirmation	Confirmed Choice Puts into own words what has been selected	C	50%
Asks questions, provides an answer (recommendation), and asks for agreement	Forced Choice Agrees (or disagrees) with what has been selected	D	25%
Does not ask; tells what to do. Prescribes.	No Choice Compliant or noncompliant	E	0%

As modified from Ozer MN, Payton OD, Nelson CE. *Treatment planning for rehabilitation: a patient centered approach.* New York, NY: McGraw-Hill; 2000.

Table 3. Patient Example of Concerns and Goals

I. What concerns do you have now after being involved in therapy?	
A.	"Work an 8-hour shift without pain." (X)
B.	"Hip precautions for the rest of my life. – Return to ride a street bike 15–20 miles a day."
C.	"Attend church and sit in pews without breaking hip precautions."
D.	"Drive a car; get in and out of a car without breaking hip precautions."
II. Specification of greatest concern	
A.	What: Return to work as a pediatric nurse
B.	When: By the end of September
C.	Where: Different hospital as former position was filled
D.	Degree: To work 8 hours without pain
III. What would you like to see accomplished that would indicate that you are making progress with your greatest concern?	
A.	"Build up strength" (ie, walk without a walker or cane around the facility or outside).
B.	"Decrease pain and increase length of time between pain" (ie, not having to excuse myself when sitting too long with company to return to bed).
C.	Dress myself more quickly (offered as multiple choice by therapist)
D.	Bathe myself more quickly (offered as multiple choice by therapist)
E.	Move from bed to bathroom more quickly (offered as multiple choice by therapist)
F.	"Prepare a meal for my family." (X)
G.	"Not needing assistance to pull clothes out of drawers."
H.	"Straighten up room and put things away here without help."
IV. What is your specific goal (ie, the best indicator to you that you are getting better and making progress to return to work)?	
A.	What: Prepare an entire meal for my family
B.	When: By the end of the week
C.	Where: In the facility occupational therapy clinic
D.	Degree: Meal of steak or chicken, salad, and a vegetable

Key:
(X) – Most important concern or goal
"Quotes" – Direct statements from patient written close to verbatim

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By tapping into the patient's intrinsic motivations, clinicians can build a treatment plan customized exactly to the wants and needs of that patient. This shared approach to treatment planning benefits both the patient and the clinician.

"decrease pain." General goals/indicators of progress (III: C-E) were multiple-choice suggestions offered by the therapist that prompted the patient to offer responses (III: F-H). The therapist's use of this system elicited many personalized concerns. Goals were developed that provided guidance for the patient, family, and rehabilitation team.

In summary, the OPN Method is a patient-centered professional communication method that allows clinicians and patients to develop the patient's treatment plan while encouraging maximum patient participation. Patients become their own ultimate resource. By tapping into the patient's intrinsic motivations, clinicians can build a treatment plan customized exactly to the wants and needs of that patient. This shared approach to treatment planning benefits both the patient and the clinician. Tripicchio et al. has demonstrated that this approach increases the communication skills of the clinician, which can lead to better patient outcomes.[18] Also, clinicians have reported a higher level of satisfaction with their jobs when using the OPN Method because of the increased involvement that the patient demonstrates when achieving goals that he or she helped to create.

Building a unique, customized, and exceptional treatment plan for each patient will differentiate you from your colleagues. By avoiding a cookie-cutter approach to patients and by focusing on the patient's desires, you are truly applying a patient-centered model. With this type of approach comes raving fans, and who couldn't use more of those? ■

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