

CHALLENGING LEARNERS: HELPING THE STRUGGLING STUDENT

Celeste Royce MD

Director of Undergraduate Medical Education for the Department of Obstetrics and Gynecology, Beth Israel Deaconess Medical Center

Assistant Professor, Obstetrics, Gynecology and Reproductive Biology, Harvard Medical School

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Learning Objectives

After this workshop, participants will be able to:

- Describe characteristics of challenging learners
- Describe a framework for evaluating and managing challenging learners
- Describe learner-centered interventions
- Describe metrics for determining success of interventions
- Assist and intervene with struggling students

Describe your challenging learner



Labels for challenging learners

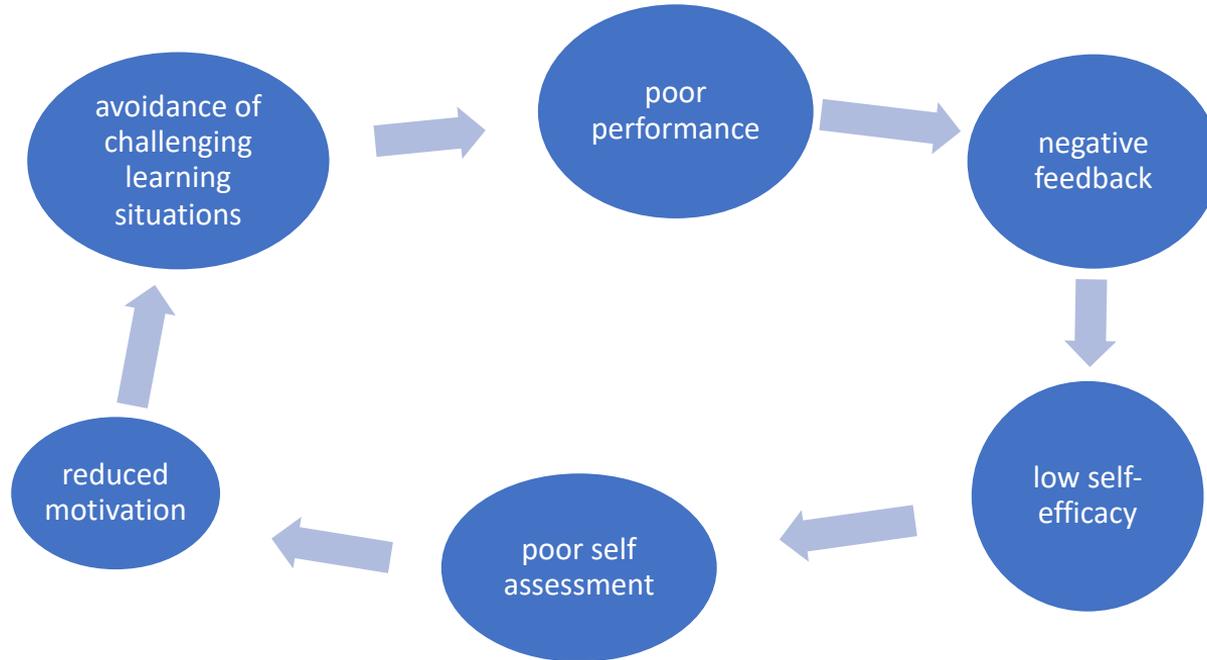
- “Troublesome”
- “Disruptive student”
- “Unengaged trainee”
- “Resident in Difficulty”
- “Impaired Physician”

problems are most often identified through direct observation or critical incidents

Background

- Five to ten percent of medical students identified as “struggling”
- Definitions vague and inconsistent
- Early identification of struggling learner vital to successful intervention
- Courage is required to identify, address and “stop the line” if needed
- Unprofessional student behavior correlates with future disciplinary action

From underperforming medical student to underperforming physician



Effect on others

- While most struggling learners will ultimately succeed
- Presence of a “problem” learner can significantly affect an entire program
 - Increased monitoring
 - Counseling
 - Remediation
 - Limited attention and resources unevenly distributed
- Damage to reputation or integrity of the clerkship/school/ program
- Negatively influence the experience of peers

Learner 1: A change in habits or habitat?

32 yo medical student

- Starting core clinical rotations
- graduated top in class from undergraduate school
- PhD in oncogenetics
- Pre-clerkship tutorial leaders:
 - intelligent
 - participates in class
 - often late with assignments
 - given this feedback and this is “under control”.
- First clerkship: CD reports recurrently late, appears tired, declines opportunities to interact with patients
- Fails first shelf exam

Learner 2: a future surgeon?

24 yo student contacts CD mid-clerkship requesting a new preceptor, “we just don’t click”

- Known to be planning surgical subspecialty training
- Frequently seeks out CD to compliment experience, “loves OBGYN”, and states considering a career change.
- Residents report overly familiar behavior
- Nurses note condescending communications, brusque toward scrub tech
- Preceptor remarks student is “a gunner”
- Reports student response to feedback was defensive and deflecting

Learner 3: exhaustion, or something else?

24 yo intern with syncopal episode

- well-known to staff from clerkships.
- Hardworking, thoughtful student, well loved for outgoing personality and attention to detail.
- As intern, seems to be struggling, coming in very early, not finishing tasks by sign out
- self deprecating
- Has lost 20 # in 2 months

WEB PAPER
AMEE GUIDE

The “problem” learner: Whose problem is it? AMEE Guide No. 76

YVONNE STEINERT

McGill University, Canada



Preventing the Difficult Learning Situation

John P. Langlois, MD; Sarah Thach, MPH

Steinert's Framework

- From intuition to problem identification
- From identification to problem definition
- From definition to intervention

Diagnostic Approach to Challenging Learners

- Identify a problem exists
- Gather data
- Synthesize into hypothesis
- Develop a plan of action



From Intuition to Problem Identification

- Is there a problem?
- Whose problem is it?
- Is it a problem that must be changed?



From Intuition to Problem Identification

Is there a problem?

- Knowledge deficit
- Skills deficit
- Attitudinal/professionalism

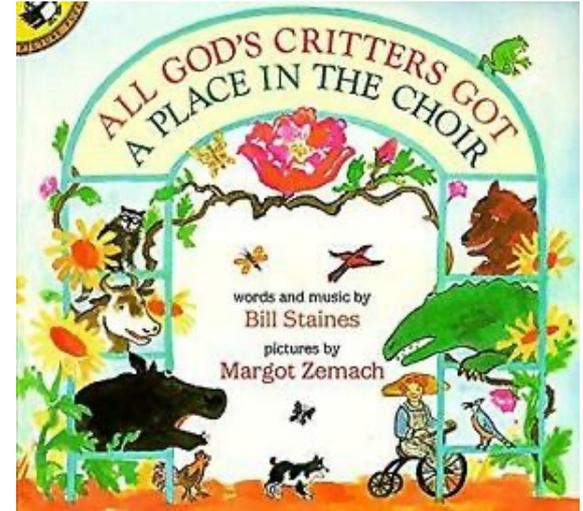
From Intuition to Problem Identification

Whose problem is it?

- Instructor: Bias, perception, expectations, stresses, input from colleagues (also bias)
- Learner: personal history, life stresses, reflective capacity
- System: overload, work, cognitive load, lack of supervision/feedback = time

From Intuition to Problem identification

Must this “problem” be changed?



*All God's critters got a place in the choir
Some sing low, some sing higher
Some sing out loud on the telephone wire
And some just clap their hands, or paws or
anything they got now*

Defining the Problem: Gathering Data and Developing a Diagnostic Hypothesis

- What is the learner's perception of the problem?
- What are the learner's perceived strengths and weaknesses?
- What is the learner's relevant lived experience, recent and past?



Differential Diagnosis: Seven Common D's

Depression or Anxiety

Distraction- personal/life

Deprivation-exercise, rest, recreation

Substance Use Disorders

Medical Disease

Learning Disability

Disordered personality

Consider these possibilities

- Intimate partner violence, sexual or physical assault, sexual harassment
- Cumulative microaggressions
- Neurodiversity
- Substance use disorder
- New onset psychiatric disorder

Defining the Problem: Direct Observation and Secondary Sources

- "Objective" Component
- Colleagues' impressions
 - Especially nurses and scrub techs!
 - Elicit multiple opinions- "360" review
- Direct observation of learner
- Discussion with advisors, mentors, coaches
- Test scores, grades
- QA data, near misses, adverse events, M&M

Describe SPECIFIC BEHAVIORS.

'Late to the office three days this week'

'Forty minutes with a patient with a cold'

'Spoke harshly to receptionist'

'Unable to recall info on UTI taught the previous day'

Be as specific and detailed as possible

Defining the Problem: External Forces

What role might the teacher's strengths and weaknesses play?

- Bias
- Expectations
- Burnout
- Familiarity with curriculum requirements/expectations

- Mentorship/Coaching

How is the educational system affecting the learner's performance?

- Workload
- Structure of curriculum

- Supports available

Interventions: A Learner-Centered Approach

- Individualized Learning Plan based on learner strengths and areas for growth
- What are the available intervention options?
- Who should be involved in the intervention?
- What is the timeline?
 - Intervention
 - Scaffolding
 - Evaluation of outcomes
 - Consequences/Outcomes
- Documentation Process

Center interventions on well-being of the learner and safety of patients and their families.

Interventions: A Learner-Centered Approach

- Additional time for completion
- Further assessment and monitoring
- One-on-one coaching
- Enhanced teaching and learning opportunities
- Reduced clinical workload
- Change in rotation, venue or supervisor
- Peer or mentor support
- Remediation plan, with defined goals, objectives and strategies
- Counseling or therapy
- Leave of absence
- Probation, suspension or dismissal

Successful Interventions

- early identification and diagnosis
- development of an individualized plan
- provide feedback to the learner during coaching and re-assessment
 - Timely
 - Focused
 - Specific
 - Definitive

Up to 90% of “problem” learners succeed after a structured intervention or remediation program

Interventions: Systems-Level change

- Longitudinal curricula
- Competency-based assessments
- Pass/fail grading
- Increased diversity of student body, workforce and faculty
- Holistic review of performance
- CQI approach to advising

Primary Care Approach to Challenging Learners

- Primary prevention
- Secondary prevention
- Tertiary prevention
- Palliative Care



Primary prevention: set the stage for success for your learners

- Clear orientation to the learning session
- Set clear goals and learning objectives
- Determine the learner's expectations and goals
- DIRECTLY OBSERVE LEARNER'S PERFORMANCE
- Frequent SMART feedback
- Periodically check in
 - Share feedback
 - Guided self-reflection
 - Re-set goals and LO's as needed

Remember:

- Manage a problem to minimize impact
- Seek help early
- Do not pass a learner who has not earned it



Resources and Remediation

GME

- Local GME Committee
- Designated Institutional Official
- Peer to Peer Support
- Fellow PD's
- Community and Religious Support
- Hospital Legal Services

UME

- Dean of Students/Student Affairs Office
- Learning Assessment, Neurologic Testing
- Time off
- Community and Religious Support
- Specialty Advisors

Finally... “Calling a Code”, Palliative Care and DNR status

Learner has failed despite

- Repetitive attempts at feedback
- Documented meetings and instructions
- Input from division leaders, mentor interactions
- Remediation plan (CRITICAL ACTION)

Support Team

- Competency Committee, Departmental leaders, Nursing
- Designated Institutional Officer
 - Provide guidance and support
 - Confirms all proper protocol has been followed
 - Help with documentation
- Legal Consult
 - Confirm that due process is provided
 - Documentation is appropriate
- Expert consultation
 - Reach out to other educators at institution or through national education organizations (CREOG, APGO)

You are not the first person to go through this

In Summary...

- As clinicians *you already have* the skills that allow you to diagnose and treat patients – even those who are difficult to manage.
- The same skills can be applied to the diagnosis and treatment of learners in academic difficulty
- Early identification and interventions are easier and more likely to succeed
- Learner-centered approaches are vital to success of interventions
- Up to 90% of interventions are successful
- Our learners, our profession, and our patients depend on us to address problems promptly, honestly, and transparently

Office hours: Let's revisit our learners

- What is your diagnosis?
- Are there any elements of teacher or systems issues playing a role?
- What is your evidence for your diagnosis, and what other information do you need?
- What do you think is your learner's understanding of the problem?
- What intervention are you considering?
 - How will you assess progress?
 - How will learner receive feedback?
 - What is your timeline?
 - How will you document?

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Questions? Comments?



Thank You!



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