

Learners in Academic Difficulty in Postgraduate Medical Education (PGME)

Barriers and Opportunities

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BACKGROUND

- 3-17% of residents will require remediation^{1,2}
- Studies of Resident perspectives on remediation have demonstrated a call for culture change³

Aim: To identify knowledge, skills, and attitudes towards Resident Remediation in:

1. Program Directors (PD)
2. Teaching Faculty (TF)
3. Residents

METHODS

- 2020-2021
- Cross sectional study
- Surveys from PDs, TFs, and Residents
- University of Calgary Cumming School of Medicine
- Questions focused on knowledge, skills, and attitudes towards Remediation
- Data was analysed using descriptive statistics

RESULTS

Table 1: Demographics of respondents

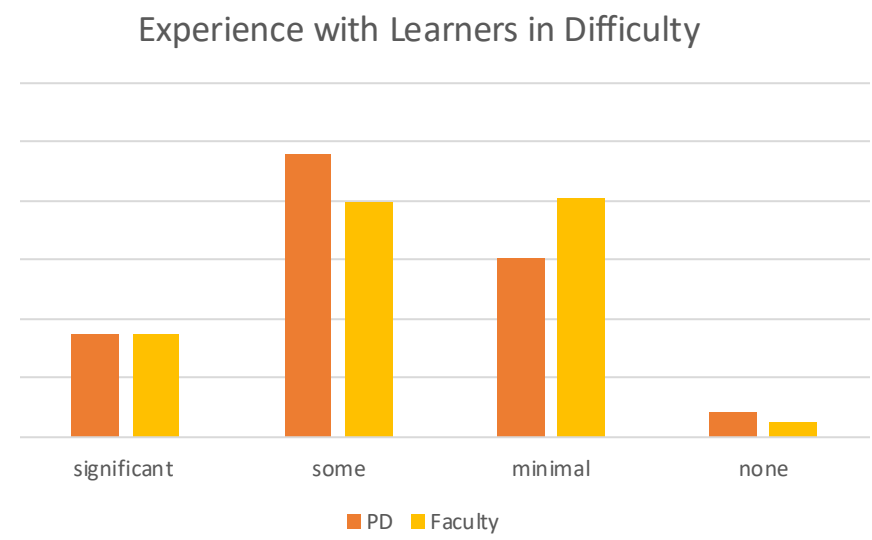
	PD (%)	Faculty (%)	Residents (%)
Number	29	155	58
Gender Identity			
Man	15 (52)	83 (54)	14 (24)
Woman	14 (48)	69 (45)	41 (71)
Other/No answer	0	3 (2)	3 (5)
Visible Minority	6 (21)	43 (28)	11 (19)

Top 3 Priorities Identified for Professional Development

- Recognizing a learner in difficulty
- Identifying learning deficiencies in a struggling learner
- Developing individualized learning support plans

Program Directors/Teaching Faculty

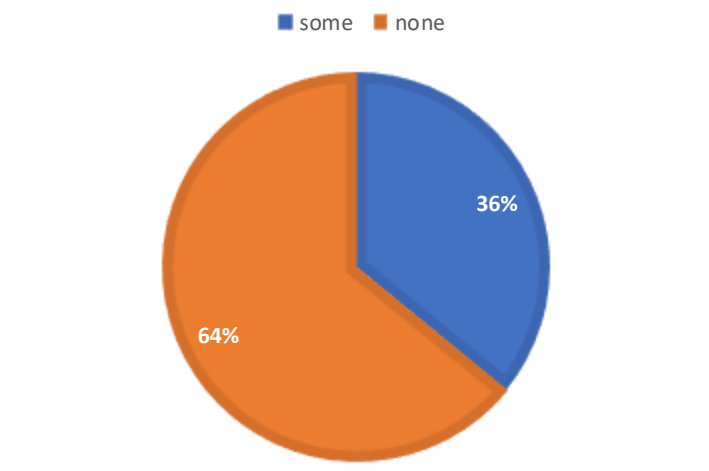
Skills



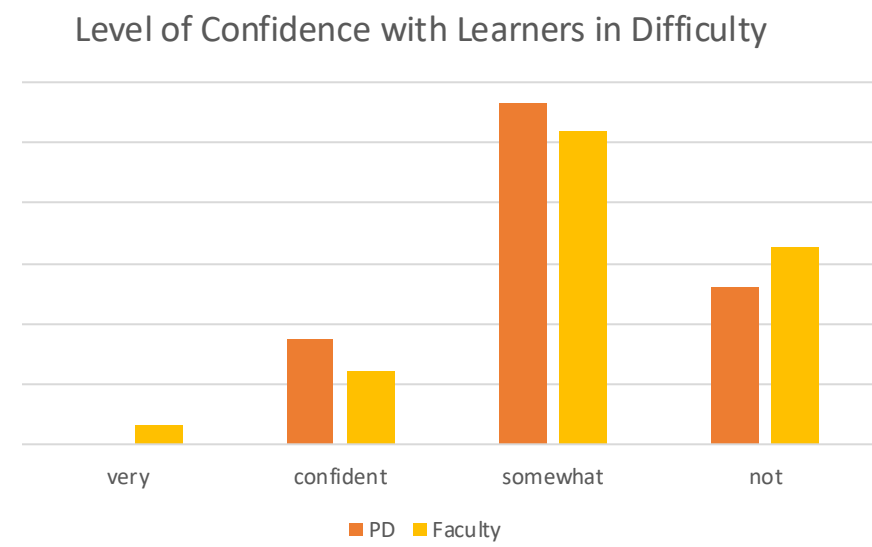
“It is often very challenging for program directors to try and ascertain where the challenge a resident is having stems from. We are not trained to assess for learning difficulties and often we know there is a problem, but cannot identify where the issue is and how to best address it.” – Teaching Faculty

Residents

DISCUSSION AROUND LEARNING SUPPORT

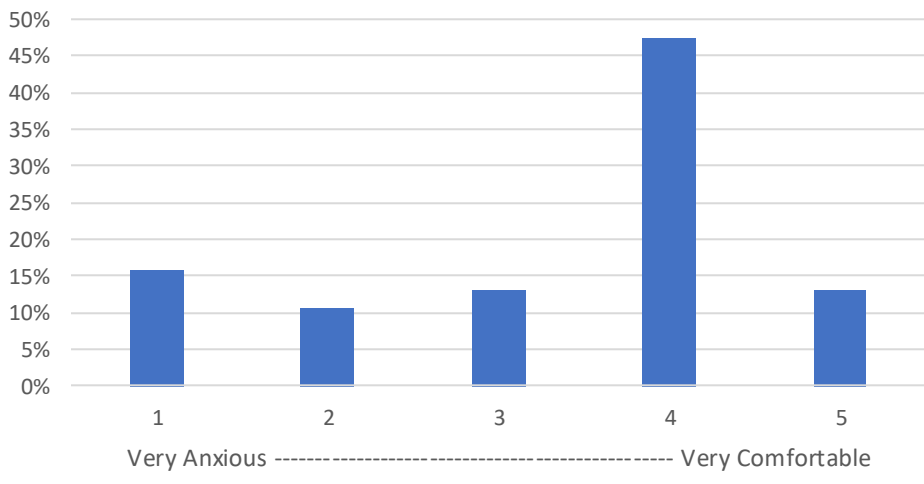


Attitudes

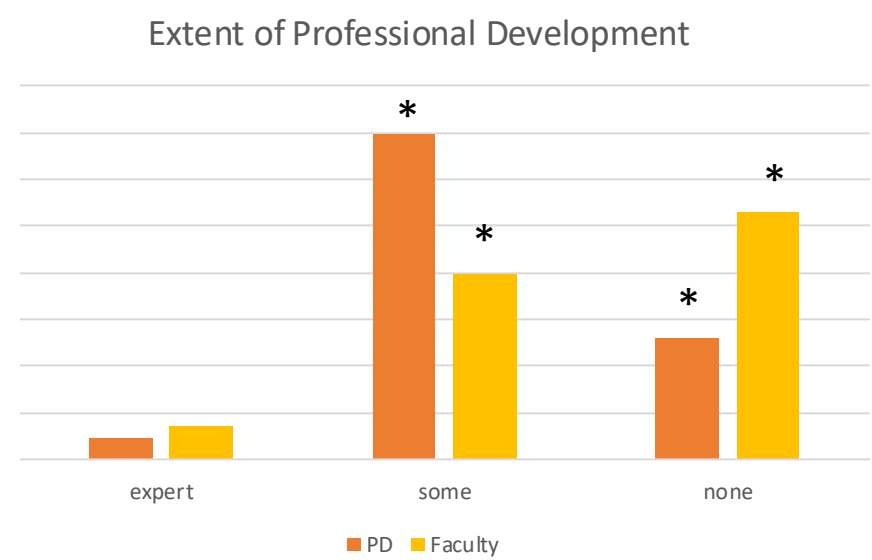


“Academic difficulty is never discussed openly and freely. You go through residency never meeting anyone who has academic difficulty because everyone is afraid to disclose their troubles. We work in a very unforgiving environment where weakness and vulnerability are seen as deficiencies. The name of the game is confidence and perfection.” - Resident

Anxiety Around Academic Difficulty

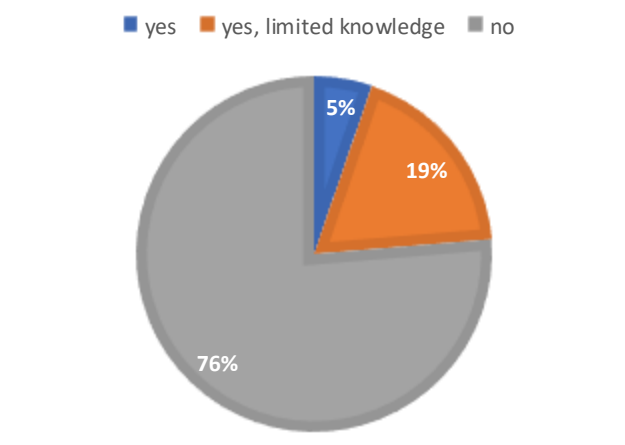


Knowledge



“It is such a high stakes decision for the resident - potentially career ending - how can I best support the resident to be successful, while supporting the anxiety and mental health aspects of them being under more intense scrutiny. How to work out if impaired performance in remediation is due to performance anxiety from this enhanced scrutiny. How to be sure assessment is fair, when faculty may be aware of performance issues and reputation. How to find assessors who are not biased. Lack of knowledge about what actually is the evidence based (or at least consensus) best practice in how to remediate particular issues e.g. communication or clinical reasoning.” - PD

AWARENESS OF LEARNING RESOURCE SPECIALIST



CONCLUSIONS

- PDs and TFs report similar levels of experience and confidence working with learners in difficulty
- PDs report more opportunities for professional development than TF
- Most residents report having little discussion about learning supports but also little anxiety around remediation

1. Zbieranowski I, Takahashi SG, Verma S, Spadafora SM. Remediation of residents in difficulty: a retrospective 10-year review of the experience of a postgraduate board of examiners. Acad Med. 2013 Jan;88(1):111–6.
2. Guerrasio J, Brooks E, Rumack CM, Aagaard EM. The Evolution of Resident Remedial Teaching at One Institution. Academic Medicine. 2019 Dec;94(12):1891–4.
3. Krzyzaniak SM, Kaplan B, Lucas D, Bradley E, Wolf SJ. Unheard Voices: A Qualitative Study of Resident Perspectives on Remediation. J Grad Med Educ. 2021 Aug;13(4):507–14.