

The UK FIM+FAM Training Course: Part 3 Cognitive items

Course originator:

Prof Lynne Turner-Stokes DM FRCP

Regional Rehabilitation Unit

Northwick Park Hospital

Watford Road, Harrow, Middlesex. HA1 3UJ

Contents of this presentation

- General description of scoring levels
 - A reminder
 - – skip to slide 16 if not needed
- Item by item guide to scoring
 - Communication
 - Cognitive / psychosocial

FIM+FAM – Cognitive 14 items

FIM - Yellow items

FAM - Blue items

■ Communication

- Comprehension
- Expression
- Reading
- Writing
- Speech intelligibility

■ Psychosocial / Cognition

- Social interaction
- Problem-solving
- Memory
- Emotional status
- Adjustment to limitations
- Use of leisure time
- Concentration
- Safety awareness

Seven level scoring system

Score system for motor items

- 7 = Fully independent
No help from a person
- 6 = Independent with device
Set-up / supervision
No physical contact
- 5 = Supervision / set-up
Help from a person
- 4 = Minimal assistance (<25% of task)
- 3 = Moderate assistance (25-50% of task)
- 2 = Maximal assistance (50-75% of task)
- 1 = Total assistance (>75% of task)

Scoring for cognitive items

- Essentially the same principles
 - But assessed somewhat differently
 - Hands-on help rarely required
 - Best scored whilst observing activities in daily practice
 - Social interaction, therapy, daily care etc
 - Consider the burden of care
 - What can the patient do without prompting?
 - Eg comprehension – score the % they comprehend before prompting occurs
 - Level 6-7
 - Rated on ability to perform complex activities
 - Levels 5-1
 - Rated on ability to perform simple level tasks

7 Level Scoring – as for the FIM

- 7 = Fully independent
No help from a person
 - 6 = Independent with device
Set-up / supervision
No physical contact
 - 5 = Supervision / set-up
Help from a person
 - 4 = Minimal assistance
 - 3 = Moderate assistance
 - 2 = Maximal assistance
 - 1 = Total assistance
- Not as straightforward as for FIM
Items individually described
Often on basis of
frequency of intervention

General description of scoring levels

Cognitive items

- Assessed somewhat differently
 - Most types of intervention
 - Are likely to be in the form of verbal prompting
 - Cut off between '6-7' and '5 and below'
 - Ability to manage complex (as opposed to basic) tasks
- FIM items:
 - Consider all activities across 24 hours
 - in different environments
 - In what proportion of time do they need help?
- FAM items
 - Many of these are framed in terms of
 - the frequency of intervention

Level 7

- Patient is independent
 - in all components of the task
 - Including complex level activities
- Able to manage complex level tasks
 - Without errors
 - And without need for cueing, prompting or coaxing
- No assistive devices used
 - Or strategies such as self-correction
- Task is performed safely
- Within a reasonable amount of time

Level 6

- Patient is independent
 - in all components of the task
 - Including complex level activities
- No helper is required
 - even for cueing, prompting or coaxing

BUT:

- An assistive device may be used
 - Which include strategies eg self-correction
- Or takes more than reasonable time
- Or there are concerns the safety.

Level 5

- Patient is largely independent
 - for basic level tasks
- Helper may be required for
 - Cueing, prompting or coaxing
 - Standby verbal instruction only
 - Eg prompting to use strategies
 - But less than 10% of the time
 - Eg under stressful / unfamiliar conditions

Level 4

- Helper provides minimal assistance
 - for basic level tasks
 - Eg cueing, prompting etc
 - Or help at the level of touching only
 - Significant errors occur
 - Requiring help to correct
- Patient completes at least 75% task
 - Before prompting occurs
- Or manages >75% of the time

Level 3

- Helper provides moderate assistance
 - for basic level tasks
 - Eg cueing, prompting etc
 - Or help to correct errors
- Patient completes at least 50% of the task
 - Before prompting occurs
- Or manages 50% of the time

Level 2

- Helper provides maximum assistance
 - Eg cueing, prompting etc
 - Or help to correct errors
- Patient completes less than half the task
 - Before prompting occurs
 - But more than 25%
- Or manages less than half of the time
 - Helper does most of the task

Level 1

- Helper provides total assistance for basic level tasks
- Patient may make a small amount of effort
 - But completes less than 25% of the task
 - Before prompting occurs

OR..

- Patient does not perform activity
- There are no level 0 scores
 - for FIM or FAM cognitive items

Essential scoring rules

- Score on what patient does day-to-day
 - Not on what he could, might or should do
- Score all items - leave no blanks
- Score only 1-7 – no half scores
 - Make up your mind
 - If in doubt, score the lower

Phrasing

■ Unlike motor tasks

– Cognitive and communication activities

- Occur throughout the day

- Pt does not necessarily have help all of the time

■ Therefore

– Some items framed in terms of

- Level of support that is 'needed'

- As opposed to support necessarily received
 - all of the time

General decision tree

- Boxes at top of page
 - Left – what is included in the item
 - Right – a description of level 7
- Box at bottom of page
 - Level descriptors
 - Check this to make sure the description matches the level you have reached through the decision trees
- Conundrums
 - Page opposite
 - Commonly encountered problems
 - These may help if you have difficulty agreeing a score

Communication items

- Comprehension
- Expression
- Reading (FAM item)
- Writing (FAM item)
- Speech intelligibility (FAM item)

Comprehension

Comprehension includes:

- Understanding of communication
 - either auditory or visual
- Evaluate and tick the more usual mode of comprehension
 - Auditory
 - Visual
 - Eg writing, sign language, gestures
 - Both

(NB: FIM item includes reading, even though this is assessed separately in the FAM item reading – see conundrums)

Comprehension - level 7

- Complete independence
 - Patient understands directions and conversation that are complex or abstract
 - Understands either spoken or written language
 - Not necessarily English

Comprehension - level 6

- Modified independence
 - Patient understands complex or abstract directions / conversation readily
 - with no prompting
- May require
 - Glasses / hearing aid
 - Other assistive device
 - Extra time to understand the information

Comprehension - level 5

- Patient understands conversation
 - about basic daily needs
 - most of the time
- Requires occasional prompting
 - <10% of the time
 - Eg in unfamiliar circumstances or when under stress
 - Or other assistance to understand
 - Eg slowed speech, repetition, visual or gestural cues

Comprehension levels 4, 3, and 2

- Comprehension refers to
Directions / conversation about basic daily needs
- Level 4 – minimal prompting
 - Patient understands 75% or more without prompting
- Level 3 – moderate prompting
 - Patient understands more than half without prompting
- Level 2 – maximal prompting
 - Patient understands less than half without prompting
 - Eg simple commonly used phrases such as hello, how are you?

Comprehension - level 1

■ Total assistance

– Patient understands < 25% of conversation

■ about basic daily needs

■ Does not understand simple commonly used phrases such as hello,

■ Does not respond consistently or appropriately
– Despite prompting

Complex and basic conversation

■ Complex

Consider conversation about:

- Discharge planning
- Goal setting
- Treatment
- Current events
 - TV, radio, news
- Humour
- Finance
- Relationships

■ Basic

Consider conversation about:

- Nutrition
 - Are you hungry?
 - Are you thirsty?
- Elimination
 - Do you need the toilet?
- Tiredness
 - Do you want to go to bed?
- Discomfort
 - Are you in pain?

Conundrums – Comprehension 1

■ Inclusion of reading

– Comprehension is a FIM item

- It includes comprehension of written material
- Reading is also rated separately in the FAM

– To preserve integrity of the FIM items

- Include reading as an aid to comprehension when rating the FIM
 - Even though it is scored in its own right later

■ English not their first language

– The FIM score is not reduced if an interpreter is used

- NB this differs from FAM items
 - In which an interpreter is viewed as a form of help, and lack of English is effectively an environmental barrier to communication

Vignette - Comprehension

- Phil can understand common greetings, such as 'hello' and 'thank you' or his name.
 - But he only follows simple commands in physio when there are physical cues to help him.

- Score 2
 - Understands simple phrases only
 - Doesn't understand basic questions half or more of the time unless cued
 - *(physical cues in Physio)*

Expression

Expression includes:

- Expression of spoken and written language
 - either vocal or non-vocal
- Evaluate and tick the more usual mode of comprehension
 - Vocal
 - Non vocal
 - Eg communication charts/aids, writing, sign language, gestures
 - Both

(NB: FIM item 'expression' includes
Writing and Speech intelligibility – see conundrums)

Complex and basic expression

- . Examples of complex or abstract ideas
 - Explaining their financial situation to the social worker
 - Describing their home layout to the O/T
 - Relating their medical history to the doctor
 - Discussing abstract issues
 - Eg current events, religion, relationships with others
- Examples of basic expression
 - Letting staff know when they are in pain
 - Asking for help for a transfer
 - Communicating basic needs
 - Eg hunger, discomfort, thirst?

Expression - level 7

- Complete independence
 - Patient expresses complex and abstract ideas clearly
 - In easily intelligible language
 - Not necessarily English

Expression - level 6

■ Modified independence

– Patient expresses complex and abstract ideas clearly and independently

■ with no prompting from another person

■ But may:

– Have mild difficulties

■ Eg word-finding problems / dysarthria

– Or uses strategies or device

– Or take extra time to put their meaning across

Expression - level 5

■ Standby prompting

– Patient expresses their basic daily needs most of the time

– Requires occasional prompting to use strategies or communication aid

■ But <10% of the time

– Eg in unfamiliar circumstances or when under stress

Expression levels 4, 3, and 2

- Expression here refers to the ability to make their needs for basic daily care clear
- Level 4 – minimal prompting
 - Patient expresses daily needs $\geq 75\%$ of the time without prompting
 - Some interpretation / guesswork required by listener
 - Especially out of context
- Level 3 – moderate prompting
 - Patient expresses daily needs more than half of the time without prompting
 - Can indicate general topic
 - Requires guesswork on part of listener- even within context
- Level 2 – maximal prompting
 - Patient expresses daily needs less than half of the time without prompting
 - Eg able to reliably indicate yes/no
 - May use pointing within the environment

Expression - level 1

- Total assistance

- Patient expresses basic daily needs less than 25% of the time

- Unable to give reliable yes/no response
 - Unable to express a preference

Conundrums – Expression 1

- Inclusion of writing and speech intelligibility
 - Expression is a FIM item
 - It includes use of **writing** as an aid to expression
 - Also included **speech intelligibility**
 - These are also rated separately in the FAM
 - To preserve integrity of the FIM items
 - Include writing and speech intelligibility as part of estimation of expression when rating the FIM
 - Even though these are scored in their own right later
- English not their first language
 - The FIM score is not reduced if an interpreter is used
 - NB this differs from FAM items
 - In which an interpreter is viewed as a form of help, and lack of English is effectively an environmental barrier to communication

Vignette - Expression

- Joe can use full sentences to express himself with prompting, but functionally uses 2-3 word phrases and relies on the listener filling in the occasional gaps to understand him clearly, even about everyday subjects.
- Score 4
 - *Expresses basic needs half or more of the time, but need occasional help.*
 - *Check against level 4 notes*

Reading (FAM item)

Reading includes:

- Ability to understand written material

- In the language of the environment

- (The functional relevance of reading is to be able to make use of written cues in the environment)

- Complex material

- Information leaflets
 - Menu cards
 - Timetables
 - Newspapers

- Simple material

- Signs
 - Single words/ phrases
 - Simple cue cards
 - Large print
 - Word / picture matching
 - Single Letter cards

Reading - level 7

- Complete independence
- Able to read and completely understand
 - Complex material
 - Eg information leaflets, newspapers / books
 - In the language of the environment
 - Without help or prompting

Reading - level 6

- Modified independence
 - Reads complex material without assistance
 - Complex sentences and short paragraphs
- May require
 - Glasses or other assistive device
 - Adaptation
 - Eg Braille
 - Extra time to understand the information
 - Reduced speed or retention

Reading - level 5

- Able to read simple material
 - Eg short sentences
 - Requires prompting
 - For longer or more complex sentences

Reading levels 4, 3, and 2

- Level 4 – minimal assistance
 - Recognises single words and familiar short phrases consistently
- Level 3 – moderate assistance
 - Able to read letters and recognise objects
 - (Eg Matches words to picture correctly > half the time)
- Level 2 – maximal assistance
 - Able to match identical objects / letters.
 - (If matches words to pictures, they are inconsistent,
 - managing correct matching < half of the time)

Reading - level 1

- Total assistance
 - Unable to match or recognise identical letters or objects consistently

Conundrums – Reading

- English not their first language
 - From the functional view-point
 - Reading ability must be judged in the predominant language of the environment
 - Ie English in rehab units in the UK
 - Whilst this may seem politically incorrect
 - The functional application of reading is to be able to read signs, written information, timetables etc
 - The FAM is environmentally dependent,
 - and the environment may be limiting
 - Even if they can read in their own language,
 - it is unlikely to be possible to test this accurately

Vignette - Reading

- John was dyslexic before his CVA. Reading is now limited to recognizing names and familiar words and phrases, eg. he gleans some information from newspaper headlines and football results.
- *Score 4*
 - *More than single words and letters*
 - *but not as much as sentences*

Writing (FAM item)

Writing includes:

- Ability to produce written material
 - In the language of the environment
 - (The functional relevance of writing is to be able to make use of written notes in the environment)
 - Includes
 - Spelling
 - Grammar
 - Syntax
 - Completeness of written communication

Writing - level 7

- Complete independence
 - Able to write with acceptable accuracy in spelling, grammar, syntax and punctuation
 - Without help or prompting
 - Written output
 - May be in the acceptable form for the medium
 - Eg text messaging language

Writing - level 6

- Modified independence
 - Writes sentences and short paragraphs accurately
- May require
 - Glasses or other assistive device
 - Eg word-processor
 - Errors
 - May make occasional spelling / grammatical errors
 - Extra time
 - Reduced speed of writing

Writing - level 5

- Able to write simple material
 - Eg phrases / short sentences
 - May be evidence of spelling / grammatical errors
 - Requires prompting
 - For longer or more complex sentences

Writing levels 4, 3, and 2

■ Level 4 – minimal assistance

– Writes single words and occasional short phrases

■ But with errors / poor legibility - some reader burden

■ Level 3 – moderate assistance

– Writes their own name / some familiar words

■ Cueing may be required

■ Level 2 – maximal assistance

– Writes some letter spontaneously

■ Able to trace or copy letters or numbers

Writing - level 1

- Total assistance
 - Unable to copy letters or simple shapes

Vignette - Writing

- Lisa writes letters for correspondence and college essays on her WP, but her handwriting is only adequate for her signature or 1-2 messages.
- Score 6
 - Writes effectively using a device

Speech intelligibility (FAM item)

Speech intelligibility includes:

- Ability to produce intelligible speech
 - Articulation
 - Rate, volume, quality of vocal communication
- In this context:
 - Understandability reflects speech quality
 - Not language / meaning
 - Which are assessed separately under expression

Speech intelligibility - level 7

■ Complete independence

– Able to converse with a voice which is

- well-modulated

- Well-articulated

– In all situations, including

- Talking to strangers

- Speaking on the telephone

Speech intelligibility - level 6

- Modified independence
 - Generally able to speak intelligibly in most situations
- May require
 - Compensatory strategies
 - Eg to slow down, pinch nose for nasal speech
 - Uses these without prompting
 - Extra time
 - To get meaning fully across
 - Self-corrects when not understood

Speech intelligibility - level 5

- Produces sentences intelligible to most people in most situations
 - Needs occasional prompting
 - Eg to slow down
 - Or otherwise modify output to speak intelligibly

Speech intelligibility levels 4, 3, and 2

- Level 4 – minimal assistance
 - Produces simple phrases intelligible to most people
- Level 3 – moderate assistance
 - Produces words / phrases
 - intelligible only by a familiar listener
 - or within a given context
- Level 2 – maximal assistance
 - Produces single sounds / syllables
 - recognisable only by a familiar listener
 - or within context

Speech intelligibility - level 1

- Total dependence

- Does not produce any recognisable speech or speech sounds

Conundrums – Speech intelligibility

- What if they speak gibberish with total clarity?
 - Can still score 7 in this item
 - Their inability to make meaningful conversation will be picked up in ‘Expression’

Vignette - Speech intelligibility

- Chris's voice and articulation are severely affected making speech fairly unintelligible, though at times familiar listeners understand one or two words if the context is known.
- Score 2
 - *Not adequate but not all un-intelligible speech*

Psychosocial / Cognition items

- Social interaction
- Problem-solving
- Memory
- Emotional status (FAM item)
- Adjustment to limitations (FAM item)
- Employability (FAM item)
- Attention (FAM item)
- Safety judgement (FAM item)

Social interaction

Social interaction includes:

- Skills related to getting along with others
 - Being co-operative with staff
 - Participating in social situations
 - Dealing with the needs of others
 - As well as their own
- Examples of inappropriate behaviour
 - Temper tantrums
 - Loud, foul or abusive language
 - Excessive laughing or crying
 - Physical aggression
 - Sexual inappropriateness
 - Very withdrawn / non-interactive behaviour

Social interaction - level 7

- Complete independence
 - Patient is always socially appropriate and cooperative
 - Controls temper
 - Accepts criticism
 - Interacts appropriately
 - with Staff, other patients and family members
 - Is aware that their words / actions
 - Have impact on others
 - Does not require medication for control

Social interaction - level 6

- Modified independence
 - Patient interacts appropriately with others
 - in most situations
 - Only occasionally loses control
 - Does not require supervision from another person
- May
 - Require medication for control
 - Or take extra time
 - To adjust to social situations

Social interaction - level 5

- Patient interacts appropriately with others most of the time
 - Requires occasional supervision
 - Eg monitoring, coaxing, cueing prompting
 - But <10% of the time
 - Eg in unfamiliar circumstances or when under stress
 - Or encouragement just to initiate interaction

Social interaction levels 4, 3, and 2

- Level 4 – minimal direction
 - Needs occasional help to interact appropriately and control behaviour
 - But manages > 75% of the time
- Level 3 – moderate direction
 - Needs help to interact appropriately and control behaviour
 - But manages more than half of the time
- Level 2 – maximal direction
 - Needs frequent intervention to control behaviour
 - Requires help more often than not
 - May be a danger to others
 - require restraint some of the time

Social interaction - level 1

■ Total assistance

- Requires constant intervention to control behaviour and interact appropriately with others
 - May be a danger to others
 - Requiring restraint all or nearly all of the time

Vignette - Social interaction

- Terry is always sociable and appropriate with staff and patients on the unit, but his brother was embarrassed recently when he shouted at a group of noisy children in a crowded MacDonalds
- Score 6
 - Occasional loss of control
 - Takes additional time to adjust

Emotional status (FAM item)

Emotional status includes:

- Ability to take responsibility for controlling emotions
 - impact of mood on day-to-day function
- Frequency and severity of emotional disturbance:
 - Depression
 - Anxiety
 - Euphoria
 - Frustration
 - Agitation

Potential overlap

■ Emotional Status and Social Interaction

– Social interaction

- Level of assistance to manage unwanted behaviours
 - Eg temper tantrums, aggressive outbursts, disinhibited behaviour
- That impact on interaction with others
 - (May include very withdrawn behaviour due to depression)

– Emotional status

- Separates out disorders of mood
- Frequency of intervention (encouragement, advice, reinforcement)
- To manage mood disturbance (eg tearfulness, lability)
 - At a level that may interfere with day-to-day function
 - But not necessarily impacting on interaction / behaviour with others

Emotional status - level 7

- Complete independence
 - Exhibits an appropriate emotional response
 - Without help from others
 - Emotional do not interfere with day-today function

Emotional status - level 6

- Modified independence
 - Exhibits occasional emotional disturbance
 - But has adequate coping skills
- May
 - Require medication for control
 - Eg antidepressants
 - But able to take this themselves

Emotional status - level 5

- Exhibits occasional emotional disturbance
 - Requires structured environment
 - To remove triggers
 - Requires medication for control
 - Administered by someone else
 - Or occasional intervention
 - Eg counselling / support
 - But not more than once a week

Emotional status levels 4, 3, 2 and 1

- Requires direct intervention
 - in the form of encouragement/ advice, reinforcement or preventative action
 - Level is determined by frequency of intervention
- Level 4 – minimal assistance
 - Once a week or less often
- Level 3 – moderate assistance
 - Several times a week, but not daily
- Level 2 – maximal assistance
 - Daily
- Level 1 – total dependence
 - Many times each day

Vignette - Emotional status

- Theresa is occasionally low and tearful and has a 'bad day' about once a week. At these times, she needs coaxing and prompting to rally round and to look at how well she is doing in therapy which makes her feel more positive.
- Score 4
 - Help required once a week or less often

Adjustment to limitations (FAM item)

Adjustment to limitations

■ Has two main components

– Above the 'help line'

- A mental set of coming to terms with their disability
 - Insight, awareness and acceptance of limitations
 - Willingness to learn new ways of functioning
 - Having realistic expectations for the future

– Below the help line

- Help with making practical adjustments
 - eg using coping strategies
 - techniques to overcome or compensate for their disabilities

Adjustment to limitations - level 7

■ Complete independence

– Patient demonstrates

■ Awareness and acceptance of their limitations

– Understands the implication of these

■ Uses appropriate strategies to compensate for them

– Has realistic expectations for the future

Adjustment to limitations - level 6, 5

■ Level 6: Modified independence

- Patient has some difficulty in coping with limitations

 - But not interfering with day-to-day function

 - Willing/able to learn new ways of functioning

- May have some unrealistic expectations of long term recovery

■ Level 5: Supervision / set-up

- Requires cueing or set-up

 - to use new ways of functioning

Adjustment to limitations levels 4, 3, and 2

- Level 4 – minimal assistance
 - Needs occasional help or direction to cope with limitations or use new strategies
 - But manages > 75% of the time

- Level 3 – moderate assistance
 - Has some awareness of limitations
 - Needs moderate help to cope with limitations or use new strategies
 - But manages more than half of the time

- Level 2 – maximal assistance
 - Has minimal awareness of limitations
 - Needs frequent help to cope with limitations or use new strategies
 - Requires help more often than not

Adjustment to limitations - level 1

- Total assistance
 - Basically has no awareness of limitations
 - Does not use coping strategies
 - Or uses them <25% of the time

Vignette - Adjustment to limitations

- Ron sets himself unrealistically high targets and will not accept or use help/ strategies suggested by others.
 - He will avoid or deny difficult situations but copes with familiar everyday situations.
 - He tries to do things that are now impossible and blames the equipment or someone else when things go wrong.
- Score 6
 - Might need help but does not take it,
 - unrealistic

Use of leisure time (FAM item)

Use of leisure time includes:

- Ability to engage in leisure activities
- It has three steps
 - **Choosing the activity**
 - eg swimming
 - **Arrangement to take part**
 - Eg getting to the pool
 - **Performing the activity**
 - Eg swimming
- Leisure activities can include passive activities
 - **eg watching TV**
 - Providing these are actually enjoyed
 - Eg concentrating on the programme

Use of leisure time - level 7

- Complete independence
 - The patient engages in and pursues a wide range of leisure activities
 - Without assistance
 - Or any special equipment
 - Performs all 3 steps
 - Independently and safely

Use of Leisure time - level 6,5

- Level 6: Modified independence
 - Able to use leisure time without help
 - But
 - Choice may be limited
 - Or special equipment required
 - Or takes extra time
- Level 5: Prompting or set-up
 - Able to engage in leisure activities
 - Needs prompting just at the start
 - Eg is lacking in initiative or motivation
 - But is then independent

Use of leisure time levels 4, 3, 2 and 1

Depends on the number of steps for which they require help

- Level 4 – minimal assistance
 - Needs help for just one step
- Level 3 – moderate assistance
 - Needs help for two of the steps
- Level 2 – maximal assistance
 - Needs help for all three steps
- Level 1 – total dependence
 - Unable to engage in leisure activities, despite assistance

Use of leisure time - conundrums

- Use of leisure time and employability
 - Use of leisure time replaces employability in the original FAM
 - Employability cannot be rated on what they do do whilst undergoing in-patient rehabilitation
 - (Work/education is now included in FAM-EADL module)
 - Even use of leisure time may be limited in this context by the environment
 - Whilst in hospital,
 - Use of leisure time concerns how the person uses their unstructured time
 - Physical, cognitive or behavioural difficulties may impact on the score

Vignette – Use of leisure time

- Kam watches videos or Sky movies and likes most quiz and cookery shows.
 - She uses her head switch to operate the TV and video but someone has to change the videos.
 - She uses a switch operated page-turner if someone sets up a book, but she misses her dressmaking and cooking.

- Score 4
 - *Needs help with 1 of 3 aspects*
 - This item is unusual as set-up in this item takes you down to a 4, so need to ignore standard labeling on tree structure.

Problem solving

Problem solving includes:

- Skills related to solving problems of everyday living
 - Making reasonable, safe and timely decisions regarding:
 - financial, social and personal affairs
 - Initiating, sequencing and self-correcting
 - To solve problems
- Assistance may be required for
 - Recognising that a problem exists
 - Making appropriate decisions
 - Initiating steps
 - And readjusting to changing circumstances
 - Carrying out a sequence of steps in the right order
 - Evaluating the results

Complex and basic problems

■ Complex problems

– New or unfamiliar tasks with several stages eg

- Self medicating or participating in discharge planning
- Planning a 3 course meal, or a multi-stage journey
- Dealing with a broken piece of equipment
- Being given the wrong change

■ Simple problems

– Everyday tasks that have been encountered before

- Asking for utensils when given a meal tray with no cutlery
- Undoing the buttons on a shirt before attempting to put it on
- Getting something out of reach
- Preparing for a transfer
- Negotiating objects in a wheelchair

Problem solving - level 7

■ Complete independence

– Solves complex problems without help

- Consistently recognises when there is a problem
- Makes appropriate decisions
- Self-corrects if errors are made
- Initiates and carries out a sequence of tasks in the right order to solve a problem

Problem solving - level 6 and 5

■ Level 6: Modified independence

- Demonstrates slight difficulty in unfamiliar situations with
 - Initiation
 - Self-correction
- But generally manages without help
- May require extra time

■ Level 5: Supervision

- Patient needs supervision (cueing / coaxing) to solve routine problems
- But only occasionally (<10% of the time)
 - Eg in unfamiliar circumstances or when under stress
- Or encouragement just to initiate interaction

Problem solving levels 4, 3, and 2

- Level 4 – minimal direction
 - Needs occasional direction to solve routine problems
 - But manages > 75% of the time
- Level 3 – moderate direction
 - Needs regular direction to solve routine problems
 - But manages more than half of the time
- Level 2 – maximal direction
 - Needs frequent direction to solve routine problems
 - Requires help more often than not
 - May require restraint for safety

Problem solving - level 1

■ Total assistance

- Patient needs direction nearly all of the time
- Does not effectively solve problems
 - May require constant one-on-one direction to complete daily activities
 - May need restraint for safety

Vignette - Problem solving

- Luke has difficulty in collecting his flannel, soap and towel to take across the room to the sink. When he finds an article is missing he does not know how to proceed without direction. He manages the process successfully about 3 times in 10.
- Score 2
 - Manages simple problems less than half of the time

Memory

Memory includes:

- Skills related to remembering
 - Recognising people frequently encountered
 - Remembering daily routines
 - Executing requests without being reminded
- A deficit in memory
 - Impairs learning as well as performance of tasks

Memory - level 7

- Complete independence
 - The patient consistently
 - Recognises people frequently encountered
 - Remembers daily routines
 - Executes requests of others
 - Without the need for repetition

Memory - level 6 and 5

■ Level 6: Modified independence

- Has only mild difficulty in remembering

 - People, daily routines, requests of others

- May use environmental cues or aids

 - But self-initiates use of these without prompting

■ Level 5: Supervision

- Patient needs prompting (cueing / repetition, reminders) to remember

- But only occasionally (<10% of the time)

 - Eg in unfamiliar circumstances or when under stress

Memory levels 4, 3, and 2

- Level 4 – minimal prompting
 - Needs occasional prompting
 - But recognises / remembers > 75% of the time
- Level 3 – moderate prompting
 - Needs regular prompting
 - But recognises / remembers more than half of the time
- Level 2 – maximal prompting
 - Needs frequent prompting
 - Requires help more often than not to recognise / remember

Memory - level 1

■ Total assistance

- Patient needs prompting nearly all of the time
- Does not effectively recognise / remember

Vignette - Orientation

- Mick is orientated if he can see or has recently seen environmental clues, but can be misled, so he needs people to change the date board or throw away old newspapers.
- Score 5
 - Set-up

Orientation (FAM item)

Orientation includes:

■ Orientation to:

- Person
- Place
- Time
- Situation

Orientation - level 7

- Complete independence
 - The patient is completely orientated
 - 100% of the time
 - In all 4 aspects, without cues

Orientation - level 6,5

- Level 6: Modified independence
 - Orientated without help from another person
 - But may
 - Require extra time to respond
 - Use self-initiated cues / aids

- Level 5: Prompting or set-up
 - Is orientated
 - but requires help from another person
 - To set up aids
 - To prompt to use aids

Orientation levels 4, 3, 2 and 1

Depends on the no. of aspects for which they are orientated

- Level 4 – Minimal assistance
 - Orientated to 3 of the 4 aspects
 - Requires incidental cues < 25% of the time
- Level 3 – Moderate assistance
 - Orientated to 2 of the 4 aspects
 - Requires regular cues from someone else
 - but manages more than half of the time
- Level 2 – Maximal assistance
 - Orientated to only 1 of the 4 aspects
 - Requires frequent cues – manages <half of the time
- Level 1 – total dependence
 - Disorientated to all 4 aspects, or requires help all of the time
- Level 0 – No level 0 for this item

Vignette - Orientation

- Mick is orientated if he can see or has recently seen environmental clues, but can be misled, so he needs people to change the date board or throw away old newspapers.
- Score 5
 - Set-up

Concentration (FAM item)

Concentration includes:

- The length of time
 - that the patient is able to concentrate for
 - On a task or purposeful activity requiring concentration
- If variable
 - Score the lowest
- At level 7
 - Able to concentrate on a task for at least 30 mins
 - Without assistance
 - Self-directs back to the task after distraction

Concentration - level 6,5

- Level 6: Modified independence
 - Concentrates on task for 30 mins
 - But some difficulty getting 'back on track'
 - Or in switching attention to new task
- Level 5: Prompting or set-up
 - Concentrates on task for 30 mins
 - But needs set-up
 - Eg screened work area to remove distraction
 - Or prompting
 - To disengage from or return to task

Concentration levels 4, 3, 2 and 1

Depends on the length of time for which they can concentrate on a task with assistance from another person

- Level 4 – minimal assistance
 - Concentrates on a task for 15 mins with assistance
- Level 3 – moderate assistance
 - Concentrates on a task for 5-15 mins with assistance
- Level 2 – maximal assistance
 - Concentrates on a task for 1-5 mins
 - May be easily distractible, or difficult to gain their attention
- Level 1 – total dependence
 - No useful attention span
 - Highly distractible or unrousable to attend

Vignette – Concentration

- Kay can concentrate on an activity when motivated, such as when eating, which, with her severe ataxia, can take up to 45 minutes at lunchtime. In therapy, watching TV or on the edge of a group conversation, his attention drifts after 10 minutes or so.
- Score 3
 - Variable concentration
 - score to the lower

Safety awareness (FAM item)

Safety awareness includes:

- Ability to
 - anticipate potential danger and identify risks involved
 - plan ahead to avoid risk
 - avoid impulsivity
 - remember safety-related information
 - respond appropriately if danger arises
- It comprises both physical and cognitive ability.
- At level 7
 - Patient is fully able to maintain their own safety

Safety awareness - level 6,5

- Level 6: Modified independence
 - Requires some supervision to maintain safety
 - While undertake new or complex activities only
- Level 5: supervision or set-up
 - Safe to be left to cope with routine activities
 - Can be left alone for $> \frac{1}{2}$ a day,
 - Eg while family are out at work)
 - but not safe to be left alone throughout 24 hours

Safety awareness levels 4, 3, 2 and 1

Depends on the time the person can be left alone for

- Level 4 – minimal assistance
 - Safe to be left alone for > 2 hrs or up to ½ a day
 - Requires safety check eg at mealtimes, if family are out all day
- Level 3 – moderate assistance
 - Safe to be left alone for short periods (<2 hours)
 - Eg while carer goes briefly out to the shops
 - Able to summon help in an emergency
- Level 2 – maximal assistance
 - Requires someone to be constantly in the vicinity
 - Cannot be left alone – unable to summon help
- Level 1 – total dependence
 - Requires constant one-on-one supervision
 - eg 24 hour care in the community

Vignette – Safety awareness

- Ray's daughter pops in at lunchtime to make sure he is okay and cooks lunch while his wife is working. They have a Piper Alarm system for emergencies.
- Score 4
 - Safe to be left for up to ½ a day