OBJECTIVE TESTS AND PATIENT SELF-ASSESSMENT SCALES
OBJEKTIVNI TESTI IN SAMOOCENJEVALNE LESTVICE ZA PACIENTE

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Povzetek

Prispevek obsega šest delov: (1) razpravo o lastnostih, ki jih morajo imeti instrumenti za merjenje izida, če želimo interpretirati posamezen rezultat v posamezni časovni točki, napovedovati prihodnje dogodke in interpretirati spremembe med dvema ali več časovnimi točkami; (2) pojasnilo, zakaj je najmanjša klinično pomembna razlika (NKPR) uporabna za klinične strokovnjake; (3) razpravo o razliki med NKPR in najmanjšo zaznavno spremembo (NZS); (4) opis virov napak pri merjenju izida z instrumenti, s katerimi se ocenjujejo pacienti sami ali jih ocenjujejo strokovnjaki; (5) opis možnih vzrokov pristranosti instrumentov, s katerimi se ocenjujejo pacienti sami ali jih ocenjujejo strokovnjaki; (6) razpravo o možnostih za zmanjšanje merskih napak in pristranosti. Prispevek poudarja pomen dokumentiranja izidov, vključno s sledenjem pacientovim potrebam in željam, zagotavljanjem posameznikove pravice do polnega sodelovanja v družbi po rehabilitaciji ter sledenjem naraščajoči potrebi po dokumentiranju izida z vidika dejavnosti in sodelovanja. Prispevek tudi primerja klinično uporabnost instrumentov, s katerimi izid ocenjujejo klinični strokovnjaki, s samoocenjevalnimi instrumenti za paciente. Če želimo zagotoviti klinično uporabnost, morajo klinični strokovnjaki poskrbeti, da se instrumenti skladajo z namenom uporabe, pri čemer morajo upoštevati organizacijske ovire in olajševalce. Najmanjša zaznavna sprememba (NZS) predstavlja mersko napako dejanske spremembe in se izračuna iz zanesljivosti, ocenjene s ponovnim testiranjem. Najmanjša klinično pomembna razlika (NKPR) pa je kazalnik pomembne spremembe in jo določa pacientov, strokovnjakov ali drugače določen prag pomembnosti spremembe. Prispevek vključuje tudi klinične primere s področja pogostih nevroloških motenj, ki jih obravnavamo v rehabilitacijskih ustanovah.

Summary

This presentation will (1) discuss the measurement properties that clinical outcome instruments should demonstrate for interpreting a score at a single point in time, predicting a future event, and interpreting change over two or more time points, (2) describe how minimally clinically important differences (MCID) are of value to clinicians, (3) discuss how MCIDs differ from minimal detectable change (MDC), (4) describe the sources of error in outcome measures for patient-reported and clinician-rated instruments, (5) describe potential sources of bias for patient-reported and clinician-rated instruments, and (6) discuss how to reduce measurement error and the potential for bias. The presentation will emphasize the importance of documenting outcomes, including meeting patients' needs and priorities, ensuring individual's civil rights to fully participate in society post-rehabilitation, and responding to a growing call for activity and participation outcome documentation. The presentation will describe the clinical utility of clinician-rated versus patient-reported outcome measures. Assuring clinical utility requires that clinicians match instruments with their intended purpose while considering organizational barriers and facilitators to their use. Minimal detectable change (MDC) provides the margin of error for true change and is calculated from test-retest reliability sample. Minimal clinically important difference (MCID) provides an index of important change, and is anchored to patient, clinician, or other threshold of important change. The presentation includes clinical examples for common neurological disorders treated in rehabilitation settings.

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