

Teaching Notes for Physicians

The medical learner in difficulty

Background

Frellsen *et al*(1) define struggling learners as at risk of receiving an unsatisfactory grade because of problems with knowledge, skills, professionalism, or a combination of these. Work in the UK(2) estimates that up to 15% of medical learners fall into this category; worse, barriers to identification suggest that underreporting may be denying some learners the help they need(3). Formal evaluation systems can identify knowledge and clinical skill deficits, but attitudinal problems are harder to assess and have been shown to persist into practice.(4) It is our responsibility to our learners, to their future patients, and to society as a whole to identify and help with remediation. This article will enable you to identify struggling learners, help at the individual level, and locate further resources for larger problems outside the scope of a single learner-teacher team to remediate.

Prevalence of problem types(5)

Internal medicine residents suffered from:*

- 48% inadequate knowledge
- 44% poor clinical reasoning
- 44% poor time management
- 15% unethical behaviour
- 8% cognitive dysfunction

* percentages total over 100% as some students exhibit more than one problem type

Similarities between the teacher-learner and the physician-patient relationships allow us to apply the medical problem-solving approach to the learner in difficulty(6-8): diagnose the problem and any contributory factors, negotiate a treatment plan, identify resources, and agree on a follow-up strategy.

Sources of diagnostic information

Undergraduate

Electronic curriculum details
www.osler.ucalgary.ca
Course chairs, Assistant Deans
RIME evaluation(9)

Postgraduate

Program Directors
Program developmental benchmarks
External tools (7;9-11)

Identifying the learner in difficulty

Aside from formal assessment results, most struggling learners are identified by direct observation(7), but we may not be observing enough(12). Short but frequent observations are easiest to fit in, and the accumulation of information over time gives you a clear picture of learners' capabilities. Make notes at the time, so that you can give detailed feedback and talk about specific examples. Accurate documentation is vital throughout the process to ensure fairness to all parties. Check learners' progress against existing benchmarks, to check your expectations. Reduce subjectivity by seeking data from other teachers who have worked with the learner(6-8). Additional information may be available from the relevant Course Chair (CC) and Assistant Dean (AD), for medical students; or Program Director (PD) for residents. If the sense that there is a problem is confirmed, it's time for a private discussion with the learner.

That quiet little chat

Good and early communications can prevent problems from occurring, or help early diagnosis and treatment using a team approach(7). What does the learner think?

Be aware stressed learners who are performing adequately (so far) may hesitate to admit to having difficulties, unless asked in a supportive way. Choose a private place, preferably on neutral ground, and prevent interruptions; remain respectful, open, and empathetic, but don't skirt the problems you are seeing and be very clear about expectations. Ask about relevant life history such as health, money, relationships, support systems, and coping mechanisms. Diagnose factors that are contributing to the difficulties. It is vital to treat learners fairly, confidentially, and as responsible adults, so invite the learner for input and suggestions for a realistic plan to address the problems. Inform learners of available resources. Always include a scheduled follow-up evaluation, with clear consequences for failure to improve.

Document, document, document.

Contributory factors(6)

Teacher factors

e.g., mismatched styles, avoiding 'making things worse', unsure of self, inadequate observations

System factors

e.g., work overload (both sides), inadequate supervision, poor records, poor support systems

Learner factors

e.g., learning disability, substance abuse, poor health, cultural barriers, money, relationships

Teacher factors

Reflection followed by discussion with colleagues^a and the relevant CC or PD can help to identify and solve problems that originate from unrealistic expectations or a mismatch in teacher and learner styles.

System factors

System factors often overlap with learner factors, and will require input from other teachers and administrators (see **Resources**).

^a There is no formal policy about 'forward-feeding', so it is advisable to discuss only with those peers who have taught the learner before.

Learner factors

Some difficulties are critical (*eg*, substance abuse, theft, cheating) and require the immediate involvement of the relevant academic administration. The responsibility for solving less egregious learner-based problems lies firmly with the learner; your job is to motivate and support, but avoid taking on the role of physician, therapist, buddy, or parent. Feedback is our most powerful tool for motivating learners to make necessary changes.

Feedback(13;14)

Help learners to self-assess and see gaps between their current performance and the ideal; the resulting cognitive dissonance will motivate attempts to narrow those gaps by improving performance. Learners in denial may need to hear or see explicit comparison of their actions with their values(15). Make feedback moments explicit ("Now I will give you feedback on ...") and a regular part of your teaching, so that hearing feedback is not associated with crisis management; reinforce good performance by remarking upon it. To ensure effective feedback is heard without causing hostile or defensive responses, generate a climate of trust, mutual respect, objectivity, and low tension. Show empathy by expressing understanding, legitimate learners' feelings and intentions, and support efforts at correction. Collaborate to design a detailed, realistic plan so that learners retain responsibility for their own progress. Make sure you set a specific time for future evaluation and setting new goals.

Treatment plans

If you suspect the existence of a learning disability, substance abuse problem, or poor mental or physical health, enlist help from the relevant parties immediately (see **Resources**); for less severe problems, we collaborate to treat the poor performance not the learner. Poor performance can fall into one or more of the three learning domains; knowledge, clinical skills, or professional attitudes. Components of collaborative treatment plans might include the following.

Inadequate knowledge

– undergraduate

Divert time from clinical correlation to study; assign extra study and follow up; consider learning contracts(16); consider involving other teachers; consider referral to the Study Buddy Program (see **Resources**).

- resident

This may just be a gruelling rotation, but observe carefully and check for underlying problems before assuming that time alone will help. Consider extra case discussion, review of charts, mini-tutorials; discussion of pre-assigned reading; involving other teachers.

Poor skills

- all levels

Request a change in schedule to increase protected time for studying; increase skills training (use simulations, training with the teacher, video review, online skills programs); observe carefully and give very explicit and detailed feedback. Medical Skills may have additional suggestions (see **Resources**). Skills deficits and attitudinal problems often overlap, for example, the inability to create acceptable doctor-patient relations could be due to inadequate communication skills, an unwillingness to perform this skill, or both.

Unacceptable attitudes

- all levels

Unacceptable attitudes pose the most difficult diagnostic and treatment problems. Use feedback to motivate learners, then monitor carefully for change. If learners find it difficult to see that their behaviours need to change, increase time together and explicitly point out those professional behaviours as you model them; consider having the learner recorded and review the DVD together to illustrate performance gaps; arrange extra practice with actors in Medical Skills. Be wary about underlying causes that may limit your options, such as mental health issues, and refer to the family physician, Student Affairs Office, or Physicians for Physicians program as necessary. See **Resources**.

Any learner in difficulty will need more teaching, supervision, feedback, and extra resources. Consider inviting other teachers to help share the load; a change of face is often a good idea for the learner's sake, too.

Resources

Undergraduate Medical Education

1. Course Chairs, Assistant Deans
- for support, guidance, scheduling changes, allocating additional resources
2. UME Associate Dean – next step for serious problems
3. University of Calgary Medical School Student Code of Conduct – go to www.medicine.ucalgary.ca/node/352
4. Office of Student Affairs (Study Buddy Program, further resources for academic difficulties, career and mental health counselling) – go to www.medicine.ucalgary.ca/undergrad/ume/studentaffairs

Main campus resources

Counselling centre for academic clinics, workshops, disability resource centre, study and exam skills, links to counselling – go to www.ucalgary.ca/counselling/academicssuccess/

Postgraduate Medical Education

1. PGME policies on all aspects of residency training – go to www.medicine.ucalgary.ca/postgrad/policies
2. Check with the PD as some Programs have additional policies in place.
3. Procedures for handling concerns about conduct – go to www.ucalgary.ca/hr/about_hr/policies_procedures/guidelines_for_administrators_when_acting_on_concerns_about_conduct
4. Physicians for Physicians program, and serious postgraduate concerns where the educational license may be in jeopardy – go to AMA Physician Family Support www.albertadoctors.org

Tips for prevention

Close working relationships with learners enables difficulties to be identified and tackled at an early stage(17). Make goals and required standards explicit from the start, so that learners know what is expected (18). Schedule frequent observations so that you can give detailed feedback regularly during your teaching time; general feedback at the end of a busy rotation is unfair, as the learner has no time left in which to try and improve, and inadequate information on which to base efforts to improve. Timely, accurate completion of ITERS is hugely important(19;20); general comments that spare or disguise the struggling resident will not help anyone and may be a legal liability when the problem grows and can no longer be ignored. Above all, do not be afraid to act on your concerns, because your early action is in the learner's best interests and enables faster, easier solutions.

Enjoy your teaching!

For further information or confidential no-charge teaching consultations, contact us:

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