

ARDEA The Current Usage, Process and Challenges of Goal Attainment Scaling in Clinical Settings

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Objectives

Goal Attainment Scaling (GAS) quantifies the effect of interventions on individuals' personal goals.

GAS interviewers (clinicians and academics experienced in clinical research/trials) in collaboration with patients and/or their care partners, set goals that are meaningful to the individual patient.

Despite its use in diverse conditions such as Alzheimer's, cerebral palsy, and hemophilia, little is known about how GAS is used in clinical and research settings. This research aimed to

- 1. identify how GAS is used in clinical & research settings and
- 2. discover how clinicians/academics apply GAS in their work.

Methods

Eleven experienced GAS interviewers in Canada, the US, the UK, and Australia were interviewed using a semi-structured approach. GAS interviewers had current and/or past experience working with patients and care partners to identify goals and build scales to measure goal attainment as an outcome.

Interviews were recorded and transcribed. Transcripts were entered into the qualitative analysis software NVivo 12, and the data were organized into themes.

Results



BENEFITS OF USING GAS:

GAS provided an outcome measure that was reliable and sensitive to change. It measured what patients and care partners wanted to achieve and motivated patients by focusing on what was most important to them.

It provided a common language/framework for multidisciplinary staff to use.

Clinicians could use the -2 (much worse) level results, or identify areas of decline, to make decisions regarding higher levels of care that may be needed for the patient (i.e. suggesting assisted living or moving into a nursing home).

Well trained GAS interviewers resulted in good quality goal setting and having a standardized menu or goal inventory made the GAS process easier.

> "So goal attainment scaling, when it was suggested to me, seemed like an attractive solution for that because it allows you to reflect goals that are relevant for individual patients, and also scale them in a way that's relevant individually." (101)



"In our study, one of the patients had a quote saying that having this menu was a brain starter. It kind of got them thinking on the path of how to really put this type of goal attainment into their day-to-day." (107)

"For a person, the advantage is for us to have a measurable way of knowing where they want to be or what they want to achieve. But from a clinical research point of view, it gives us a standardized instrument to study a group of people. "(108)



The clinician/academic was introduced to GAS:



1 year ago - n=3 (27%)**2-10** years ago - n=4 (36%)**20** years or more - n = 4 (36%)

Results		
Characteristic		Participants (N=11)
Sex	Female, n (%)	5 (45%)
	Male, n (%)	6 (55%)
Expertise	Clinician, n (%)	7 (64%)
	Academic, n (%)	4 (36%)
Years in Profession	Mean [Range]	25.5 [7-40 years]
Conducts Clinical Research	Yes, n (%)	10 (91%)
Conducts Clinical Trials	Yes, n (%)	8 (73%)

USAGE:

Four clinicians/academics discovered GAS 20+ years ago, 5/11 were introduced to GAS through an article/conference, and 7/11 were currently using GAS.

Goals need to be standardized for clinical research and six GAS interviewers reported using a 5-point scale with varying baseline levels (i.e. -2, -1, 0, +1, 2) to set goals with the patient and/or care partner.

If a new tool could save time in a clinical setting, 8 GAS interviewers stated that they were open to using this new GAS tool. However, 5 GAS interviewers stated that they would need justification for a new tool.

PROCESS:

Ten GAS interviewers found that the use of a predefined "goal inventory" (menu) or using prompts shortened a lengthy GAS process by guiding the conversation during the interviewing process. Good interviewing skills were found to be critical for setting good quality goals and this key point was reported by 8 GAS interviewers.

CHALLENGES:

GAS can take time, but an up-front time investment can make GAS faster and easier with practice.

Clinicians and patients can be uncertain about goals and goal setting can be difficult. Goal setting requires the GAS interviewers to frame the conversation in a meaningful way and GAS interviewers may find it challenging to define more than 2 goals.

Patient goals can be viewed by the GAS interviewer to be 'unrealistic' or patients can choose too many goals that are similar.

Lengthy GAS interviews can be tiring for the clinicians, staff, patients and care partners involved. Some patients may not want the time commitment and say, "I just want to get this done." (102)

Discussion & Conclusion

Overall, GAS interviewers found GAS beneficial because it:

- is reliable
- 2. is sensitive to change
- motivates patients
- identifies areas of decline or concern



Acknowledgements & References

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