The UK FAM items
Self-service Training Course

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Background

The Functional Independence Measure (FIM) is routinely used as an outcome and casemix measure in Australia.
- Different countries have different arrangements for using the FIM

The Functional Assessment Measure (FIM+FAM) is an adjuvant tool designed to assess areas that are not sufficiently addressed in the FIM
- Especially psychosocial and cognitive function

This course is designed for training in the use of FAM items
- To be appended to the version of the FIM that is used locally
- The manual may be downloaded separately from our website
  - [http://www.csi.kcl.ac.uk/fimandfam.html](http://www.csi.kcl.ac.uk/fimandfam.html)
This brief presentation will cover

- Essential background
  - Origins of the FIM and FIM+FAM
- How to rate the FIM+FAM
  - Broad overview
- How does the UK FIM+FAM differ from the original US version?
  - Development of the UK FIM+FAM
Essential Background
Functional Assessment Measure

- The FAM does not stand alone
  - Uses FIM as basis
  - Adds 12 items
    - specifically addressing cognitive and psychosocial areas
  - Hence abbreviation “FIM+FAM”

- FAM items developed by
  - Santa Clara Valley Medical centre – 1990s
    - No longer being maintained
  - Designed especially for use in brain injury

- UK FIM+FAM
  - Developed by UK Users group
    - Slightly differences from US version – described later
UK FIM+FAM scale – Motor 16 items

- **FIM - Yellow items**
  - Self-care
    - Eating
    - Swallowing
    - Grooming
    - Bath/showering
    - Dressing Upper
    - Dressing Lower
    - Toileting
    - Bladder Management
    - Bowel Management

- **FAM - Blue items**
  - Mobility
    - Transfers
      - Bed/chair
      - Toilet
      - Shower/bath
      - Car
    - Locomotion
    - Stairs
    - Community mobility
FIM+FAM – Cognitive 14 items

FIM - Yellow 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

FAM - Blue items
Pros and cons of FIM+FAM

Scored by M-D Team

- Enhances team communication
- Takes longer to score
  - Some find it too cumbersome
- Better description of problems
  - Especially for ‘walking wounded’ patients
- Some psychosocial items are quite subjective
- No central data collection system like UDS
  - Danger of inconsistent use
  - As yet no large database to explore its characteristics
    - Now developed in the UK
How to rate the FIM and FIM+FAM

Broad overview
7 Level Scoring – as for the FIM

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

- 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
Needs help vs receives help

UK and AROC FIM – Motor items

- Language has now been changed from:
  - Do they ‘need’ help to
  - Do they ‘receive’ help or do they ‘use’ a device
- To reflect what they do do

Cognitive items

- Still phrased in terms of do they ‘need’ help
  - This is because, for cognitive items,
    - Help is difficult to plan
    - Rarely actually given on every occasion that it is needed
The Australian FIM+FAM Manual

It is important to use the manual and decision trees for scoring.

The manual covers
- Introduction and background
- Basic scoring principles
- The framework for scoring
  - Using a decision tree
- FIM+FAM score sheet
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
Basic principles

- Score as a multi-disciplinary team
- Use the manual / tree structures
  - Use the decision tree
  - Check level description at the bottom
  - In the case of conflict between the two
    - Record the lower level score
What if we disagree?

- Check the manual
  - Has one of you read it wrong?
- If genuine disagreement
  - Score the lowest
- If functions variably
  - Score the lowest
Automatically score 1 if:

- The patient does not perform activity at all
- Needs 2 people to help
- The item is un-testable
- Information is unavailable
- Patient would be at risk of injury if tested
Goal scores

The UK FIM+FAM

- Recommends the use of goal scores

What are they?

- When rating on admission
  - Set expected goal score for each item at discharge
    - Identifies subset of items expected to change
    - Establishes realistic expectations
  - Can apply goal attainment scaling (GAS)
    - To relevant set of FAM items
      - Improved sensitivity
Process

Timing of scores
  - Depends on throughput of service

As a rule of thumb
  - Admission score - baseline
    - Rated within agreed standard time of admission
      - For FIM in Australia (AROC database) this is 72 hours
      - Accurate scoring of FAM items may take somewhat longer
        - Pts requiring FAM may have a longer timescale for admission
        - The agreed standard in the UK is within 10 days of admission
  - Goal score
    - Record what the team believe can realistically be achieved during admission / programme
  - Discharge score – score achieved
    - Usually rated within the last 72 hours before discharge
Goal scores

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Goal scores can go down

- Refuses help, but unsafe
  - Goal: to accept help
    - Safer
      - Even if then more dependent

- New information emerges
  - Cognitive deficits become more apparent
    - Very common in right hemisphere lesions

- Genuine deterioration
  - Eg progressive condition, further strokes
How does the UK FIM+FAM differ from the original US version?
Original US FIM+FAM

- Developed in USA - 1992
  - Santa Clara Valley Medical Center
    - Dr Karyl Hall
  - For UK purposes
    - Language was ‘opaque’ – ‘US English’
    - Some items were vague and difficult to score

UK FIM+FAM version 1996
- UK FIM+FAM users development group
  - Collaborative development
    - 9 UK brain injury centres
UK FIM+FAM development group

Aims:

- Improve consistency of scoring
- Agree common method of data collection
  
  And analysis methods
- Develop core clinical dataset
- System for training and updating users
- Evaluate changes
  
  Compare UK with US version
## Changed items

<table>
<thead>
<tr>
<th>Original: Item</th>
<th>UK FIM+FAM: Item became:</th>
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</thead>
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| **Employability** | **Use of leisure time**  
(Employability is participation not disability  
– usually not observable in in-pt settings)  
(‘Work /education’ is included in FAM EADL module) |
| **Attention**   | **Concentration**  
(Defined in terms of the length of time the individual can concentrate for) |
| **Safety judgement** | **Safety awareness**  
(Defined in terms of the length of time the individual can be safely left alone) |
Reliability

- Compared UK and original versions
- Multi-centre study
  - Based on vignettes
- Improved consistency overall
  - Particularly in ‘problem’ items
  - Some substantially improved
  - Difficult FIM items were still worst offenders

Other developments

- Minimum clinical dataset
  - Collected alongside FIM+FAM data

- Computerised data entry
  - UKROC software
    - Works on any version of Microsoft Excel
  - FAM-splat graphic presentation
    - Collates Neurological Impairment Set
    - Automated conversion to a Barthel Index
Minimum Dataset

- Factors known to affect outcome
  - Age
  - Time delay since onset

- Neurological impairment set
  - Severity and nature of deficits
    - Physical
    - Cognitive
    - Communication
  - Complications
    - Visual, hearing
    - Behavioural problems
  - Mood, motivation
User satisfaction - UK version

- Subjective improvement in comparison with original
  - Clearer cut-off points
  - Easier for new users to understand

- Computer entry programme
  - Facilitates data collation / presentation
Influence of environment

The FIM+FAM is environmentally sensitive

- People perform differently in different environments
- Discharge rating
  - In context of hospital environment
- If planning to use FIM+FAM for community follow-up
  - May wish to score also for home environment at that point
- Specify environment
  - For which the FIM+FAM is rated
References and further reading

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