

## Examples of Learning Objectives

Learning objectives should meet the following criteria as summarised in the mnemonic **RUMBA**:

- Realistic
- Understandable
- Measurable
- Behavioural
- Achievable

### Example 1:

**Issue Identified:**

**Medical Expert**

Resident X shows a frequent inability to apply evidence-based medicine to the individual patient and know its limitations.

POSSIBLE LEARNING OBJECTIVE
The resident will use evidence-based medical information to inform all clinical decisions, be able to identify the evidence-based source for her clinical decisions, and list the evidence-based medical limitations specific to the individual case when asked.

**Realistic:** This is part of the competency expectations of a postgraduate trainee.

**Understandable:** The language is specific and familiar to residents. It may be important to have them tell it back to you in their own words to ensure understanding and for them to give an example of what they believe is expected.

**Measurable:** We can count the amount of times evidence-based approaches are used to inform clinical decisions and verify that the sources used are appropriate.

**Behavioural:** The use of evidence-based medicine is a behaviour that a resident can learn and can be measured.

**Achievable:** This can be achieved within the time, resource, and workload constraints of a busy clinic, hospital service, etc.

### Example 2:

**Issue Identified:**

**Communicator**

Resident Y is prescriptive when communicating with patients. He does not convey, in an accurate and effective manner, all necessary information to patients and their families using language appropriate to the encounter

POSSIBLE LEARNING OBJECTIVES
The resident will fully and clearly explain his findings, diagnosis, why a test is needed/suggested, or the reason for a treatment in all his encounters with patients.
The resident will check back with the patient for understanding, clarification, and/or further questioning.
The resident will ascertain if the patient is in agreement with the proposed plan and if there are any barriers to the approach that need to be considered.
The resident will use language appropriate for the level of understanding of the patient.

**Realistic:** The objectives are defining the cornerstones of patient-centred communication as taught throughout medical school and postgraduate training.

**Understandable:** The expectations are specific and in appropriate terms, known to the resident.

**Measurable:** The competency in patient-centred communication can be measured quantitatively and qualitatively using a variety of learning strategies.

**Behavioural:** Changes in the resident's behaviour will be evident through the learning strategies chosen (e.g., direct observation, patient inquiry etc).

**Achievable:** These objectives can be met in every clinical encounter despite most expected workplace constraints.

### Example 3:

#### **Issue Identified:**

#### **Professionalism**

Resident M has shown some difficulty remaining objective and non-judgmental in his approach to patients whose values and beliefs differ from his.

POSSIBLE LEARNING OBJECTIVES
The resident will inquire about, acknowledge, and show respect for the belief and value systems of the patient and family during clinical encounters even if they differ from his own.
The resident will reflect on how his beliefs and values may differ from those of his patients and what influence this may play on the patient-doctor encounter.
The resident will actively listen to the patient, offering his full attention even when his beliefs, values, and agenda may differ from that of the patient.
The resident will tailor his assessment, investigations, and treatment appropriately based on the beliefs and values of his patient while maintaining quality patient care.

**Realistic:** These objectives meet the Professionalism competency standards set out by Undergraduate and Postgraduate Training Programs and Professional Licensing Bodies.

**Understandable:** As with most professionalism issues, it will be important to verify with the learner that they understand the issue with examples of past problematic behaviour. The objectives' language is very specific and straightforward however.

**Measurable:** Through inquiry and discussion after encounters and direct observation of behaviour, changes in behaviour should be apparent.

**Behavioural:** Specific expectations have been defined.

**Achievable:** These objectives can be met given time constraints in the clinical setting but will also require some extra discussion time between preceptor and learner to fully develop the learner's ability to reflect on his own beliefs and behaviours.