

In Focus

A consumer focus group provides clues as to how the participants would like to be treated during the manual wheelchair prescription process.

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The University of Pittsburgh's Rehabilitation Engineering Research Center is working toward developing guidelines for a more consumer-responsive assistive technology prescription process. The first AT service being examined is the manual wheelchair prescription process.

The prescription of a person's first manual wheelchair is a difficult task that must combine an optimal fit and client satisfaction. Unfortunately, a person's first wheelchair is often prescribed early in the rehab process, before he or she has fully recovered and discovered post-rehab interests and activities.

To gather information on ways to improve the current prescription-process system, the RERC conducted a focus group of experienced manual wheelchair users. The group participated in three steps: brainstorming, voting and ranking. These steps allowed the group members to contribute many great ideas and then agree on the most significant ones.

About 20 invitations were extended to local people who functioned as paraplegics and who we (the authors) consider "expert consumers." This entails having more than five years' experience with manual wheelchair prescription and having used more than two chairs. Twelve people indicated they would attend the session in April 1996.

In all, however, only five people attended the focus group due to unexpected weather conditions and other last-minute conflicts. We believe the group of five was sufficient for a session because all fit our profile of expert consumers. A second session was not planned due to time and funding limitations. Of the five participants, four were currently using manual wheelchairs and one, who had been in a manual wheelchair for years, was using a power wheelchair. The diagnoses of the participants included paraplegia (3), spinal

degeneration (1) and spina bifida (1). Also at the meeting were two facilitators (the authors) and two staff members who helped with scribing and recording. Each consumer participant was reimbursed for transportation and parking expenses.

To initiate the gathering of information, the mediators followed a three-step process modified from the Nominal Group Technique discussed by Andre Delbecq et al. in *Group Techniques for Program Planning*. The session lasted for about 1½ hours.

The Three Steps

Brainstorming/Discussion of Ideas. The group was introduced at the start of the session to six specific topics

related to consumer-centered services, as defined in an article by Mary Law et al., in the *Canadian Journal of OT* (Vol. 62, No. 5). The six topics are autonomy/choice; partnership and responsibility; enablement; contextual congruence; accessibility and flexibility; and respect for diversity. They were then directed to brainstorm on each idea separately.

After discussing two topics, it was apparent the participants were anxious to brainstorm with fewer restrictions. The mediators followed the consumers' lead and proceeded with a more open style of brainstorming and discussion, without restriction to specific topics. As the focus group shared ideas, each was recorded and numbered on a flip chart. As each flip

What Are Consumer-Responsive Processes?

In the 1980s, changes and problems in the health care system led to funding cuts that eliminated services, limited resources and, some claim, decreased quality of care. In a 1995 article in *Assistive Technology*, Frank DeRuyter said the reality is that facilities are focusing more on survival than providing appropriate services—and that consumers were dissatisfied with the decreased quality and limited services and resources.

There has also been some federal legislation directing states to use consumer-responsive service delivery (Public Law 100-407). Consumers began applying pressure to the medical and rehab facilities, which resulted in service-delivery segments redirecting their focus to outcomes management and quality assurance.

Since this redirection, various models and concepts in providing quality service have been explored. One method that has been given considerable attention is the concept of consumer-centered, or consumer-responsive, services. Client involvement in rehab and assistive technology delivery is strongly believed to enhance the delivery and outcomes of the process and result in a high rate of satisfaction.

To date, no formal definition has been developed, but all consumer-responsive service-delivery systems seem to have the following in common:

- Active involvement of the consumer in the evaluation and prescription process, including defining needs and setting goals.
- Focusing on person-oriented goals instead of discipline-oriented goals (e.g., physical therapy).
- Use of a multidisciplinary team that includes, in addition to the client, the client's family or caregiver, an occupational therapist, physical therapist, speech-language pathologist, rehab technology supplier, rehab engineer, physician and orthopedist.
- The team members develop a respect for and a partnership with the consumer, as well as recognizing the client's autonomy and need for choice in the decision-making.

Figure 1

The Multivoting Process to Learn What Clients Want in Wheelchair Service Delivery

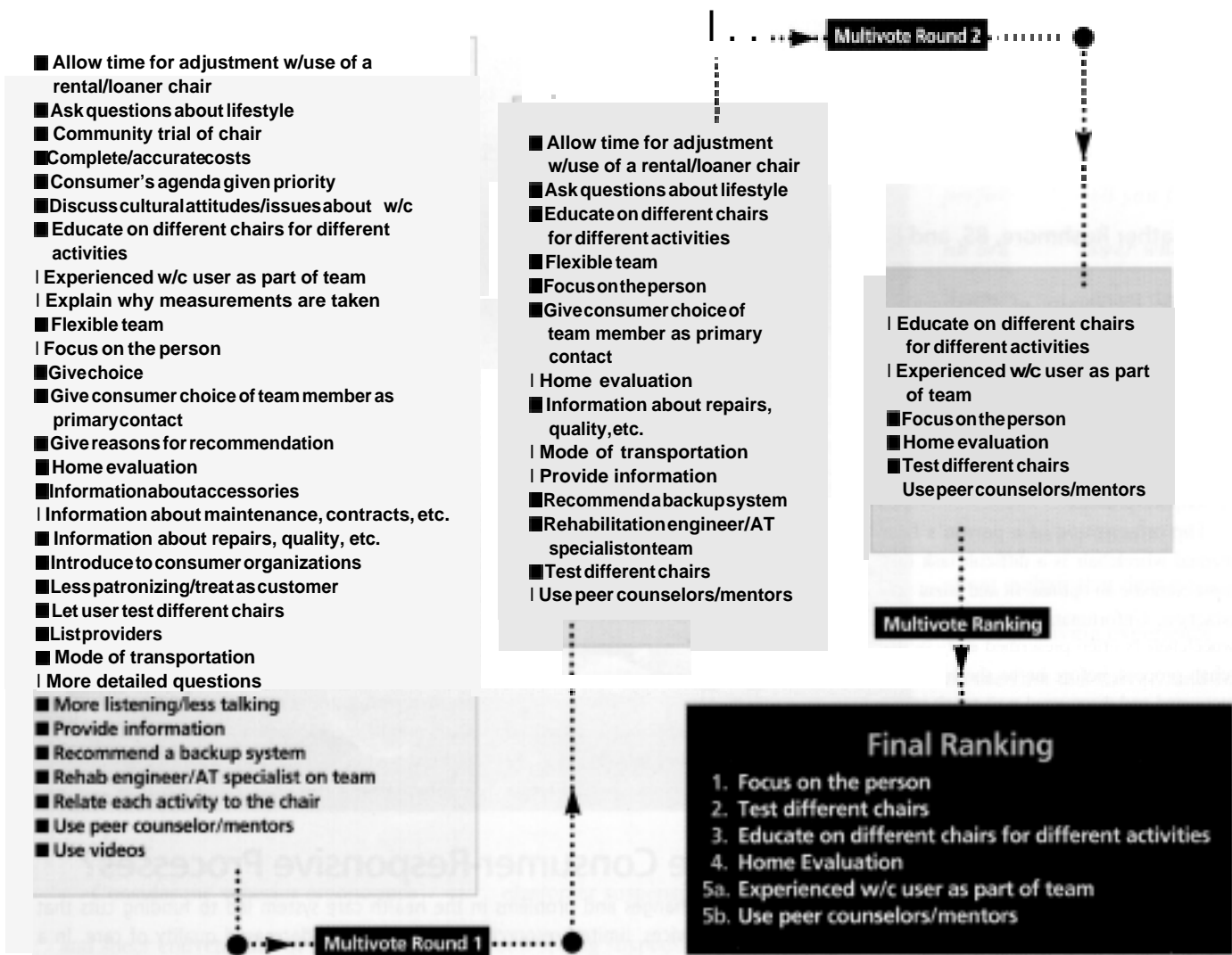


chart page filled up, it was taped to the front wall of the room so all ideas could be seen. Thirty-one ideas were recorded.

Voting. This step was used to establish conformity among the group members and determine which ideas from the brainstorming/discussion were the most important for a consumer-responsive prescription process. Each member was asked to write down his or her top 15 choices from the flip chart. The 15 items that received three or more votes were renumbered and sent to the next round of voting. Participants then listed their top seven out of those 15. Eventually, this process resulted in a final list of six priorities.

Ranking. To organize the final six items, the group used a modified NGT ranking tool. Each member received six index cards numbered 1 through 6. They were asked to first choose the item they found most important and write its corresponding number onto the card

numbered 1. The least important was marked on card 6. They then ranked the remaining items on cards 2 through 5. The tally after the meeting dissolved showed some ties, so a re-vote was conducted by fax and telephone; unfortunately, the ties remained. The resolution was to rank the first four topics with the remaining two tied for fifth; a sixth place was eliminated.

Priority Items

1. *Focus on the Person.* All rehab activities and prescription-process steps should deal directly with, and focus on, the person, not the activity or chair. The client's interests and goals should come first.

2. *Client Testing of Different Chairs.* Clients need to take chairs outside the rehab center to test drive them in areas such as their homes and offices and in their community.

3. *Education on Different Chairs for*

Different Activities. One focus group participant said a wheelchair was equal to a pair of shoes. "You have different shoes for different activities," he said. The client needs to be given information on and experience with different types of wheelchairs that are used to perform and participate in different activities, such as sports, sit-to-stand, transferring, and indoors and outdoors.

4. *Home Evaluation.* The client's rehab team should try to go to the person's home or office to pinpoint accessibility issues related to the specific chains) being considered.

5a. *Inclusion of an Experienced Wheelchair User as a Team Member.* One of the team members should be an expert wheelchair user. This team member could answer questions that professionals may either have no experience with or be reluctant to discuss.

5b. *Peer Counselor/Mentor as Team Member.* A peer counselor or mentor should be

part of the team to allow the client to discuss fears, anxieties or other concerns. The counselor should also introduce the client to others who have been through the process and, if possible, are using the same or similar chairs he or she is considering.

These six priorities provide a good framework for gathering more client input and developing a more consumer-responsive prescription process. The link among all of them is that the therapists and other team members must focus on the client. Wheelchair decisions need to revolve around the client's unique abilities, lifestyle and goals. These should be the focus of all decisions regarding wheelchair size, style, color and accessories.

By letting the client test different chairs outside the rehab center, the client's skills, goals and preferences take center stage. Educating clients on types of chairs for various activities gives them encouragement to explore various lifestyle choices and options. A home or office evaluation guarantees the client's personal, social and vocational environments are being considered. An experienced wheelchair user will help the client feel more relaxed and secure, because there will be someone on the team he or she can relate to. Finally, a peer counselor or mentor can allay the client's fears and anxieties and direct him or her to other consumers or organizations that provide encouragement and assistance. |

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