

Statewide Rehabilitation Clinical Network

# Rehabilitation goal-setting guideline and implementation toolkit



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# A statement from the Statewide Rehabilitation Clinical Network Chairs

Rehabilitation services have become increasingly important in healthcare due to a greater focus on the needs of people with disability, the effects of an ageing population, and medical advancements that lead to improvements in survival rates and life expectancy for people with serious illness and injury. Rehabilitation services are fundamental in enhancing patients' functional independence, life participation and play an integral role in maintaining patient flow across the health care continuum.

Goal-setting in rehabilitation has long been recommended in organisational and professional guidelines. Promoting goal-setting and planning in rehabilitation services was one of the initial priorities identified by rehabilitation clinicians and stakeholders at the time the Statewide Rehabilitation Clinical Network was first established in 2014.

Person centered goal-setting is a vital component of rehabilitation services. Incorporating an interdisciplinary approach to person centered goal-setting in rehabilitation facilitates a coordinated approach to delivery of treatments and interventions that are focused on the values of individuals and their families. Improving person centered goal-setting practices has the potential to improve client engagement in rehabilitation, improve client outcome and team efficiency.

The Statewide Rehabilitation Clinical Network is extremely proud to have sponsored this project and the development of "Rehabilitation goal-setting guideline and implementation toolkit" and would like to thank very much the Working Group Leads Alison New and Annette Horton, all members and particularly Project Officer, Amanda Baker.

We strongly encourage all rehabilitation services and clinicians in Queensland to become familiar with this guideline and toolkit and the related goal-setting resources developed as part of this project and to incorporate goal-setting and action planning into their own rehabilitation practice and services.



**Professor Tim Geraghty and Kiley Pershouse**

Co-chairs, Statewide Rehabilitation Clinical Network

# Acknowledgements

## Statewide Rehabilitation Clinical Network Goal-setting Working Group

The project was guided by a multidisciplinary expert clinical working group.

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## Local Site Facilitators

A pilot trial of the resources included in the Statewide Rehabilitation Goal-setting toolkit was undertaken at 5 sites across Queensland. Many thanks to the participants and local site facilitators at the following sites:

### Community Adult Rehabilitation Service, Metro South

Local site facilitator – Anita Blight, Team Leader/Advanced Occupational Therapist

### Gold Coast University Hospital and Gold Coast Community Rehabilitation teams

Local site facilitator - Aleks Karwaj Senior Occupational Therapist

### Logan Hospital Rehabilitation Team

Local site facilitator - Haylee Kajewski, Allied Health Team Leader/Advanced Physiotherapist

### Sunshine Coast University Hospital Rehabilitation Unit

Local site facilitator - Emily Durkin, Senior Physiotherapist

## Research Team

Associate Professor Petrea Cornwell, Griffith University

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# Introduction and background

## About the guidelines

The rehabilitation goal-setting guideline was developed as part of the Interdisciplinary Person Centered Goal-setting in Queensland Rehabilitation Services project. This project was conducted over an 18-month period across five rehabilitation sites within Queensland Health. The project included a literature review and review of current goal-setting practice across the sites and comprised both inpatient rehabilitation and community rehabilitation teams.

Following the identification of the evidence practice gap within each site, resources and strategies were developed to assist in the implementation of person centered interdisciplinary goal-setting. A pilot trial of resources and strategies was then undertaken and evaluated.

This guideline is a product of the intervention. It was developed to guide rehabilitation clinicians and rehabilitation teams to incorporate person centered goal-setting into their practice and rehabilitation service delivery. The guideline was developed in consultation with consumer stakeholders and rehabilitation staff involved in the project.

## Scope of the guidelines

The guideline is relevant for clinicians working in rehabilitation services across Queensland. It has been designed to be utilised within both inpatient sub-acute rehabilitation, transition services and community rehabilitation settings. Paediatric service settings are beyond the scope of the guideline. However, principals may be relevant and useful in this setting.

## How to use the guidelines

The guideline outlines the recommendations, available tools, resources, and strategies for implementing the Goal-setting and Action Planning (G-AP) Framework<sup>10</sup> and Statewide Rehabilitation Clinical Network recommendations. Throughout the guidelines you will notice recommendation points, indicated by numeric values. Available tools and resources are shown in coloured boxes as they are relevant throughout the document.



# Consensus based recommendations

1. Person centered goal-setting should be facilitated by an interdisciplinary team and include components of goal negotiation, goal-setting, action planning and review.
2. The client and/or family should be included in shared decision making at each point in this process.
3. Person centered, patient/family reported outcome measures should guide evaluation of goal performance, satisfaction and/or achievement.

## Good Practice Points

Clinicians should utilise a structured approach to goal-setting with clients that is well communicated throughout the interdisciplinary team and leads to a high degree of client satisfaction.

Clinicians should be supported to upskill in communication and coaching strategies to support client engagement in goal negotiations.

Appropriate visual aids and communication support should be provided to clients in the goal-setting process to support their understanding and participation. Supportive strategies such as audio recorders, Talking Mats<sup>9</sup>, reminders, contracts and Goal Management Training techniques<sup>12</sup> may be useful to reinforce agreed goals and commitment to actions plans.



# Terminology

Prior to discussing the constructs of goal-setting it is pertinent to first describe and define what we mean by goal-setting. For the purpose of consistency, this guideline will utilise the definitions provided by Levack et al (2015) regarding terminology.

*A “**Rehabilitation Goal**” refers to a desired future state to be achieved by a person with a disability as a result of rehabilitation activities. Rehabilitation goals are actively selected, intentionally created, have purpose and are shared (wherever possible) by the people participating in the activities and interventions designed to address the consequences of acquired disability”.* <sup>13</sup>

*“**Goal-setting**” is considered to be the establishment or negotiation of rehabilitation goals and will be considered synonymously with goal planning* <sup>13</sup>.

*“**Action planning**” is the planning of actions to be undertaken by either the staff or the client in order to achieve the goals.* <sup>10</sup>

*“**Coping planing**” is the identification of barriers that may hinder completion of an action plan. This allows for appropriate strategy planning to ensure action plans are successfully undertaken.*<sup>10)</sup>



# Summary of the evidence for goal-setting in rehabilitation settings

Goal-setting in rehabilitation has long been recommended in organisational and professional guidelines and there is consensus that person centered goal-setting is paramount for rehabilitation services.<sup>14</sup> Furthermore, clients have reported feeling more involved and have a better understanding of rehabilitation when being consulted in the goal-setting process.<sup>15</sup> Improving person centered goal-setting practices has the potential to improve client engagement in rehabilitation, improve client outcomes and team efficiency.

A study of staff perspectives in a single Queensland rehabilitation service identified three different approaches to goal-setting; a therapist controlled model, therapist led model and patient focused approach.<sup>16</sup> In a UK wide survey clinicians reported that clients were not routinely provided with information on the goal-setting process prior to their assessments and were not routinely given copies of the treatment goals.<sup>17</sup>



In a study undertaken in the UK, clients were incorporated into the goal-setting discussions and evaluations in less than 30% of cases.<sup>18</sup>

Clients have identified being unclear about the process of goal-setting and unsure of expectations regarding their participation in the process.<sup>19, 20</sup>

A recent qualitative review investigated client's perspectives on shared decision making within the goal-setting process and found that clients valued being involved in the process.<sup>15</sup> Moreover, this experience increased sense of ownership over the goals and clients felt that it helped them to know exactly what they needed to do throughout the rehabilitation process, aiding in constructive thinking about the future.



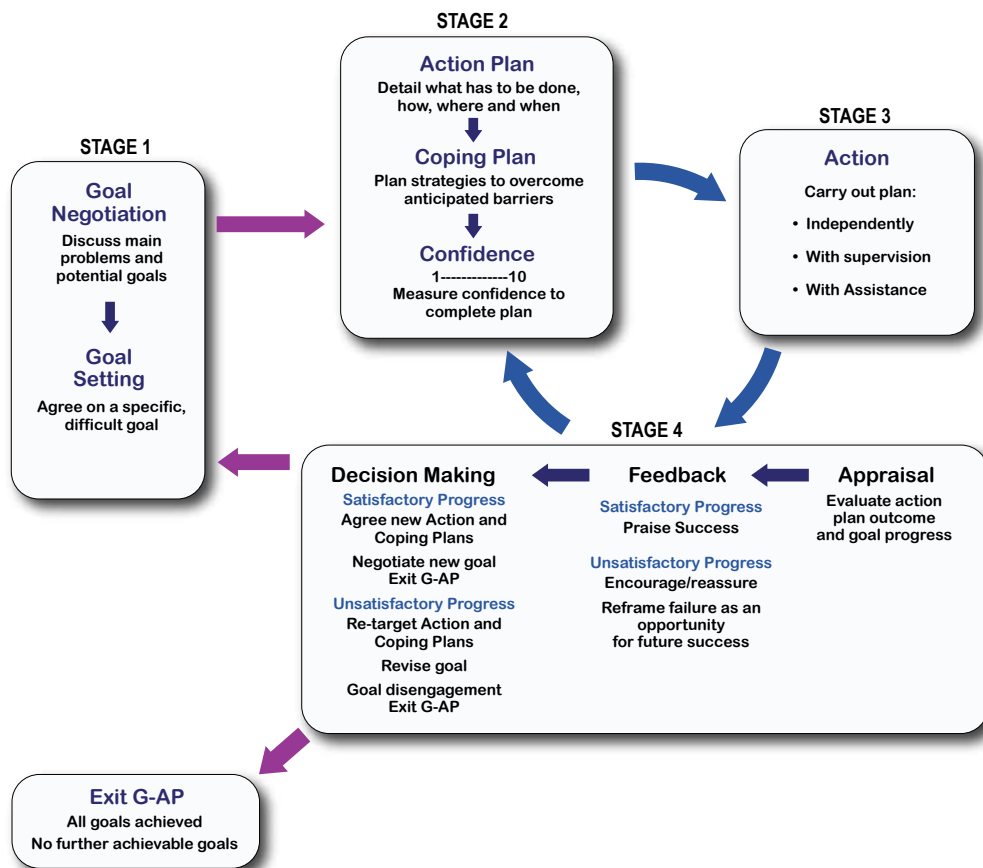
# Goal-setting and action planning framework

The Goal-setting and Action Planning Framework (G-AP) developed by Lesley Scobbie and colleagues (2011) has been endorsed by the Statewide Rehabilitation Clinical Network Steering Committee as a suggested framework for goal-setting in rehabilitation services across Queensland. This framework involves four phases, extending beyond the goal-setting phase and ensuring action planning and review phases are included in the process.

1. Goal Negotiation and Goal-setting
2. Action Planning and Coping Planning
3. Take action
4. Appraisal/Feedback

## Goal-setting and Action Planning Framework

The following pages outline the stages of the G-AP framework and recommendations incorporating other recent evidence for goal-setting in rehabilitation.



**Figure 1:** Goal-setting and Action Planning Framework – reproduced with permission from the authors <sup>21</sup>.

# 1.0 Goal negotiation

Goal negotiation is the process of discussing with a client their main problems and possible goal areas they would like to work on. These can be general areas for improvement such as “walking” or “going to the bathroom” or “returning to work”.

- 1.1** The goal negotiation phase should include discussion between the client, health professional and the client’s family, as much as the client would like them involved.
- 1.2** Goal negotiation should occur within the first week of the client’s rehabilitation episode and can be undertaken in a meeting with the team or by one member on behalf of the team or within individual discipline assessments.
- 1.3** Clients should be encouraged to reflect on what is important to them and what things they value whilst relying on the clinician’s expertise to assist them in formulating goal areas.

*This phase can be significantly impacted by a client’s communication ability, cognition, and mood. Additionally, clients at this stage are often still experiencing grief and loss and may not know what to expect from a rehabilitation service. This may decrease their confidence and desire to be directive in their care.*

- 1.4** Certain skills are required by the health professional to promote goal negotiation discussions and encourage client engagement including:

Skills useful to the clinician at this phase include;

- Active listening
- Reflective questioning
- Motivational interviewing
- Experience in using communication assistive tools

- 1.5** Goal areas should be prioritised where necessary based on the level of importance of each goal area to the client.
- 1.6** The clinician should consider any communication, cognitive or mood concerns and implement relevant strategies, such as using communication tools, education or motivational interviewing techniques to engage the client, depending on the client’s needs.
- 1.7** Client education is important at this phase to increase client confidence in what to expect from rehabilitation and empower active participation.

Several resources are available to assist with this phase, these include;

- Client held goal-setting workbook
- Service brochures
- Prompt sheets with different strategies for identifying what is important to a client
- Consumer videos
- Staff training modules



## 2.0 Goal-setting

The goal-setting phase is the formulation of specific, challenging goals that the client is working towards. This phase needs to outline exactly what the end point would be so that achievement of goals is clear.

- 2.1 Goals need to be specific where possible and may include statements about *where* the goal is needing to be achieved, *how often* or *how much* the activity needs to occur.
- 2.2 Timeframes should guide the goal progress and review. It is acknowledged at times that timeframes may need to be adjusted and so should be viewed as a guide in the process <sup>22</sup>.

*Evidence suggests that specific and challenging goals reflect a higher level of performance, junior staff are encouraged to discuss with senior staff if having difficulty in setting appropriate challenging goals.* <sup>23</sup>

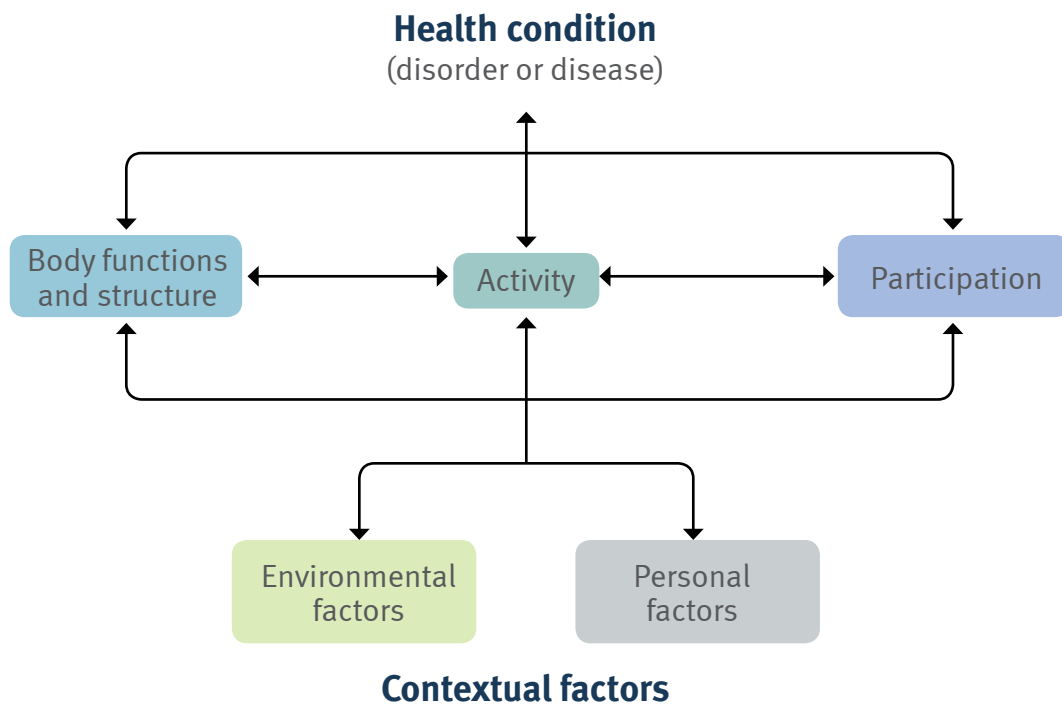
- 2.3 It is important that the health professional and client work together in defining the specific goal/s to ensure understanding and importance of the goal statement to the client. Health professionals need to ensure that goals are set using a language the client understands.

Several resources are available to assist with this phase, these include;

- Goal-setting and action planning templates/goal boards
- Staff training modules

*Rehabilitation staff have voiced concern when setting specific goals that are outside of their traditional discipline skills and knowledge. Therefore this phase is best conducted in a meeting with the team together or with contribution from the most relevant disciplines.*

- 2.4 Clinicians are encouraged to utilise the International Classification of Functioning, Disability and Health (ICF) framework when establishing goals. <sup>24</sup> Rehabilitation goals are best set at an activity and participation level. Impairment level goals are primarily useful for clinicians to measure changes in body structures and functions. All goals should be considered in the context of the client's health condition, environment and personal factors.



**Figure 2.** World Health Organisation International Classification of Functioning and Disability (2001)





## 3.0 Action planning and coping planning

The action planning and coping planning phase involves defining the steps that need to be taken by the client and the health care professional in order to achieve the goal.

- 3.1** Action Plans should be stated as things that need to be done. Action plans may be created for the staff or the team to complete, such as; completing a home visit or completing an application for financial support through Centrelink. They may also be stated for the client to do, such as; “practice threading my pants with the nursing staff and my long-handled aid every day this week” or “completing my daily exercise program to strengthen my legs for walking”.
- 3.2** Clinicians should engage the client in the problem-solving process to establish action plans. These problem-solving skills may translate to future goal-setting or problem-solving situations and the client may be able to apply them on discharge or in the community.
- 3.3** Client’s confidence to complete the action plans should be assessed. This allows for identification of barriers that clients may have to completing the action plan. As a rough guide, clients should be at least 70 per cent confident to undertake their action plans.
- 3.4** Coping plans should then be developed to address any barriers to completing the action plan.

Family members are often very keen to be involved in their relative’s care. Clinicians can be hesitant to burden family and carers with additional tasks to assist rehabilitation practice. However, studies of family and carers report the contrary and carer burden has been shown to decrease when family are involved in the delivery of rehabilitation therapies. <sup>11</sup>It is important for staff to consider this and offer family members opportunities to assist clients in completing their action plans.

## 4.0 Appraisal and feedback

In the appraisal and feedback phase, completion of action plans and goal progress is reviewed. It is important for healthcare professionals to review the success of the action plan with the client before evaluating their current performance of the goal.

- 4.1 Clinicians and clients should reflect on whether action plans need to be changed or adjusted if they were not successfully completed. This is both relevant to staff and client action plans. Alternatively, further coping strategies may need to be developed to tackle unidentified barriers.
- 4.2 Reflection on performance of the goal can then be undertaken with the healthcare professional or team. This may include rating on a goal-setting measurement tool.
- 4.3 Discussions should then follow regarding progression of the goal, disengagement from the goal or establishment of new goals. At this point it is useful to revisit the important goal areas identified by the client.



# Outcome measures used for goal-setting in rehabilitation

The Statewide Rehabilitation Clinical Network advocate for patient reported outcome measures to be used wherever possible. It is important to understand the advantages and limitations of the tools including what population or clientele they are best suited for. Recent systematic reviews have highlighted that there is no single measure that is recommended to be used across all rehabilitation services <sup>25</sup>. No existing measure has been identified that incorporates all components of the goal-setting and action planning framework. However, inclusion of one of these measures may strengthen components of goal-setting.

An outline of available measures can be found on the i-learn module: Goal-setting measurement tools

Useful measures/tools include:

- The Canadian Occupational Performance Measure (COPM) <sup>1</sup>
- Goal Attainment scaling (GAS) <sup>17-19</sup>
- The Patient Specific Functional Scale (PSFS) <sup>2</sup>
- Occupational Gaps Questionnaire <sup>3</sup>
- The Role Checklist <sup>4</sup>
- The Life goals Questionnaire <sup>5,6</sup>
- Contractually Organised goal-setting <sup>7,8</sup>
- Talking Mats <sup>9</sup>
- Goal Management Training <sup>11</sup>



# Implementing goal-setting practice change

## Phase 1

Utilise the Statewide Rehabilitation Clinical Network recommendations to evaluate the evidence practice gap in current goal-setting practice. Consider conducting audits, client interviews and/or team discussions to identify areas for improvement in your rehabilitation service.

## Phase 2

Utilise the information from phase 1 and consider conducting team based workshops to review the available resources and determine what might be useful to improve the person centred goal-setting practices in your rehabilitation service.

Once you have identified strategies and resources that you would like to put in place, create an implementation plan to clearly define who will do what, when, where and how. This plan is vital to ensure that team members are clear about the role they play in the practice change.



## Phase 3

Pilot the resources and strategies in your site. Audit and feedback is a useful way to evaluate the uptake of resources and strategies in current practice. If staff are not completing their roles in the implementation plan, evaluate the barriers and consider what strategies need to be put in place to support the staff, such as reminders or alerts, orientation or training packages.



## Phase 4

Once the team is implementing the resources and strategies an evaluation of their impact can be conducted. Measure the impact by repeating the audits, interviews and team discussions that occurred in phase one.

# Implementing and sustaining change in rehabilitation settings

Implementing evidence into practice in healthcare settings has been seen to have many challenges.

The OT seeker website is a good resource for clinicians to reference when aiming to implement evidence into practice. The website outlines:

1. The process for implementing evidence into practice
2. Resources for implementing evidence into practice
3. Examples of implementing evidence



## ***Implementing Evidence in Practice***

Implementing evidence in clinical practice is a process of closing the gap between research and practice so that research findings are used more routinely. This process is also referred to as knowledge translation. These pages offer a resource for health professionals who want to know more about implementing evidence in practice. You can read about the process of implementing evidence, read or listen to health professionals experiences of implementing evidence, or look at links to other related websites. Please select from the options below.



[www.otseeker.com](http://www.otseeker.com)<sup>26</sup>



# References

1. Yang S-Y, Lin C-Y, Lee Y-C, et al. The Canadian Occupational Performance Measure for Patients with Stroke: A systematic review. *The Journal of Physical Therapy Science* 2017; 29: 548-555.
2. P S. Assessing disability and change on individual patients: a report of a patient specific measure. *Physiotherapy Canada* 1995; 47: 258-263.
3. Eriksson G, Tham K and Kottorp A. A cross-diagnostic validation of an instrument measuring participation in everyday occupations: the Occupational Gaps Questionnaire (OGQ). *Scand J Occup Ther* 2013; 20: 152-160. DOI: 10.3109/11038128.2012.749944.
4. Oakley F, Kielhofner G, Barris R, et al. The Role Checklist: Development And Empirical Assessment Of Reliability. *The Occupational Therapy Journal of Research* 1986; 6: 157.
5. Nair KS. Life goals: the concept and its relevance to rehabilitation. *Clinical Rehabilitation* 2003; 17: 192-202.
6. Nair KS and Wade D. Life goals of people with disabilities due to neurological disorders. *Clinical Rehabilitation* 2003; 17: 521-527.
7. Powell J. Assessment of Rehabilitation Outcomes in Community/Outreach Settings. *Neuropsychological Rehabilitation* 1999; 9: 457-471. DOI: 10.1080/096020199389518.
8. Powell J, Heslin J and Greenwood R. Community based rehabilitation after severe traumatic brain injury: A randomised controlled trial. *Journal of Neurology, Neurosurgery & Psychiatry* 2002; 72: 193-202.
9. Murphy J and Boa S. Using the WHO-ICF with talking mats to enable adults with long-term communication difficulties to participate in goal setting. *Augment Altern Commun* 2012; 28: 52-60. DOI: 10.3109/07434618.2011.653828.
10. Scobbie L, Dixon D and Wyke S. Goal setting and action planning in the rehabilitation setting: development of a theoretically informed practice framework. *Clinical Rehabilitation* 2011; 25: 468-482.
11. Galvin R, Cusack T, O'Grady E, et al. Family-mediated exercise intervention (FAME): evaluation of a novel form of exercise delivery after stroke. *Stroke* 2011; 42: 681-686. DOI: 10.1161/STROKEAHA.110.594689.
12. Krasny-Pacini A, Chevignard M and Evans J. Goal Management Training for rehabilitation of executive functions: a systematic review of effectiveness in patients with acquired brain injury. *Disability & Rehabilitation* 2014; 36: 105-116. DOI: 10.3109/09638288.2013.777807.
13. Levack WM, Weatherall M, Hay-Smith EJ, et al. Goal setting and strategies to enhance goal pursuit for adults with acquired disability participating in rehabilitation. *Cochrane Database Syst Rev* 2015: CD009727. DOI: 10.1002/14651858.CD009727.pub2.
14. Siegert R and Levack W. *Rehabilitation Goal Setting Theory Practice and Evidence*. CRC Press Taylor & Francis Group, 2015.
15. Rose A, Rosewilliam S and Soundy A. Shared decision making within goal setting in rehabilitation settings: A systematic review. *Patient Educ Couns* 2017; 100: 65-75. DOI: 10.1016/j.pec.2016.07.030.
16. Leach E, Cornwell P, Fleming J, et al. Patient centered goal-setting in a subacute rehabilitation setting. *Disability & Rehabilitation* 2010; 32: 159-172. DOI: 10.3109/09638280903036605.
17. Scobbie L, Duncan EA, Brady MC, et al. Goal setting practice in services delivering community-based stroke rehabilitation: a United Kingdom (UK) wide survey. *Disabil Rehabil* 2015; 37: 1291-1298. DOI: 10.3109/09638288.2014.961652.
18. Holliday RC, Antoun M and Playford ED. A survey of goal-setting methods used in rehabilitation. *Neurorehabil Neural Repair* 2005; 19: 227-231. DOI: 10.1177/1545968305279206.
19. Rosewilliam S, Roskell CA and Pandyan AD. A systematic review and synthesis of the quantitative and qualitative evidence behind patient-centred goal setting in stroke rehabilitation. *Clin Rehabil* 2011; 25: 501-514. DOI: 10.1177/0269215510394467.
20. Sugavanam T, Mead G, Bulley C, et al. The effects and experiences of goal setting in stroke rehabilitation - a systematic review. *Disabil Rehabil* 2013; 35: 177-190. DOI: 10.3109/09638288.2012.690501.
21. Scobbie L, McLean D, Dixon D, et al. Implementing a framework for goal setting in community based stroke rehabilitation: a process evaluation. 2013; 13.
22. Bovend'Erdt T, Botell R and Wade D. Writing SMART rehabilitation goals and achieving goal attainment scaling: a practical guide. *Clinical Rehabilitation* 2009; 23: 352-361.
23. Locke EA and Latham GP. Building a practically useful theory of goal setting and task motivation: A 35-year odyssey. *American Psychologist* 2002; 57: 705-717. DOI: 10.1037//0003-066x.57.9.705.
24. International classification of functioning, disability and health: ICF.
25. Stevens A, Beurskens A, Koke A, et al. The use of patient-specific measurement instruments in the process of goal-setting: a systematic review of available instruments and their feasibility. *Clin Rehabil* 2013; 27: 1005-1019. DOI: 10.1177/0269215513490178.
26. McKenna DK, Bennett DS, Strong PJ, et al. OT Seeker, (2003). retrived from ot.seeker.com on 03.04.19.