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A Goal Setting education program improved Participation goals set in a multidisciplinary Community Rehabilitation service

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Introduction

Goal setting is a cornerstone of effective rehabilitation, fostering client engagement, shared decision-making, and meaningful outcomes[1]. Best practice recommends that goals be structured using the **SMART** framework (Specific, Measurable, Achievable, Relevant, Time-bound) and aligned with the World Health Organization's International Classification of Functioning, Disability and Health (ICF). This includes a focus on **Participation level** goals, which reflect the broader life context of the client, beyond impairment and activity[2].

Despite its importance, a review of goal setting practices within the adult multidisciplinary Community Rehabilitation Service (CRS) at St Vincent's Hospital Melbourne (SVHM) found inconsistency in how goals were set. These often resulted in goals that lacked clarity, measurability, or relevance to client participation and activity. To address this, guidelines were created and a Goal Setting education program was developed and delivered to clinicians, aimed at standardising and improving goal formulation.

Aim

To evaluate the outcomes of a Goal setting education program delivered to multidisciplinary clinicians in an adult CRS on:

- Proportion of SMART Goals developed
- Distribution of goals across WHO ICF domains
- Clinician satisfaction and confidence

Method

Study Design

A mixed-methods evaluation, comprising of a retrospective clinical file audit and a staff survey were completed. The project was conducted by the SVHM Goal Setting group between September 2024 and May 2025.

Setting and Participants

The study was conducted across the three adult multidisciplinary CRSs within SVHM

•**Client Cohort:** All clients admitted between 1 October 2024 and 31 January 2025. A random sample was selected for audit; files lacking a documented care plan were excluded.

•**Staff Cohort:** Multidisciplinary allied health clinicians involved in goal-setting participated in the staff survey.

Intervention

A 90-minute in-person training session on SMART goals and ICF domains were delivered to multidisciplinary clinicians.

Training Structure: A 60-minute presentation covered theoretical foundations with practical examples, followed by a 30-minute interactive workshop using real or simulated clinical scenarios.

Reinforcement Strategies: Implementation was supported by designated "goal champions," regular case conference reviews, desktop prompt sheets, and weekly email communications featuring goal-setting examples.

Data Collection

•**File Audit:** Files were randomly assigned to auditors. Any auditing uncertainties were resolved through discussion with a second auditor until consensus was achieved. Data were recorded in a secure spreadsheet.

•**Staff Survey:** A survey was developed and distributed via Microsoft Forms (Feb–Mar 2025) to assess clinician confidence, knowledge, and feedback on the training.

Data Analysis

Quantitative data from the file audit and surveys were analysed using descriptive statistics in Microsoft Excel. Results are presented as frequencies and percentages.

Results

Retrospective File Audit

A total of 251 client episodes identified, 76 (30%) were randomly selected. A total of 75 valid records were analysed (25 from each CRS site) with 212 goals recorded.

Results

Figure 1. Proportion of goals pre and post intervention classified by WHO ICF domains.

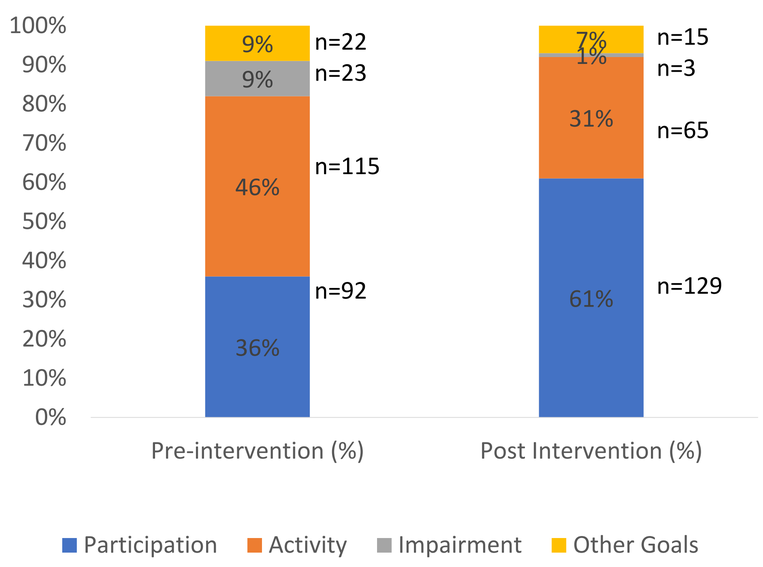
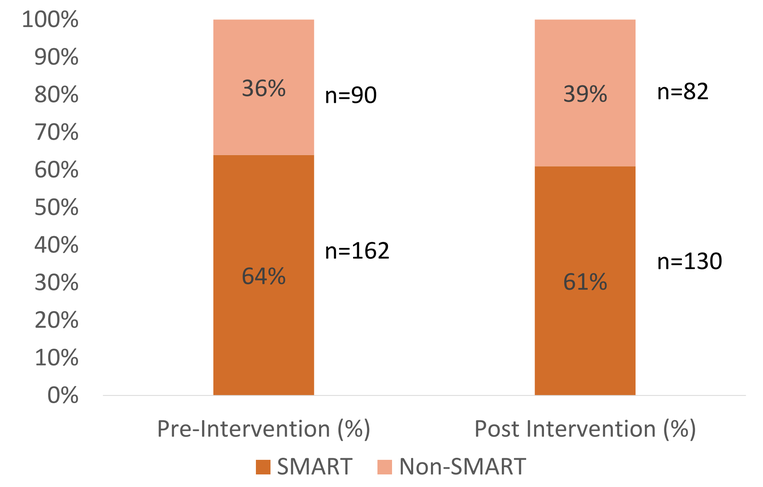


Figure 2. Proportion of SMART and Non SMART goals pre and post intervention.



Clinician Survey

18 Clinical staff completed the survey. 55% (n=10) received the goal setting training program, the remaining 45% (n=8) received other (presentation self review, informal discussion) goal setting information.

Figure 3. Mean clinician self rated confidence to set participation level goals pre and post intervention, where 0 is not confident and 10 is very confident.

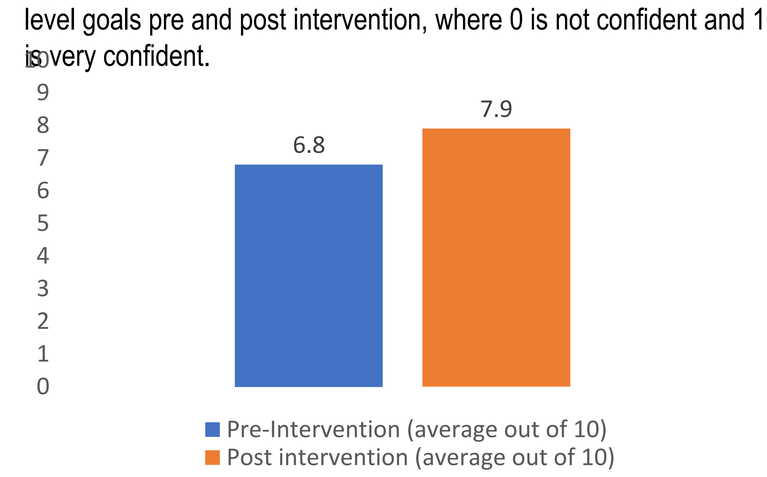
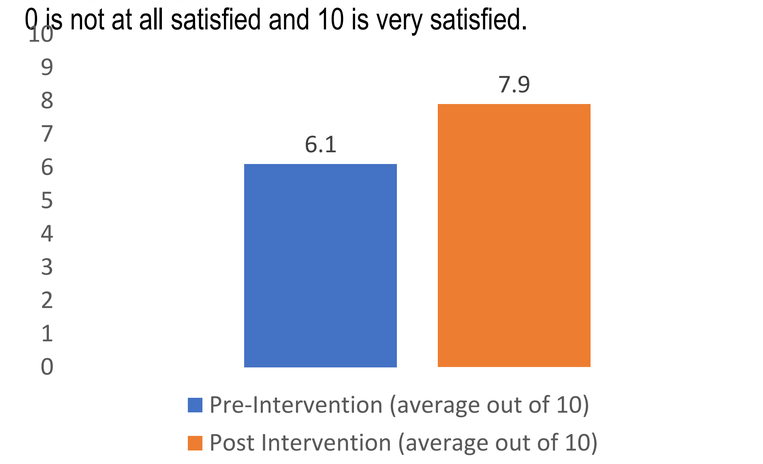


Figure 4. Mean self-reported clinician satisfaction with the goal-setting training program, assessed pre and post intervention, where 0 is not at all satisfied and 10 is very satisfied.



Discussion

The training led to a notable shift in clinical practice, with a measurable increase in the use of participation level goals over activity based or impairment focused goals (Figure 1). This shift reflects a broader emphasis in rehabilitation on person-centred care, where goals are framed around meaningful activities and social participation rather than solely on clinical impairments[4].

Clinicians reported increased confidence in formulating participation level goals (Figure 3) and greater satisfaction with the goal training received (Figure 4), highlighting its relevance, clarity, and practical applicability to their clinical work. These outcomes suggest that the training effectively supported clinicians in adopting more functional and person-centred approaches to goal-setting.

Despite efforts to improve the quality of goal formulation, challenges remained in consistently applying SMART criteria (Figure 2). Contributing factors included staff turnover, limited attendance at initial training sessions due to part-time employment and leave. Additionally inconsistencies in the interpretation and application of SMART criteria among auditors may have contributed to variation during goal auditing. These challenges highlight the complexity of implementing and sustaining practice change in dynamic healthcare environments[3].

The findings highlight the need for ongoing education, standardized assessment practices, and strategies to address staff turnover and variable training attendance. Continued focus on collaborative, functional, and measurable goal-setting is essential for delivering high-quality, person-centered rehabilitation care.

Conclusion

Structured goal setting training increased the use of participation level goals aligned with the WHO ICF framework. Staff reported stronger confidence with goal setting approaches and greater satisfaction with structured goal setting training.

Future Directions

To strengthen and sustain improvements in goal-setting practices, the following strategies are recommended:

- **Enhanced Focus on SMART Criteria**
  Future training should emphasize the principles and practical application of SMART goal-setting.
- **Annual eLearning Module**
  Implement a mandatory online training module to ensure consistent access to goal-setting education for all staff, including newly on boarded personnel.
- **Structured Implementation Audits**
  Conduct comprehensive audits—including retrospective file reviews, staff surveys, and consumer feedback—following any future training to evaluate effectiveness and identify ongoing gaps.

These initiatives aim to embed best-practice goal-setting into routine rehabilitation care and support continuous quality improvement across multidisciplinary teams.

References

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