

Setting useful learning goals

finding the learning edge

Learning objectives:

- Develop strategies for eliciting effective learning goals from learner prior to a patient encounter;
- Identify goals which help learner work in their optimal learning zone (a balance of innovation and comfort).

Why is this module important?

Assessing learner needs and setting learning goals is a critical first step in a teaching encounter. Faculty and learners both need to think about goal setting, but in different ways. For faculty, setting goals for each teaching encounter helps you get clear about your expectations and priorities for the session. For learners, specific goals help guide them to where they want to focus during the skill practice encounter. Identifying specific goals also engages both faculty and learner as there is a purpose to the encounter that has relevance. Goal setting is both the starting point for all teaching encounters and also the map that points the way for future work.

Too often in teaching encounters, the faculty choose the learning goals and assume that the learner agrees with them. A better practice would be to negotiate: ask the learner for her learning goal, and then refine it. For example, an attending might feel that particular learner needs to focus on better monitoring of patient emotions. But if the learners' goal was to talk about management in the care of a sick patient in the middle of the night, learning is unlikely to occur. Forcing the learner to talk about empathy will leave the learner unheard and unengaged, feeling that the 'teaching' was merely the faculty's agenda.

Adult learning theory suggests that learning is most likely to occur if the learner is engaged in the problem at hand. Thus, we believe that assessing the learner's goals is a critical step as it allows the teacher to focus on something that the learner feels is important.

When do I use this skill?

Goal setting happens at the beginning of a teaching encounter. There may be broader goals for a course or a clinical rotation, or specific goals for a particular patient encounter. Faculty and program directors have already mapped out areas in which they want learners to work. These curricular goals provide an important framework within which to set learner specific goals. For example, if a curricular goal of the fellowship is to provide skills for giving bad news, that can

define the universe of possible learning goals that a fellow might choose to work on during the workshop. However, the curricular goal does not define the target area of need for an individual fellow. Finding out where that particular fellow struggles with giving bad news will help identify a scope of work for that teaching session that will move the fellow on her personal learning trajectory towards the program's curricular goal.

Concretely, assessing learner needs and goal setting are activities that can happen at the beginning and end of a teaching encounter. By invoking goal-setting at the beginning and end of the encounter, you will activate mental activity that constitutes learning: self-observation, self-assessment, and reflection-in-action. These activities can happen in a hallway, in a conference room, in a patient's room, or a small group workshop.

Key Skill: What do I say to start setting goals?

Helpful questions include: What do you want to work on in this next encounter? Where have you felt stuck in the past? Is there something particular you would like to try?

Key Skill: Engaging the fellow. Depending on your teaching context, there may be multiple layers of goals to identify and address. Your objective is to engage the learner in the learning that is about to occur (whether a rotation or a patient encounter) and to prompt self-reflection and self-assessment for the fellow. If the general goals are defined, engaging the learner allows them to focus the areas where they feel they need the most work. As importantly, it forces them to self-assess their own strengths and weaknesses--a critical skill for life-long learners.

For example, in a longitudinal learning context (e.g. one day to one year), you can ask participants to set goals for the entire session. "What brought you here?" "What do you hope to leave with?" "What would you like to accomplish during this time together?" "What areas would you like to work on during this course/rotation/clinic block?" Questions such as these frame the big picture for teachers and learners alike.

For shorter sessions, or within one practice block in the longer session, a more focused, specific goal will set the stage for an interaction with a patient. "What would you like to work on today?" "Given where you are now in your course/in your training, what would be most useful for you to work on during today's session?" Drilling down further, during the specific skill practice encounter, the learner in the 'hot seat' can now identify a specific goal to work on with the presenting patient, ideally tied back to one of the bigger picture goals. "Thinking about this patient presentation, given your goals for the day, what would you like to focus on during this encounter?"

Key Skill: Formulating and refining goals. Practically speaking, it helps to write down goals where they can be reviewed and revisited during the teaching session. During a clinical encounter, this might take the form of notebooks or index cards; within a workshop flip charts that can be posted around a workshop room can be used. The act of writing down a goal confirms the learner's intention and commitment to that goal. In long-term settings, such as clinic block, or even over the course of one-day, goals may evolve and change in response to experiences and

interactions with patients and other learners. While a commitment has been made, these should be viewed as dynamic documents.

Faculty can play an active role in shaping and refining learning goals, and it takes practice. Faculty can give fellows feedback on their goals in a number of ways. Simply restating the learning goal can clarify the focus. For example:

Faculty: Anything you want me to particularly look for, or observe for you?

Fellow: Well, I always feel anxious in these situations, when I give bad news. I tend to run on and jump in to reassuring them too quickly and might not give them time...

Faculty: Good. So, a concrete goal for you that I hear is that you want to work on giving the patient time to absorb the news, and also avoiding quick reassurance.

After posing the question about goals at the outset, faculty may move on to shaping the learner's unformed goals into something that can be accomplished in that session. This might include feedback to the learner about the goal being too broad and asking them to identify a particular piece within it that would be workable in the practice session. For example,

Fellow: I think I want to work on denial.

Faculty: Denial, good. Can you tell me what is it about denial that you want to work on during this encounter if it comes up? What would be most useful to you?

Faculty can also connect previously voiced goals or learner interests to the current patient encounter. For example:

Faculty: What are your goals? What kinds of things do you want to try to be sure to do?

Fellow: Well it's a difficult situation, and I think it is hard to be direct and I tend to beat around bush.

Faculty: Ok, I can watch for directness. Anything else?

Fellow: The usual things, fumbling, staccato speech.

Faculty: And the other thing you brought up earlier was whether you were able to figure out where the patient was coming from, what his goals were. So maybe I can watch for that?

When a fellow cannot formulate a goal, the faculty can help by naming common issues other learners face. If the fellow says "I just want to get better at giving bad news," the faculty can respond with "Some people trouble giving the news without jargon. Others have trouble dealing with the patient's emotions. Are either of those something you'd like to work on?"

Key Skill: Operationalizing Goals. After getting clear on the goal, the next step is to help the learner identify how they will achieve the goal during the patient encounter. This will set you up for effective feedback later. For example:

Faculty: What do you want to work on?

Fellow: I want to try and follow the patient's needs rather than my agenda.

Faculty: How do you think you will try to do that?

Fellow: By listening. Trying to just respond to what they are telling me.

Faculty: It sounds like feedback on how you are doing with active listening would be useful.

Doing the work of goal setting helps the learner get more out of a teaching session, even though it does take time. Think of goal setting as an efficiency tool for teaching. You want to target your teaching intervention to just where the learner needs it. Good self-assessment and goal setting can help you.

Key skill: Tracking fellow emotions during goal setting. Just as an experienced clinician would track a patient's emotional responses in addition to their cognitive responses, a faculty teaching communication can learn a lot from tracking the fellow's emotions. Not that we think fellows will display a lot of emotion—at this point in their career, most of them have learned to keep their emotions to themselves (and some can be quite distanced from even their own emotions). What we especially look for is evidence of fellow hesitation in talking about goals. Underlying a fellow's hesitation, we most often find 2 issues: concern that they won't be able to do the communication that is being proposed (either because they don't know how or don't have confidence in their skills), or they are concerned that the topic at hand will make them feel emotions that they would rather not deal with—for example, that giving a patient bad news about cancer recurrence will generate feelings of sadness in themselves.

Responding to fellow's emotions in the same way that you would respond to a patient's emotions can be surprisingly helpful as a learning tool. As with patients, you do not have to fix the fellow's emotion or make it disappear—simply bringing it to light can enable the fellow to develop an awareness that will facilitate practice and learning. Most clinical settings where teaching occurs are not places where a clinician's own emotions can be talked about in much depth—we think these require special learning environments. But noting the importance of one's emotions can be a source of tremendous personal growth for fellows (and clinicians at every level, really—it's a lifetime's work). Empathy for clinicians who do the difficult work of oncology is, in most training situations where we have worked, in very short supply.

Key Skill: Using the learning goals as reference points for the rest of the encounter. The faculty payoff for doing the work of goal setting is the goals provide direction for the middle and the closing of the teaching encounter. A single patient encounter generates so much observational data that without a clear goal-directed focus, the teaching can lose direction, and worse, learner engagement. True, other issues will undoubtedly arise, tempting a knowledgeable faculty to take a detour—but the downside of a teaching detour is that you will lose the learner engagement.

Pearls: How do you know your goal setting has been successful?

- You know you have a good working goal when the learner has identified a specific issue or behavior that is observable and can be practiced/tested in the next practice/clinical encounter.
- The goal should accomplish something that is important to the learner and to your goals for good communication.
- It should also feel like the right level of challenge for the learner – that is, not so discrete that it does not push the learner or critically impact the encounter. The learner should be working in the ‘optimal learning zone’, which reflects a balance of anxiety and confidence, innovation and comfort.

References

Fryer-Edwards K, Back AL, Arnold RM, Baile W, Tulsy JA. Tough Talk, <http://depts.washington.edu/toolbox>

Kurtz M, Silverman J, Draper J. Teaching and Learning Communication Skills in Medicine. Radcliffe Publishing, Second Edition, 2005.