

Goal Attainment Scaling: The experience of introducing a formalized outcome measure to rehabilitation in rural Kisumu, Kenya

Emma Hicks^{1,2}, Jessica Barnes^{1,2}, Deb Cameron¹

¹University of Toronto, Toronto, Ontario, Canada, ²Kenya Working Group, Toronto, Ontario, Canada

Introduction: The Kenya Working Group is an initiative of the University of Toronto's (Canada) International Centre for Disability and Rehabilitation which partners with existing Kenyan organizations to optimize skills and resources between the two countries. Rehabilitation clinicians in Nyanza, Kenya expressed a need to integrate formalized outcome measures into their practice. Goal Attainment Scaling (GAS) was chosen as the measure to pilot as it is flexible and allows therapists to quantify context specific, self-identified and meaningful goals. This presentation discusses the experience of using GAS for outcome measurement in Nyanza, Kenya from the perspective of local occupational and physical therapists. **Methods:** An interprofessional team of Canadian therapists introduced GAS to Kenyan therapists during a three-day workshop held in Kisumu, Kenya. Attendants then trialed GAS in their practice for a three month period. Upon trial completion, 10 qualitative interviews were conducted in Nyanza to examine clinician experiences with GAS. Geographical saturation was achieved and results were analyzed using grounded theory. **Results:** Preliminary results provide insight into the difficulties of outcome measurement in local practice as well as the clinical changes observed through implementing GAS. Participants identified difficulties preventing regular follow up to include economic barriers, weather conditions and access to transportation. Overall, therapists viewed GAS to be culturally appropriate in their rural, Kenyan context. Therapists found the client-centred nature of GAS to facilitate a sense of ownership in the therapeutic process. GAS allowed therapists to show the effectiveness of their work to both their clients and supervisors, increasing their accountability and job satisfaction. Using a standardized tool throughout a clinical setting also allowed for interprofessional collaboration. **Conclusions:** From the perspective of local therapists, GAS appears to be a useful tool in occupational and physical therapy Nyanza, Kenya. Despite implementation barriers, therapists noticed significant benefits to their practice with its use. **Contributions to the Practice of Occupational Therapy:** There is limited research documenting the utility of rehabilitation outcome measures in resource poor settings. This pilot study has found GAS adaptable for use in Kisumu, Kenya suggesting it may be beneficial for occupational therapy use in similar settings.