

### Introduction

Self-management is recommended in the Australian Clinical Guidelines for Stroke Management 2017. It aims to help stroke survivors adopt **strategies** to manage changes in physical and cognitive ability, relationships, and to better participate in their community. <sup>1</sup>

Opportunities exist for self-management care planning to commence within the acute inpatient episode of care, to best prepare stroke survivors and their caregivers to manage their chronic condition for the longer-term. <sup>2,3</sup>

### Purpose

Existing models outline a process for which **self-management behaviours** may be developed and adopted. <sup>4</sup>

This process requires the provision of effective therapeutic **interventions** to allow stroke survivors to acquire self-management **skills** and the **self-efficacy** to put these skills into practice.

Our project explored the impact of therapeutic interventions in imparting self-management skills, behaviours and self-efficacy for **upper limb management** post-stroke.

### Methods

A stroke-specific upper limb education group in an inpatient rehabilitation setting was **redesigned** to target the development of **self-management skills** through the provision of the following interventions which are supported in the literature <sup>3,4</sup> :

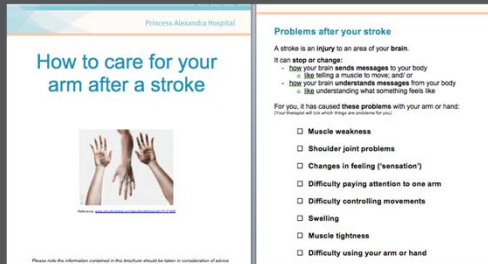
**Goal setting:** impairment, activity and participation goals are set in collaboration with stroke survivors and their caregivers, as part of an established joint Occupational Therapy/Physiotherapy upper limb management process.

These goals are incorporated into education and exercise, and goal performance is monitored at each group.



Goal setting incorporated into an upper limb assessment and management tool

**Active information provision:** the group commences with education and discussion on a rotating list of topics, using an education resource that adopts a self-management approach. A variety of multimedia tools are incorporated, such as the EnableMe website.



Upper Limb education resource designed to encourage self-management behaviours.

**Involving carers:** caregivers are encouraged to attend the group, to develop their own knowledge-base and to develop skills to support the stroke survivors ongoing self-management care plan.



Brian & Catherine working on reaching for a fork, for the goal of eating steak.

**Peer support:** is actively facilitated. For example, once attendees of the group are familiar with the education topics and exercises, they are encouraged to lead discussion or demonstration of skills as a means of peer modelling and support.

**Emotional / social focus:** attendees are encouraged to share their experiences with managing their upper limb throughout their recovery. This is supplemented with a targeted education topic addressing basic social and emotional aspects to upper limb changes after a stroke.



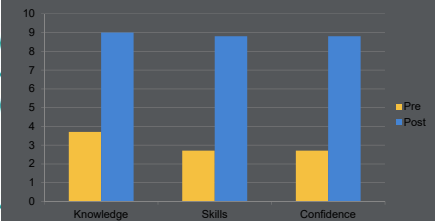
Sharing achievements at the end of the group.

Evaluation of the upper limb education group was conducted via pre-post survey of participants, measuring their perceived knowledge, skills and confidence in caring for their stroke-affected upper limb.

A separate cohort of stroke survivors not involved in a targeted self-management approach to upper limb recovery were also surveyed for comparison.

### Results

Participants demonstrated improved self-ratings of knowledge, skill and confidence in upper limb self-management following participation in the group.



Participants identified a continued practice of upper limb self-management behaviours following completion of the group, and the benefit of peer support and encouragement that the group provided.

*"[we] continued with the forward reaching...and developed on that to enable using a wheelie walker"*

*"group support and encouragement, doing some activities together [was helpful]"*

The separate cohort of stroke survivors not involved in this group displayed high levels of perceived knowledge, skills and confidence in caring for their stroke-affected upper limb.

This outcome may represent the discrepancy between perceived and attained knowledge. This gap has been demonstrated to lead to ineffective self-management behaviours within stroke literature. <sup>6</sup>

		Perceived knowledge	
		no	yes
Attained knowledge	no	They don't know they know.	They know they know.
	yes	They don't know they don't know.	They know they don't know.

Knowledge Matrix <sup>5</sup>

### Conclusion

A self-management framework can be successfully incorporated into a group setting to foster self-management knowledge, skills and the efficacy to translate these into ongoing self-management behaviours. A group setting provides an opportunity for peer support amongst participants, and can be an appropriate setting for consolidating self-management skills.

### Literature Cited

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