


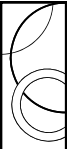
# The Learner in Difficulty

Cabin Fever 2010  
Dr. Heather Armson & Peter Koegler




## Objectives

- Detect potential problems early
- Develop an organized approach to the assessment and initial management of challenging teacher/learner interactions
- Be able to apply that model approach in the management of difficult learning situations
- Improve communication with learner and program

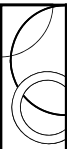


## Give an example of your experience with a learner in difficulty



## Who is a learner in difficulty?

- A learner with academic performance that is significantly below performance potential (expectations) because of a specific affective, cognitive, structural\* or interpersonal difficulty.  
(Quirk 1994)
- Learner unable to structure experiences in the clinical environment- time management, organizational skills, poor study skills



## Background

- 7-15% of learners have problems
- Variety of personal & professional difficulties
- Often have a number of concurrent difficulties
- Often problems are related to multiple underlying factors
- Challenging and stressful experience for preceptors

DEFICIENCIES	IMPORTANT FACTOR
Insufficient medical knowledge	48%
Poor clinical judgement	44%
Inefficient use of time	44%
Inappropriate interaction with colleagues/staff	39%
Provision of poor or inadequate medical care to patients	36%
Unsatisfactory clinical skills	31%
Unsatisfactory behaviour/communication with patients	23%
Excessive or unexplained tardiness or absences	21%
Unacceptable moral or ethical behaviours	15%

UNDERLYING CAUSES	IMPORTANT FACTOR
<b>Stresses:</b> *situational (e.g., starting new job, moving to new environment, sleep deprivation) *personal (e.g., marriage, parenting, financial) *professional (e.g., complex medical situations, difficult patients)	42%
<b>Depression</b>	24%
<b>Cognitive dysfunction</b>	8%
<b>Other psychiatric illness</b>	5%
<b>Substance abuse (other than alcohol)</b>	1%
<b>Alcohol abuse</b>	<1%

### Cognitive dysfunction

- **written communication**—poor reading ability, poor chart notes
- **oral communication**—problems interviewing patients
- **spatial-perceptual problems**—difficulty visualizing three dimensions, often problems with applied anatomy
- **poor integration of material**—difficulty applying theoretical medical knowledge to clinical problems
- **poor fund of knowledge**—gaps in knowledge possibly relating to basic material that has been forgotten

\*\*\*Learners with cognitive dysfunction may have an unrecognized learning disability

### Preceptor problems

- **Health Issues:** Personal, family
- **Practice Issues:** Staffing, over-scheduling, financial issues
- **Relationship Issues:** Personality clash with learner
- **Important Questions:**  
 Is the presence of the learner preventing you from doing what must be done?  
 Are your issues seriously affecting the education of the learner?

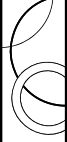
### Approach

### Prevention

- Orient the learner
- Know the expectations for a learner at particular stages of training
- Determine the learners goals & objectives
- Agree on clear expectations & goals (use a learning contract)
- Regular feedback on performance
- Reassess regularly
- Document appropriately


### SOAP-An Approach to Problem Interactions

- **Subjective**  
 What do you/others think and say?
- **Objective**  
 What are the specific behaviors that are observed?
- **Assessment**  
 Your differential diagnosis of the problem.
- **Plan**  
 Gather more data? Intervene? Get help?



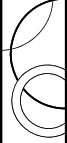
### Subjective

- Trust your instincts
- Identify problem early
- Flesh out the details of problem
  - What do others think of this learner and his or her performance in the office?
  - Obtain data from all readily available sources and then determine if a pattern of behavior exists.
- Talk to the student early about concerns




### Subjective ...

- The learner as a data source
  - Are they aware that there is a problem or potential problem?
  - A simple question about how they feel things are going may reveal that the learner is aware of an issue and is working to remedy it.
  - Lack of awareness may indicate a more significant issue and/or the need to be more directive.



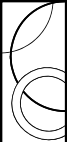
### Objective- Observe & Gather Data

- Move from subjective concerns → recording measurable & objective behaviours
- Direct observation is critical
- Detailed observations enhance your ability to make **specific** recommendations for change
- Find assessable moments & record observations
- Many of these observations will be patient interactions but not all
- Reliability will be enhanced by observing across a variety of events & using other evaluators




### Objective...Data

- Clinical competence
  - Observation during encounter
  - Test their knowledge
  - Review notes
- Communication
  - Interaction with patients
  - Case presentations
- Professional skills
  - Punctuality/time management
  - Record ability to cope with responsibility
  - Document their interest/dis-interest in learning



### Observe

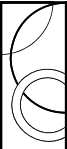
- Clinical performance is case specific
  - 16 hours of performance observation across a variety of clinical situations is necessary to achieve reproducible estimates of clinical competence
  - 7-11 ratings needed to achieve a generalizable global estimate of competence when based on non-systematic samples of observations
  - Specific competence areas may require different ratings (more ratings needed for communication & interpersonal competences than for specific skills)



### Frequency of rater observation


- 19% reported no observation of complete hx & p/e during medical school & 30% had not been observed in residency
- >50% reported less than three observations in medical school
- 43% observed once in residency

**Less observation = less accurate assessment**



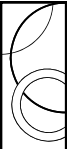
### 'Mum Effect'

- Bias against transmitting bad news
- Good news is communicated more frequently, more quickly and more fully




### Document

- Useful for learner
- Useful for evaluation
- Useful for remediation
- Use observation format
- Keep a log of specific instances



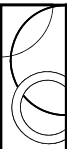
### Assessment

- Analyze information from the Subjective and Objective parts of assessment and explore the possible causes -- work from the symptoms and manifestations of the problem to determine a diagnosis.
- Assessing learning situations is often perceived as difficult because of the lack of practice and experience.
- Approaches & strategies are available to help produce an accurate differential of learning issues.




### Assessment approaches

- Encourage self-assessment first
  - May provide a reference point for discussion
  - May help identify areas of vulnerability/weakness
  - Often inaccurate



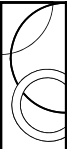
### Assessment approaches

- Use tools to reflect on situation, define the problem & develop a plan
  - Clinical Framework- SOAP
  - Framework for Assessment of Learning Difficulty
    - What potential factors are contributing?  
Knowledge & Skill, Professional Behaviour & Personal/Health Issues
    - Applied to the learner, teacher & system




### Plan

- **Gather more data?**
  - Increase observation & feedback
  - Timely evaluation & feedback
  - Discuss with learner
  - Contact program director
- **Intervene?**
  - Detailed behavior-specific feedback
  - Specific recommendations for change
  - Consider peer support
  - Mentoring for structured supervision
  - Set interval for re-evaluation
- **Get help?**
  - Get assistance from regional support or school
  - Transfer learner



### Plan...Intervention

- Often multiple factors -> target a variety of levels
- Do not overlook issues with the teacher or the system
- Feedback is key
  - Often good response with dramatic improvement in performance
  - audio or videotape reviews enhance subsequent improvement




### Plan...Intervention

- Alliance of learner, program director & preceptor may frame intervention in positive rather than oppositional terms
- Interventions proven to be helpful:
  - Frequent meetings with program director
  - Mentor for structured supervision
  - Timely evaluation & feedback
  - Psychiatric/Psychological counseling
  - Learning disability assessment
  - Remedial curriculum
  - Specific skills training
  - Switch in rotations
  - Probation
  - Leave of absence



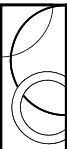
### Specific strategies

- Knowledge & skill deficits
  - Clarify area(s) of deficiency
    - New skills/information
    - Inadequate/incorrect skills
  - Develop a plan & learning experience
  - Education, practice, review & maintenance may be necessary




### Specific strategies ...

- Behavioural/Attitudinal
  - May require confrontation
    - Identify & clarify
    - Directly address issue with learner
    - Dispel anger-ensure not seen as personal attack
    - Reassess student schedule if necessary




### Cognitive/ Problem solving

<ul style="list-style-type: none"><li>• <b>Reduced</b> (empty mind)<ul style="list-style-type: none"><li>◦ Absent or inaccessible knowledge</li><li>◦ Inertia of thinking</li><li>◦ Cannot integrate</li></ul></li><li>• <b>Dispersed</b> (cluttered mind)<ul style="list-style-type: none"><li>◦ Poor inquiry based data gathering</li><li>◦ Lots of factual information</li><li>◦ Large lists of diagnoses/treatments</li><li>◦ No discrimination</li><li>◦ No context in view of clinical picture</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Consistent time for study</li><li>• Patient based study</li><li>• Concept based study</li> <li>• Framework for reasoning</li><li>• Patient based study</li><li>• Increase patient exposure</li></ul>
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### Cognitive/Problem-solving

- **Elaborated** (deductive thinker)
  - Organized, modelled or structured to more global and accessible representations of the problem
  - Data gathering focused & inquiry based
  - Integrates clinical findings
  - Relates knowledge to clinical finding
  - Associates clinical findings, context & knowledge
  - Correlation with pathophysiology, anatomy & pathology
  - Framework for reasoning & problem solving
- **Compiled** (recognition)
  - Elaborated networks condensed by experience, does not engage in detailed reasoning, uses other factors such as pattern recognition
  - Recognizes patterns of illness & instance scripts
  - Devise treatment plan scripts
  - Experience based
  - Often not transparent and too rapid for learners to follow so requires explanation




## Conclusions

- Prevention is crucial
- Identify learners in difficulty early
- Clarify your subjective understanding of the problem
- Communicate with the learner & program
- Collect objective data
- Use a structured approach to define the problem
- DOCUMENT DOCUMENT DOCUMENT
- Develop a plan in conjunction with the program director



## ONE-MINUTE PRECEPTOR (FIVE MICROSKILLS)


1. Get a commitment  
What do you think is going on with the patient?  
What do you want to do?
2. Probe for underlying reasoning/supporting evidence  
What led you to that conclusion/diagnosis/decision?  
What else did you consider?
3. Provide positive feedback  
Specifically, it worked well when you...
4. Teach general rules  
The key features of this illness are...  
In situations like this, it is important to ...
5. Correct mistakes  
Next time this happens, try this...



## SNAPPS

The learner will:


- Summarize briefly the history & findings
- Narrow the differential to 2-3 relevant possibilities
- Analyze the differential by comparing & contrasting the possibilities
- Probe the preceptor by asking questions about uncertainties, difficulties, or alternative approaches
- Plan management for the patient's medical issues
- Select a case-related issue for self directed learning



## RIME

- **Reporter** - "What is happening?"
- **Interpreter** - "Why is it happening?"
- **Manager** - "What next?"
- **Educator** - "Where are the knowledge gaps?"

\* For a video tape example of the use of RIME please see [www.practicalprof.ab.ca](http://www.practicalprof.ab.ca)



## RIME cont.

**Reporter**  
Proficient history taking and examination  
Problem identification  
Normal versus abnormal  
Expected level  
- *clinical clerk*

**Interpreter**  
Create differential diagnosis  
Prioritize problems  
Follow-up tests  
Expected level  
- *Senior medical student/First year resident*

**Manager**  
Select appropriate diagnostic tests  
Finds common ground with patient (customizes therapy)  
Expected level  
- *Second year resident*

**Educator**  
Identifies knowledge gaps  
Plans continuing education  
Teaches students, peers, faculty  
Expected level  
- *The ideal senior resident*

**APPENDIX 1. FRAMEWORK for ASSESSMENT of LEARNING DIFFICULTY:  
What potential factors are contributing?**

	<b>KNOWLEDGE AND SKILL</b>	<b>PROFESSIONAL BEHAVIOUR/ATTITUDE</b>	<b>PERSONAL ISSUES/ HEALTH PROBLEMS</b>
<b>LEARNER</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Deficient knowledge base</li> <li><input type="checkbox"/> Difficulty applying and/or integrating knowledge to practice</li> <li><input type="checkbox"/> Gaps in problem solving skills or clinical reasoning</li> <li><input type="checkbox"/> Time inefficiency</li> <li><input type="checkbox"/> Problems with case/clinical presentations</li> <li><input type="checkbox"/> Poor communication and/or relationship skills</li> <li><input type="checkbox"/> Poor or lacking manual skills</li> <li><input type="checkbox"/> Work poorly organized</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Concern re: professional responsibility with patient care</li> <li><input type="checkbox"/> Attendance problems/lateness</li> <li><input type="checkbox"/> Boundary concerns with patients, peers, or staff</li> <li><input type="checkbox"/> Defensive with feedback and/or lacks accurate self-assessment or self-awareness</li> <li><input type="checkbox"/> Disrespect towards patients, peers, or staff</li> <li><input type="checkbox"/> Dishonesty</li> <li><input type="checkbox"/> Poor work habits or lacking effort: assignments/tasks not completed</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Mental health problems: depression, anxiety, stress, other psychiatric conditions</li> <li><input type="checkbox"/> Substance abuse</li> <li><input type="checkbox"/> Physical health problems or limitations</li> <li><input type="checkbox"/> Personal issues: family health problems, child or elder care, issues with partner, sexual orientation issues, etc.</li> <li><input type="checkbox"/> Financial pressures</li> <li><input type="checkbox"/> Transportation problems</li> </ul>
<b>TEACHER</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Lacks knowledge of objectives and realistic expectations for stage of learner</li> <li><input type="checkbox"/> Expectations/objectives not established between teacher and learner</li> <li><input type="checkbox"/> Fails to gather first-hand information about student performance</li> <li><input type="checkbox"/> Lacks effective feedback skills</li> <li><input type="checkbox"/> Fails to provide feedback at appropriate intervals</li> <li><input type="checkbox"/> Lacks knowledge and/ or experience with evaluation process</li> <li><input type="checkbox"/> Lacks resolve/skill in constructive confrontation</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Problematic reaction to learner: <ul style="list-style-type: none"> <li>- Avoidance</li> <li>- Rescue</li> <li>- Anger or rejection</li> </ul> </li> <li><input type="checkbox"/> Teacher not approachable or defensive</li> <li><input type="checkbox"/> Teacher inflexible and unwilling/unable to accommodate to different learner needs</li> <li><input type="checkbox"/> Teacher not available as required</li> <li><input type="checkbox"/> Failure to seek early "educational consultation" with colleague or program</li> <li><input type="checkbox"/> No regular feedback given</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Teacher has health or personal problems affecting expectations, reactions or availability to student</li> <li><input type="checkbox"/> Conflicting time limitations/pressures</li> <li><input type="checkbox"/> Unresolved frustrations with program or system</li> </ul>
<b>SYSTEM</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Expectations/objectives not established by program</li> <li><input type="checkbox"/> Expectations unrealistic</li> <li><input type="checkbox"/> Inadequate teaching and learning resources available</li> <li><input type="checkbox"/> Poor communication or lack of agreement between different teachers involved</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Excessive workload demands</li> <li><input type="checkbox"/> Scheduling problems: inflexibility or inadequate notice</li> <li><input type="checkbox"/> Program inflexible and unwilling to accommodate to learner or supervisor needs</li> <li><input type="checkbox"/> "Culture" of abuse, intimidation and/or discrimination present within program</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Resources not available to meet learners health or personal issues</li> <li><input type="checkbox"/> Lack of support from colleagues, local hospital, etc.</li> </ul>

*Adapted and expanded from*

(1) McGill University workshop, "The Problem Resident, Whose Problem is it?" (c) 1989, Yvonne Steinert, Cheryl Levitt, Norma Lawn, Richard Handfield-Jones, Louise Nasmith and Dominique Lussier.

(2) Steinert Y, Levitt C. Working with the "problem" resident: guidelines for definition and intervention. *Fam Med* 1993 Nov-Dec;25(10):627-32. PMID: 8288064

(3) McMaster University, Program for Faculty Development, 2003.



### APPENDIX 3. SOAP FRAMEWORK

<p><b>S—Subjective</b> <i>What do you and others think and say?</i></p>	<ul style="list-style-type: none"> <li>• Don't dismiss those early warning feelings that things are not going well in the rotation. Pay attention now, before it is too late to intervene.</li> </ul>
<p><b>O—Objective</b> <i>What are the specific concerning behaviours that are observed?</i></p>	<ul style="list-style-type: none"> <li>• Gather information about exact behaviours that are troubling (late to clinic 3 times in a week, significant omissions on history-taking, poor case presentations, etc.).</li> <li>• Triangulate with others—clinicians, nurses, clinic staff and even patients—to see if your concerns are shared. Include the learner at this step; maybe she's worried too. Call the program director or faculty adviser and see if this is a recurring issue.</li> <li>• Document the concerns (if it's not written down it didn't happen).</li> </ul>
<p><b>A—Assessment</b> <i>What is the "differential diagnosis" of the challenging learner/preceptor interaction?</i></p>	<ul style="list-style-type: none"> <li>• Is the problem <b>Real</b> and <b>Recurrent</b>?             <ul style="list-style-type: none"> <li>• Was there a miscommunication?</li> <li>• Are your expectations reasonable? Don't judge the clinical clerk by the standards of the residents you have worked with before.</li> <li>• Were you or the learner simply having a bad day?</li> </ul> </li> <li>• Is the problem <b>Important</b>?             <ul style="list-style-type: none"> <li>• Is this simply a difference in styles of practice rather than wrong practice? (e.g., choice of antibiotic, informal approach to the patient)</li> <li>• Is it a mannerism that irritates you but doesn't affect patient care?</li> </ul> </li> <li>• If it's <b>not</b> real or important—quit worrying!</li> <li>• If it <b>is</b> real and important, define the problem:             <ul style="list-style-type: none"> <li>• Knowledge issue</li> <li>• Skill issue</li> <li>• Attitude issue</li> <li>• Don't forget <b>Health</b> and <b>System</b> issues:                 <ul style="list-style-type: none"> <li>– depression or substance abuse</li> <li>– physical illness</li> <li>– financial or personal stressors</li> <li>– excessive workload / inappropriate rotation schedules</li> </ul> </li> </ul> </li> </ul> <p><b>See Appendix 1 for a detailed Assessment Framework</b></p>
<p><b>P—Plan</b> <i>Get help, give feedback, recommend changes, monitor, and support learner</i></p>	<ul style="list-style-type: none"> <li>• The educational plan often develops easily from the assessment.</li> <li>• Include the learner in developing the plan.</li> <li>• Don't become the learner's physician or therapist.</li> <li>• Ask for help—involve the program director or faculty advisor.</li> <li>• Document the plan and provide a copy to learner.</li> <li>• Provide frequent and specific feedback.</li> <li>• Monitor progress.</li> </ul>

Source: Hindle, H. The Preceptor, July 2006 . Printed with permission by the Alberta Rural Family Medicine Network and The Alberta Rural Physician Action Plan. <http://tinyurl.com/g9ys5>  
 Adapted from (1) Handling Problems. PEP2 Workbook. Society of Teachers of Family Medicine 1999; (2) Langlois JP, Thach S. Managing the difficult learning situation. *Fam Med* 2000; 32(5):307-9.; (3) Goertzen J. The Challenging Learner: Opportunities for Effective Teaching and Learning. Workshop presentation. Family Medicine Forum 2004. (4) [www.mahec.net/ceit/acroread/Difficult\\_Situation.pdf](http://www.mahec.net/ceit/acroread/Difficult_Situation.pdf)

