

Anne's Care Aims Story



My first encounter with the Care Aims Philosophy in the year 2000 took me back in time to my first job as a newly qualified Speech and Language Therapist. The post was a Paediatric Waiting List Initiative post in Glasgow in an area where there had not been a speech and language therapy service for some time. The brief was to offer intensive therapy episodes comprising of individual and group therapy. After four months, I was joined by another newly qualified therapist who had just completed a post-grad qualification prior to starting her first job. Imprinted on my memory are the lunchtime and evening conversations we had where she burst my “oblivion” bubble by labouring over such questions as “but how do you know that its what you did that’s made the difference to the child?” and “how do you know that the problem presenting wouldn’t have resolved in six months time if left alone? and even “how do you know speech and language therapy is of any use at all?”

This was my big introduction to the notion of needing to ask WHY, and building evidence of effectiveness as a clinician. So, those intense enthusiastic conversations came flooding back in 2000 when I attended my first training. The questions “Why am I intervening / What outcome do I think can be achieved?” and “How do I know?” are questions that are central in the Care Aims Philosophy!

My ongoing commitment to using the philosophy of thinking within Care Aims hasn’t wavered since 2000. The decisions we make as clinicians in our own profession are what make us unique. To make these predictions and decisions as well as possible is what makes us “good” clinicians, and for me is where the job satisfaction comes from.

As I have moved on in my working life with a current role as both a Clinician and Manager, I very much feel the need for as much help as possible in evidencing that care provided has been effective. At the centre of the Care Aims Philosophy is the concept of predicting foreseeable harm within a particular individual’s life as a result of a presenting disorder. Following through from this is the prediction of whether or not clinical interventions can reduce the likelihood of this harm occurring or reducing the impact when it does, or has occurred. Using the Care Aims Philosophy involves working in specified episodes of care where an agreed outcome of care is agreed between the client and clinician. Then goals are set which are designed to achieve the outcome, these goals from the basis of the evidence of why or how an outcome has been achieved.

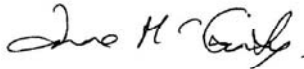
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For me, this clarity is of utmost importance in delivering services which actually make a difference in people's lives, no matter what the problem or difficulty is.

My own prediction then is that I will be using this philosophy throughout the rest of my career, and that if you don't already use it, you will soon! The Care Aims Philosophy has given me total clarity about my core job; it has given me ways to answer those questions of my early career, and it has given me a way to look at managing a service in the best possible way so that most people get something worthwhile when they come to speech and language therapy.

Last question: "Am I a serious advocate of using the Care Aims Philosophy?"

What do you think?!

A handwritten signature in black ink, appearing to read "Anne H. Gandy". The signature is written in a cursive style with a large initial 'A'.

Anne