

Figure 2:
Professional backgrounds from pre-training questionnaires

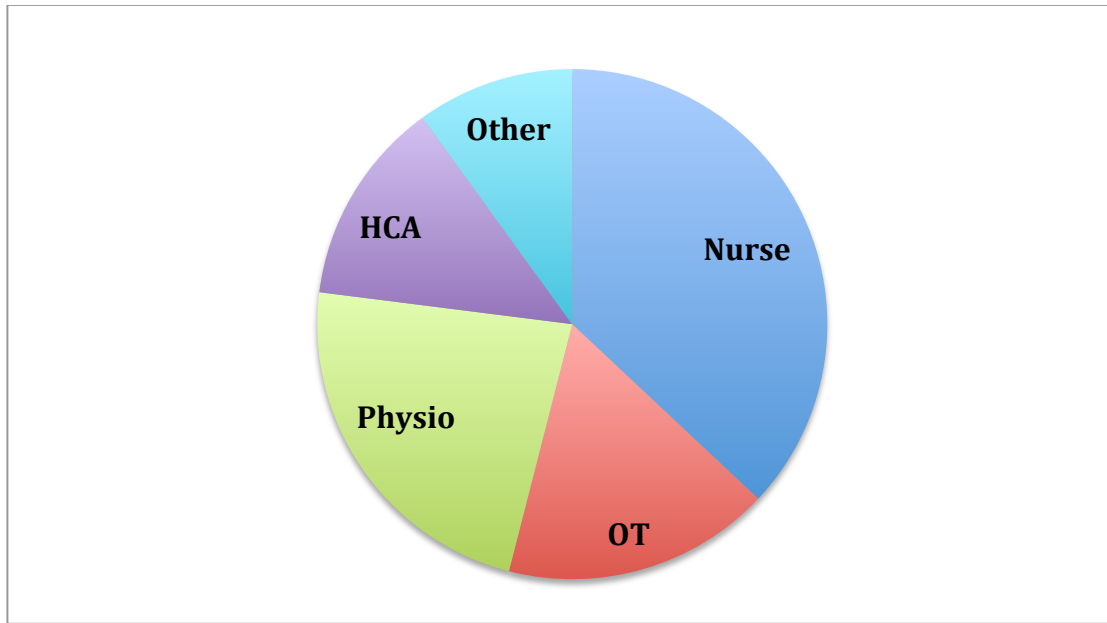


Table 1:
Summary of findings from participants' questionnaires

	Pre-training /% n=30	Interim stage /% n=14	Post-training /% n=37
Beliefs (% Strongly agree/Agree)			
Unrealistic patient goals hold back progress	54	-	14
The clinician should lead goal setting	59	28	21
Self-management support is mainly education	77	57	65
My own beliefs influence the goals set	73	-	53
Be honest when consider a patient's goal to be unobtainable	89	65	52
Be honest about expected recovery	96	-	64
Goals should be in the patient's words	83	-	94
A patient's confidence has a limited influence	24	-	8
Goals are usually set by therapists	60	-	46

Acute stroke context (% Strongly agree/Agree)			
It is not the right setting	7	7	8
Patients are too unstable	29	-	23
There are too many interruptions	44	-	44
Attitudes to use (% Strongly agree/Agree)			
I see self-management support as a priority	80	-	100
There is time for introducing self-management support	64	71	71

(NB: an abbreviated questionnaire was implemented at the 'interim' time point)

Table 2: Implementation of the 'ideal standard' for each individual's washing and dressing, and reasons for deviation:

	Baseline Total observations n = 222 n (%)	Post-Bridges training Total observations n = 121 n (%)
Ideal standard met	121 (54)	76 (63)
Lack of staff knowledge	31 (14)	3 (3)
Staffing/time restraints	8 (4)	6 (5)
Washed at night	33 (15)	12 (10)
Patient refusal	25 (11)	15 (12)
Clinical reason	4 (2)	9 (7)