> CASE **1** – The Disinterested Resident

Robert is a second year resident who is doing his rural family practice rotation in your group practice in Williams Lake after practicing as a cardiologist in his native Romania for seven years. You have been working with him for about a week and you have been surprised by his apparent disinterest in patient-centered care. He seems to have a good knowledge base and you are not concerned about his clinical decision-making, but he does not seem to engage in the psychosocial aspects of care. You mentioned this to him and you recall being annoyed because he seemed to minimize it, he even started to check his messages before you had completed the conversation. You had assumed the message was something important, although you felt you were giving him the benefit of the doubt. He does not appear to be lazy or unmotivated, as he arrives to work on time, manages his schedule fairly well, and completes his work before leaving each day. You have noticed that when patients return for follow-up with Robert, he frequently outlines that they have been 'non-compliant' with management. You have asked a couple of your long term patients for their feedback and both indicated that he seemed very knowledgeable, but did not seem to listen to their personal situations that often impacted whether they were 'compliant' or not. In addition, your office assistant approached you the other day to let you know that a couple of the patients had cancelled their follow-up appointments indicating that they had been unable to do what Dr. Robert had recommended and so they did not wish to waste his time. Robert is only the second resident you have supervised directly so you're not sure if these are common challenges but you are concerned about this troubling trend.

> CASE **2** – The Disorganized Resident

James is a first year resident working with you in clinic. He is doing his block rotation in your busy group clinic. You enjoy working with him, however, you frequently find yourself wound up and exhausted after doing so. He is frequently late or rushes in just in time for clinic often explaining how he misplaced his bus card or forgot his cell phone at home and had to return for it, etc. He can't seem to plan out his actions or prioritize his work. He'll review a case with you and return to the patient to discuss management and follow-up but forget to print the prescription you just recommended, he'll then return to you and mention a completely different problem that he had neglected to present earlier. You acknowledge that your clinic does have a high proportion of complex, elderly patients, however, with all of the chronic disease management plans that include condition specific flow sheets, you expected a more organized approach.

James has recently become a new father and so you initially thought that his somewhat chaotic approach was a symptom of new parent sleep deprivation. However, you have actually noted that on the days he admits to sleepless nights his demeanor is much more calm and he is more thoughtful in his actions. His notes reflect his disorganized approach, with very broad and detailed histories not identifying pertinent findings, lengthy differentials or problem lists and no specific priority given. You have started to wonder if his disorganized approach reflects gaps in his knowledge base. Although on direct questioning he does very well. His clinical judgment seems above average, and his procedural skills excellent. His patients ask for him in spite of having to wait to see him, and the staff have commented on how polite and respectful he is.

> CASE 3 – The Disengaged Resident

Elaine is a first year family practice resident assigned to your preceptor group. You share supervision with a group of physicians working in a busy teaching clinic of an academic unit with several residents at different levels, a few medical students, and occasionally a nurse practitioner student. She has been working in the clinic for about 4 weeks on her 4-month family practice block. She seems to have a solid knowledge base and good procedural skills. You have noticed however that she tends to be inattentive or distracted. She frequently asks you the same question more than once and you feel as though you need to double-check her work for omissions. She asks for feedback often, although, when you are giving it she sometimes seems to tune out. You were surprised when she declined your invitation to meet you in emergency to see a patient with chest pain after hours, stating that she was not on call. Similarly, when one of your patients went into labour, you were unable to reach her and she did not respond to her pager. Your office manager mentioned to you that she seemed a little disengaged with the front staff as compared to the other learners on the clinic 'team'. The receptionist also noted that patients weren't too keen on following up with Elaine. When she inquired as to why, they indicated that Elaine didn't seem particularly attentive to their care. You have also noticed that she often seems tired with many sighs and occasionally is seen with her head on the desk at the end of the day. You have also heard from another resident that Elaine has been uncommonly absent from usual resident social functions lately.

> CASE 4 – The Disjointed Resident

Sarah is a first year resident doing her half day back clinics with you since starting in July. She is not scheduled for her block family practice rotation for another two months. She has started her residency training with obstetrics at BC Women's, surgery at RCH, and is now on internal medicine. Since starting work with her you noted that her knowledge base and clinical reasoning were not the same as other first year residents you had worked with. You have tried to encourage her by assigning readings around different cases and having her teach you what she has learned. This has not been ideal as there is a week between assigning the case and then reviewing it so when she returns for her half day back, she has often forgotten to review the case or has forgotten what she reviewed. When she does present her readings she gets 'muddled' with the facts, and you have ended up giving mini lectures. You have also tried without success to get her to recall information reviewed for one patient case and apply it to another similar patient case, but her pattern recognition and recall seem poor. Interestingly, you have noted that there are topics where she can rhyme off the latest guidelines, medications (including interactions and contraindications), and investigations, but this is inconsistent and unpredictable. You have noted that her gaps in knowledge are apparent in her notes, which range from incomplete to excessively detailed. You have also noticed that she jots notes on a piece of paper and transcribes them into the chart after clinic and is often seen still typing after 7pm.

UNIVERSITÉ LAVAL

Faculté de médecine
Département de médecine familiale
et de médecine d'urgence

Pour commander, visitez
www.zone.coop

Avec l'appui du
Secteur développement pédagogique
Faculté de médecine, Université Laval

Miriam Lacasse, MD MSc CCMF **Diagnostic et prise en charge des situations d'apprentissage problématiques en éducation médicale**

Educational Diagnosis Wheel

Learner life issues

Familial difficulties or responsibilities
Financial problems
Cultural: Minority/cultural issues, particularly important for international medical graduates

Personal: Health issues (physical/psychological illness, substance abuse/misuse) Affect/mood, personality and coping strategies Learning disability Self-esteem

Professional: Career planning

Social: Isolation (relocation away from family & friends) Limited free time to relax/develop support systems Dense social agenda

Training environment issues

Patient care issues
Difficult/complex patients & problems
Exposure to patients with serious illness/suffering/death, often for the 1st time
Ethical conflicts
Responsibility for patient care
Responsibility for supervision of more junior learners

Conditions for learning
Overwhelming workloads (hours, intensity, conflicting demands)
Inordinate hours, sleep deprivation
Overbearing clerical and administrative responsibilities
Information overload
Institutional culture
Lack of equipment
Peer pressure
Inadequate support

Academics
Adjustment to medical school environment
Unclear standards and responsibilities
Formal/hidden/informal curriculum
System of performance evaluation
Inadequate educational experience or quality
Student abuse

Teacher issues

Limited teaching experience
Inconsistency in teaching or supervision
Lack of feedback or appraisal
Failure to provide support

Inadequate teachers' attitudes
Responsibilities given beyond the student's level of competence

Miriam Lacasse, 2009

Skills

Cognitive
Data gathering and clinical reasoning
Interpersonal
Physician-patient relationship
Communication (written/oral)
Structural
Organizational (including study habits)
Psychomotor
Spatial/perceptual/technical

Attitudes

Lack of **motivation**
Professionalism: deficiencies in responsibility, reliability, trustfulness, knowledge of self limits, flexibility/open-mindedness, inspiring confidence
care/compassion/mind, respect patients & colleagues), ethics/honesty, laws and professional standards, evidence-based practice, social/community involvement
Interpersonal problems/conflicts

Knowledge

Lack of **clinical** knowledge

Lack of **fundamental** (basic science) knowledge

UNIVERSITÉ LAVAL

Faculté de médecine
Département de médecine familiale et de médecine d'urgence

To order, visit
www.zone.coop

With the support of
Secteur développement pédagogique
Faculté de médecine, Université Laval

Miriam Lacasse, MD MSc CCFP **Educational Diagnosis and Management of Challenging Learning Situations in Medical Education**