Strategies for Goal Setting

Three strategies for goal setting form a continuum for working with professionals at different levels of development and awareness: top-down goal setting, management by objectives (MBO), standards-based goal setting, and self-assessment goal setting.

In top-down goal-setting the clinical educator:
- evaluates the developing professional periodically;
- notifies the developing professional of strengths and any weaknesses that need attention; and,
- establishes a professional development plan for the developing professional.

In management by objectives (MBO) the clinical educator and developing professional:
- participate in periodic performance reviews;
- establish a link between performance reviews and goals;
- utilize a participatory goal setting and planning process; and,
- re-establish and/or re-define goals as needed.

In a self-assessment goal setting approach, the developing professional:
- assesses his or her own job skills;
- determines where he or she wants to be;
- determines goals to reach the level of skill desired; and,
- determines strategies to be used in reaching goals.

In a standards-based goal setting process, the developing professional with the CE team:
- diagnoses the instructional behavior in the developing professional’s classroom, looking for strengths and weaknesses related to the Educator Accomplished Practices and the Sunshine State Standards,
- selects specific targets related to the two sets of standards,
- selects interim goals and benchmarks which will assist in reaching those targets, and
- plans activities, learning experiences, and events to be used in reaching the targets.

Each of these strategies can be useful, depending upon the specific situation. For example, some developing professionals may function best when the clinical educator team uses the top-down strategy, or the developing professional may be very self-motivated and function best with self-assessment goal setting. Other professionals may grow best when a management by objective strategy is used.
It is often difficult to know which method will work best with a specific developing professional. The need shown by the developing professional (See four models of coaching) will go a long way toward assisting the team in the determination of how to work at this stage. Generally, the top-down approach works better with a professional who has an external locus of control, while the self-assessment approach might work best with a professional with an internal locus of control. The management by objective approach might be most effective with a professional who has a mix of loci of control—an internal locus in some aspects of job performance and an external locus in other areas. The standards-based approach is most useful for the developing professional whose instructional focus wanders.

The approach to take with a developing professional is determined during the conferencing sessions which precede the writing of the professional development plan. Clinical educators must take time to work and to become acquainted with the developing professional. Plans for professional development can then proceed, although what may work in one situation might fail in another. It might be necessary to experiment with different approaches until the most effective goal setting approach is discovered.

Determining professional development levels of professionals is a time consuming process but critical for success in professional development planning. Through conferencing, the clinical educator team identifies the developing professional's professional development levels, and this process provides the potential for meaningful goal and activity selection.

In addition to the level of professional development and awareness, the developing professional's orientation or focus of needs for growth/performance can also guide goal setting.

The following three orientations are determined through conferencing and the diagnostic process: survival, mastery, impact.

- **Survival.** A professional at the survival level is interested in the activities of the moment. The focus of attention is the next group, the next meeting, the next day, etc. Attempts to get this professional to deal with long range goals, aims, objectives and problems will be futile.

- **Mastery.** The professional at the mastery level is absorbed in the technical aspects of his or her job. More specifically, he or she is concerned with "How can I improve what I do to perform and behave with my clients and do what I would like?"

- **Impact.** The impact level professional focuses on client benefit or success, at whatever cost. The impact professional will do whatever is necessary for his or her clients to benefit. The technical aspects of a problem or skill are only important to the extent that clients gain.
The complex interaction of many different variables impacts the process of developing professional development plans. The developing professional's level of professional development, level of orientation, and alternative strategies for goal development, must all be identified, as these factors relate to the developing professional's readiness to begin the change process. Consideration of these factors is also important as this determination facilitates the clinical educator's role as a change agent. The relationships among the variables are depicted in Table 2. While the matrix depicts a linear relationship among these variables, this may not always be the case.

Table 2

MATRIX: PROFESSIONAL READINESS LEVEL VARIABLES

<table>
<thead>
<tr>
<th>Level Of Professional Development</th>
<th>Strategies For Developing Goals</th>
<th>Level of Orientation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-use</td>
<td>Top-down</td>
<td>Survival</td>
</tr>
<tr>
<td>Preparation/Knowledge Building</td>
<td>Top-down</td>
<td>Survival</td>
</tr>
<tr>
<td>Skill Building</td>
<td>Management by Objective</td>
<td>Mastery</td>
</tr>
<tr>
<td>Skill Attainment</td>
<td>Self-Assessment</td>
<td>Impact</td>
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</tbody>
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