

Purpose of this document

This document provides clinicians with evidence-informed guidance to support shared decision-making and collaborative goal setting practices.

What is Collaborative Goal Setting?

As a foundational element of patient and family centered care, clinicians and teams intentionally engage children, youth and families in a shared decision-making process to create functional client-centered goals. The family is the expert on their values, preferences, and motivations. The provider is the expert on the condition and the rehabilitation process. In pediatrics, clinicians engage families, children and youth as well as partners in care in the collaborative process to be responsive to evolving priorities over time.

Why Collaborative Goal Setting?

Collaborative goal setting improves outcomes.^{1,2} When children and families are actively involved in making decisions about their goals, their engagement, satisfaction, self-efficacy and motivation improves.¹⁻⁴ The family is able to focus their efforts and celebrate their child's successes and can often feel less stress or guilt.⁴⁻⁶ From a service provision perspective, collaborative goal setting may also improve access and equity.⁷ In practice, collaborative goal setting translates to improved outcomes, greater participation and attendance in rehabilitation, improved self-management and self-efficacy, and fewer readmissions to rehabilitation after discharge.^{1-4, 8}

Collaborative Goal Setting in Pediatric Rehabilitation

Supported by the Rehabilitation Model of Care, children, youth and families are encouraged to be active participants in their rehabilitation through a shared decision-making process that facilitates agreement on a meaningful, child and family centered goal.⁹⁰ This is essential to bolster their confidence and ability to engage in the hard work that is required in the rehabilitation process. When goals that MATTER to the client direct the rehabilitation plan of care, clinicians are able to implement standardized tools and outcome measures that capture progress relevant to what's most important to the child and family.

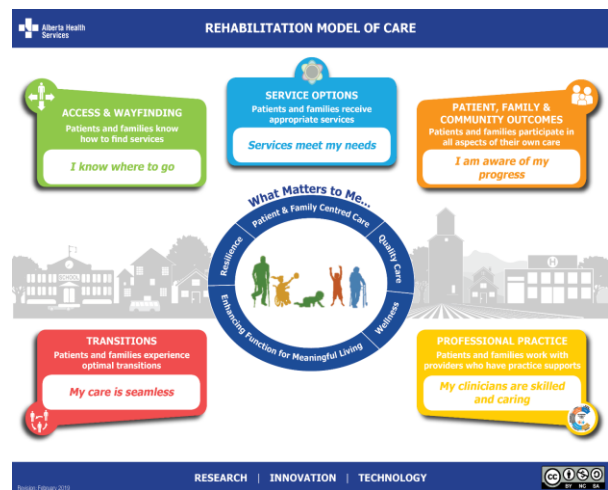
Child and Family Story



Maggie is a competitive swimmer on a para-swim team. She loves swimming and how her body feels gliding through the water. Recently, she has been struggling with her front crawl and she doesn't think she will be able to compete in any races this year.

Principles of Collaborative Goal Setting in Pediatrics

- Shared Decision-Making
- Child and Family Centered
- Goal Driven Intervention
- Documented



Principles of Collaborative Goal Setting

Providing high quality care in rehabilitation begins with understanding what matters to children, youth, and their families in their communities. Clinicians engage with children, youth, families and both internal and external partners to identify, reach, and maintain cognitive, communication, emotional, physical, psychological, social, and spiritual health goals. Positive family-clinician interactions and effective relationships support improved health outcomes. When clinicians demonstrate listening, empathy and respect, families are able to participate in decision-making, problem solving and care planning.¹¹ Shared Decision making is described as an interpersonal process where providers and clients collaborate to make decisions using best available evidence, and client values, preferences and lived experiences.¹²

Following a shared decision-making process helps clinicians to understand what matters to the child and family and informs development of a goal that is client-centered and focused on supporting the child’s participation in activities they find meaningful, thus **enhancing function for meaningful living**.¹³ Documenting the child and family’s goal and providing a copy supports clear communication, action, and monitoring of progress. Having clear goals helps to direct attention and focus on everyday life, allowing children and families to actively participate in the roles, relationships and activities important to them.^{4,5}

“There is perhaps no greater expression of respect, understanding, hope and empathy by the provider than the ability to elicit, acknowledge, and accept the individual’s and family’s goals.”


~ Adams & Grieder, 2005, p. 122 in VanPuymbrouck¹⁴

Shared Decision-Making	Why it Matters
<p>In shared decision-making, the child (whenever possible), family and clinician are actively involved in the conversation where:</p> <ul style="list-style-type: none"> • The child and family share what matters to them – they are the experts on their needs • The clinician shares information about the clinical issues and treatment options – they are the experts on the rehabilitation process • Everyone asks questions and evaluates options as needed • Everyone agrees on the goal and how outcomes will be measured³ 	<p>A shared decision-making process engages the child and family in the rehabilitation process and the work of rehabilitation. This supports aligning expectations rather than focusing on client buy-in and can help to reduce conflict between clinicians and families.⁹ It balances the clinician’s duty of care with the client’s right to make a fully informed decision.¹⁵</p> <p>Engaged clients are committed to the rehabilitation process and understand their role.</p>




When Maggie and her family went to see the physiotherapist she talked about how she loves swimming, but that she is having trouble bringing her left arm out of the water in her front crawl. She brought videos of a swimming practice so that she could show her therapist what she is having a hard time with. Her therapist had initially thought they would work on posture or walking activities, but realized that swimming was what was most important to Maggie. Her therapist talked about some of the work that might also help with swimming and they agreed on the goal.

Child and Family Centered	Why it Matters
<p>In alignment with AHS principles of Patient and Family Centered Care:</p> <ul style="list-style-type: none"> • Goals reflects what matters to the child and family, incorporating their values, needs and perspectives • Goals belong to the child and family, not to the provider • Goals are written in a way that reflects how the child and family are able to actively participate in roles, relationships and activities important to them⁵ 	<p>When goals reflect what matters to the child and family, incorporating their values, needs and perspectives, they have ownership of their rehabilitation goals.^{4, 5, 12, 14}</p> <p>Feeling ownership of the goal promotes self-efficacy and self-determination.</p>

 *Maggie’s therapy goal was to be able to get her left arm out of the water during the front crawl so that she could compete in a freestyle race*

Goal Driven Intervention	Why it Matters
<p>Patient stated goals don’t always align to one specific type of care provider. By clearly communicating to children and families how interventions will support achievement of their goal, they understand their role, regardless of which clinician or service is leading their care. This is particularly important when working with multiple care providers or services, and across multiple agencies or sectors.¹⁶⁻¹⁸ This means that:</p> <ul style="list-style-type: none"> • Intervention is focused on strategies and behaviors that directly relate to the child and family’s stated goals • Clinicians clearly communicate how the interventions will support achievement of the goals 	<p>When goals inform intervention, we provide a focus for children and families. This can decrease family stress and guilt by enabling them to focus on specific outcomes and behaviors.^{16,17}</p> <p>Provides families with a focus; they don’t have to do it all.</p>

 *Maggie’s therapist came up with a plan to address the problems that were limiting her left arm during swimming and to modify her front crawl to make it a little easier. Each therapy task was connected to goal of improving her front crawl, but sometimes it wasn’t obvious to Maggie. When Maggie didn’t understand why she was doing some of the exercises her therapist was able to explain why and how each exercise would help her reach her goal.*

Documented	Why it Matters
<p>Client-centered clinical documentation is a guiding principle of AHS's <i>Clinical Documentation Directive</i> (#1173). In collaborative goal setting this means that goals are:</p> <ul style="list-style-type: none"> • Written from the child or family's perspective using language that is meaningful to them • Recorded/charted in a way that all care providers can see what's important to the child and family • The child and family have their own copy 	<p>Clearly documenting child and family goals ensures that all care providers involved with the client are working towards the same thing, enhancing ongoing coordination and continuity of care.</p> <p>When goals are documented, the child and family as well as clinicians are better able to track and monitor progress towards the goal, further building motivation.^{19,20}</p> <p>Everyone is working towards the same purpose and monitoring progress.</p>



Maggie's goal and treatment plan was documented in her chart where her other team members were able to see what she was working on. Maggie had a copy of her goal and therapy plan. She was able to share it with her swim coach and they were all able to track her progress.

A shared decision-making process is the base for the other principles of collaborative goal setting. When we engage in a shared decision-making process we will land on goals that are child and family centered, that can drive intervention planning and, can be clearly documented.

Shared Decision-Making Process



- Child and Family Centered
- Goal Driven Intervention
- Documented

Maggie was able to compete freestyle with a new sense of confidence. She had achieved her goal of improving her front crawl.



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Please contact your zone Senior Practice Consultant if you are interested in a listing of the journal articles and other evidence that informed development of this tool.

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