An Analysis of Recovery Preference: A Tool to Transcend Professional Bias.

Damean Freas, D.O. and Margaret Stineman, M.D.
Department of Rehabilitation Medicine, University of Pennsylvania School of Medicine

Objective
To determine how rehabilitation clinicians would choose to recover from profound disabling illness or injury given the ability to control their own patterns of recovery. We hypothesized that interdisciplinary team members would choose preferentially to recover in those FIM items for which their discipline was primarily responsible.

Setting
Inpatient Rehabilitation at Hospital of the University of Pennsylvania and Pennsylvania Hospital.

Participants
72 clinicians including physiatrists, residents, interns, medical students, nurses, physical and occupational therapists, speech therapists, neuropsychologists, and social workers.

Main outcome measures
Recovery preference utilities. (Calculated as the inverse sum of moves for each FIM item).

Results
All therapeutic disciplines chose to recover expression, comprehension, and memory first. This was followed by the desire to regain bowel, bladder and toileting functions. Stair climbing had the lowest utility (approximately 1/4th that at of expression). Nurses placed higher value on bathing than did the other therapeutic disciplines.

Conclusion
There were subtle differences in recovery preferences among the rehabilitation professional groups, although those differences were smaller than expected. This procedure appeared to help clinicians look beyond the objectives of their respective disciplines by forcing them to make difficult choices about how they would want to recover. It will be important to see how patients’ preference patterns differ from clinicians.

References