Learner in Difficulty:

Identification, Diagnosis and Treatment Pearls

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FMF
Family Medicine Forum
Forum en médecine familiale

VANCOUVER CONVENTION CENTRE

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Presenter Disclosure

Presenter: Dr. Joanne Baergen and Dr. Samantha Horvey

Relationships with financial sponsors:

- Any direct financial relationships, including receipt of honoraria: Employees of the University of Alberta
- Membership on advisory boards or speakers' bureaus: Exam Committee for the CFPC
- Patents for drugs or devices: None
- Other: None

Objectives

At the conclusion of this activity, participants will be able to

1. Identify and work through the differential diagnosis for the learner in difficulty
2. Discuss how to communicate and provide feedback in difficult learner situations
3. Identify methods to create a learning plan best suited for the identified learner

Who is in the room?

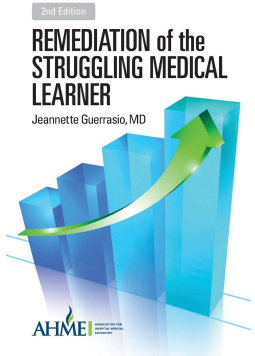
Identifying the Learner: Common Avenues

- Showing up late/unprepared
- Deficits in knowledge
- Deficits in clinical skills
- Poor rapport with patients or staff
- Documentation poor/not timely/incomplete
- Reluctance to accept feedback

OR…

Reasons for Learners to be in Difficulty

1. Medical knowledge
2. Clinical Skills
3. Clinical Reasoning and Judgement
4. Time Management and Organization
5. Interpersonal Skills
6. Communication
7. Professionalism
8. Mental Well-being



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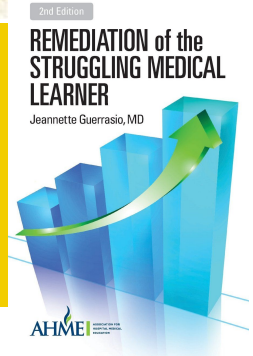
Medical knowledge is the <u>FOUNDATION</u> for clinical skills and clinical reasoning.



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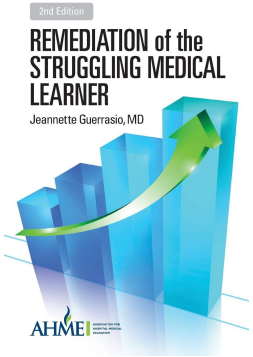
Sometimes learner's verbal communications skills do not represent their written skills or knowledge.



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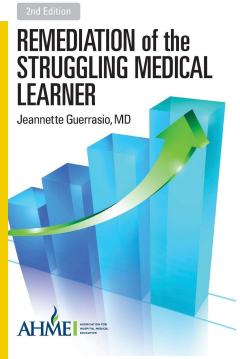
7. **Professionalism**
8. **Mental Well-being**

Sometimes personal health and wellness issues can <u>masquerade</u> as professionalism concerns.



Identifying the Learner: Timing

TIMELY

1. **Identification**
2. **Communication**
3. **Documentation**

Can lead to TIMELY help for the learner

Identify the Learner: Processes

1. **Robust assessment system**
    - Gathering **useful (honest)** information in writing – which is communicated to the **learner** and **program** in a ***timely*** manner
2. **Processes for preceptors/allied health/administrative staff to communicate their concerns**
    - Do relevant parties know who/how to alert the program?
    - Do they feel **safe** to do so? **Supported**?
3. **Processes for learner to reach out regarding concerns**

Identifying the Learner: Wellness first

If the learner is unwell or dealing with external factors (e.g., unexpected move, unexpected break-up, unwell child, parent, partner…)

It is *very difficult* for them to learn and engage (let alone care for patients)

Encourage them to PAUSE…and reach out to someone

Clerkship Director or Home Residency Program

University Office of Advocacy and Wellbeing

Provincial Physician and Family Support Program

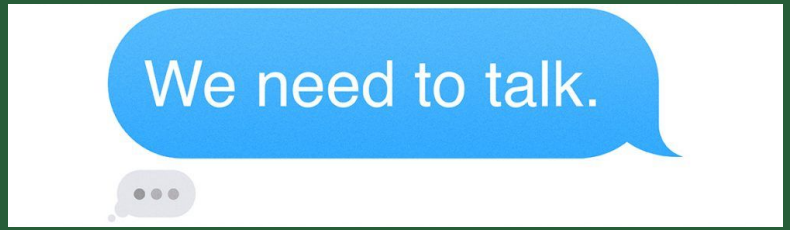
What if I’m just not sure?

Diagnosing the Learner: Direct Observation

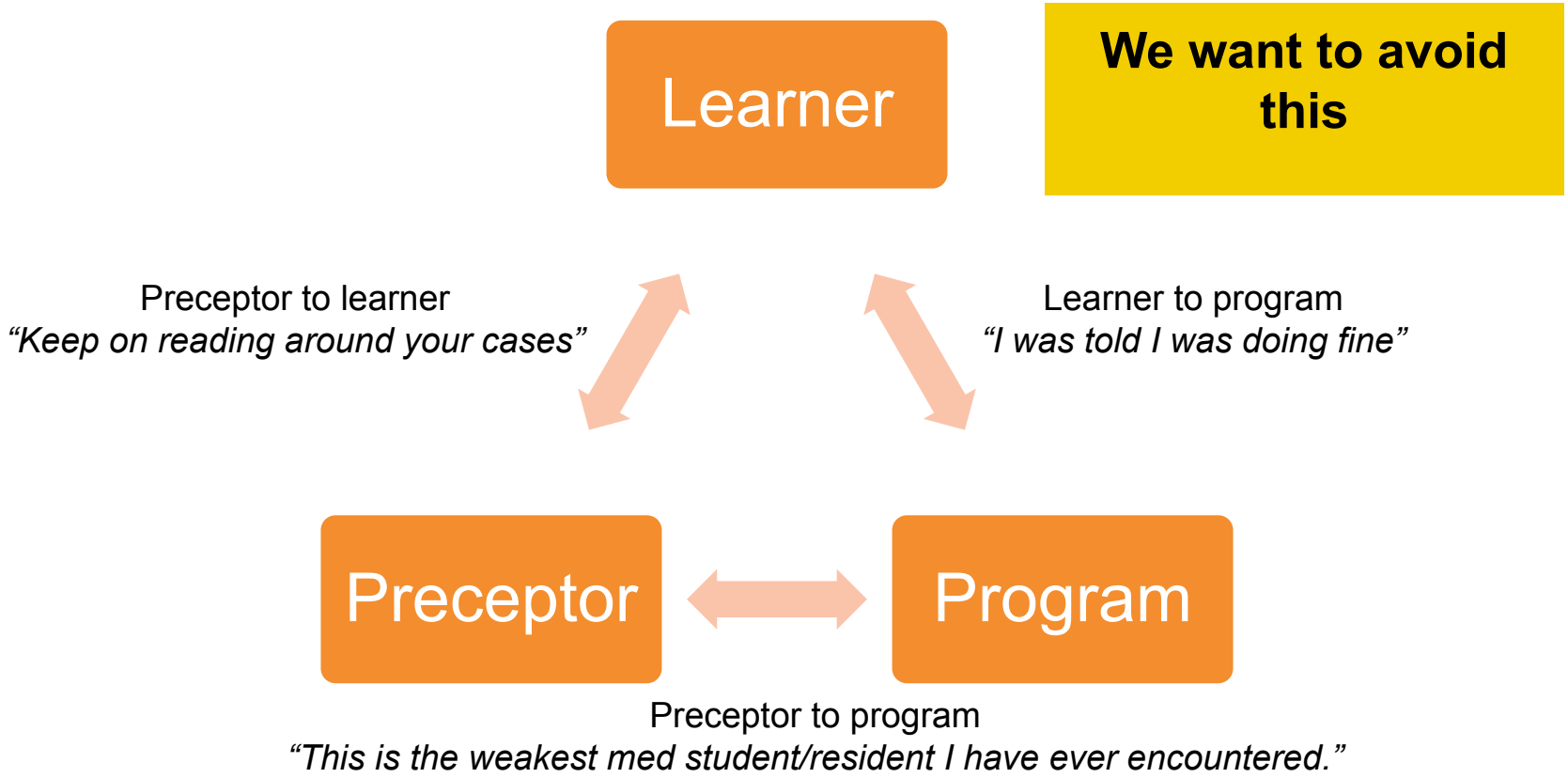
- Directly observe the medical learner during the history and physical examination
- Send in a third party (a different teacher) to observe area of concern (taking a history, physical exam, procedural skills, efficiency, case presentations during rounds, etc.) -> *Is their assessment the same as yours?*
- Observe the learner in other settings – e.g., providing a teaching session

You have started to hone in on the root cause…

Now what?



Importance of Clear Communication



Example 1:

You are working with a new resident, who transferred from general surgery. You leave them to do a excisional biopsy independently, as you assume that their procedural skills were strong.

You return to see that the excision is very poorly approximated and the sutures are loosely tied.

You ask how the procedure went outside of the room, and they said, “it went great, it was easy”.

How would you give feedback?

Effective feedback: Start with Facts

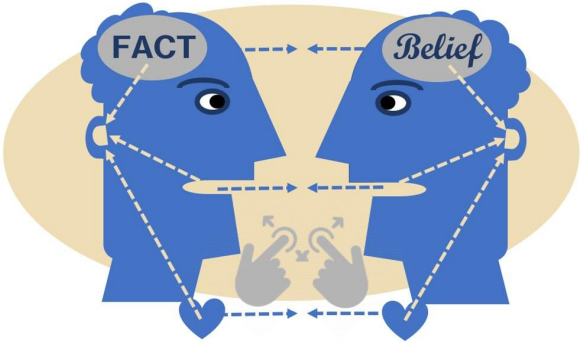
Ensure feedback is based on objective information and occurs in a timely manner

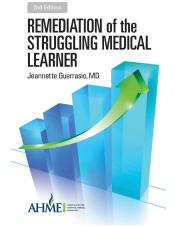
Share the facts

- Facts are a safe beginning, less controversial
- What did you observe (history, physical, case presentation, written communication)?

Share your concerns

- This is where you explain your impressions





Example 2:

You have a new clerkship student in your clinic.

After their first week, your MOA pulls you aside and shares that the staff in the clinic feel that the medical student has been disrespectful and condescending. For example, they had walked in with muddy boots, and when the MOA asked her to take off her boots and clean up the mud, the medical student looked at her and said “isn’t that your job?”.

When you approach the medical student about situation, the medical student states that she gets along great with the staff and that the MOA offered to clean up her mess.

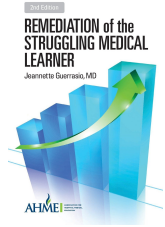
How would you provide feedback?

Effective Feedback: Perception

Stuck in ***"he said, she said"***

Using **perception** on your side

*"Despite your best intentions, this is how you are being perceived. Since you cannot change others, how can **you** change so that the **perception matches your intentions?**"*



Help!
I've been asked to take on a learner who is on a learning plan / remediation.

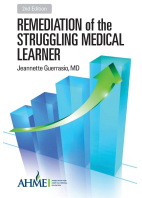
Regular teaching vs Learning plan

"Regular Teaching"

Imparting **NEW** knowledge and skills to your learner.

"Teaching a Learning Plan"

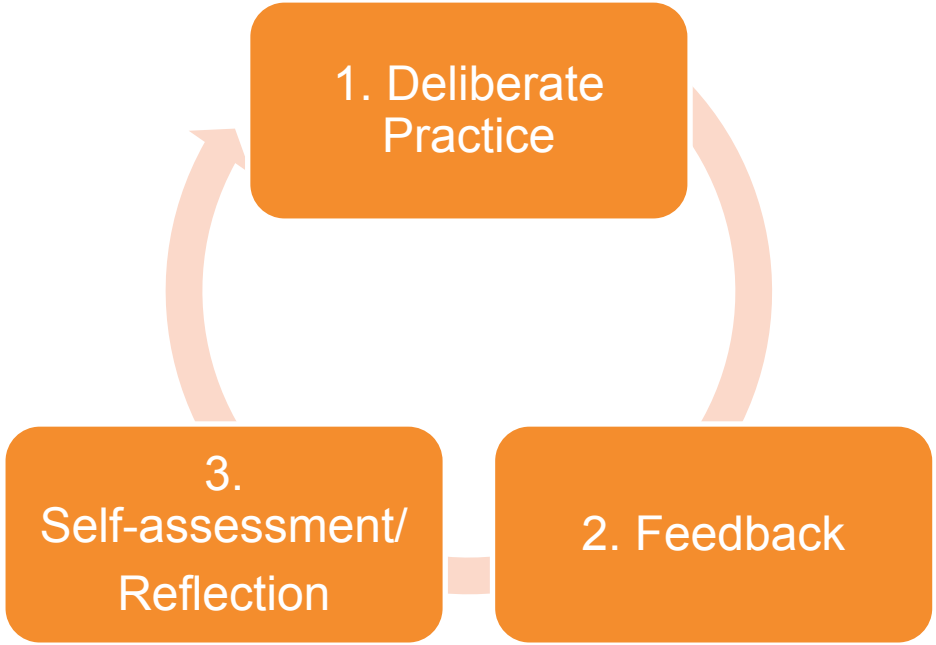
Focuses on the **CORRECTION OF SKILLS**. More individualized and focused on isolated deficits.

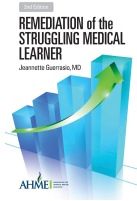


Teaching to a Learning Plan

Three Key Principles for a Learning Plan

Focus on the fixing the deficit



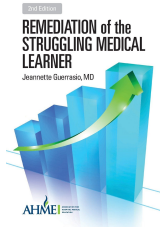


Why learning plans?

Downside:
Exhausting, unpleasant, time intensive, unsatisfying, angry residents, tired preceptors, stressed administrative staff …

On the flip side, doing nothing has its risks:

- Struggling learners take up more time (regardless)
- Ignoring can impact the morale of the team and other residents
- Can impact the program's reputation
- Deficiencies do not resolve without intervention
- Lack of remediation impacts patient safety and quality of care
- It is our obligation to educate *all* learners (not just the ones who are easy to teach)



Treatment: Learning Plan Components

Background Information

Diagnosis / Deficits Identified

Plan Logistics/Tools/Treatments

Objectives

Assessment

Benchmarks for Success

Treatment: Logistics to consider

Timing? (Right away or can it wait 1-2 blocks?)

Duration? (4 weeks? 8 weeks?)

Setting? (Doesn't necessarily need to be in the same setting that they were unsuccessful in, try not to put back in toxic environment)

Teachers? Assessors? Non-assessing mentor?

Other resources? SIM lab? Reading Materials? Professionalism modules? Non-assessing mentor?

Minor versus Major Learning Plan?

Treatment: Feedback and Assessment

Be VERY CLEAR with respect to: Feedback and Assessment

Who is/are the assessor(s)?

What area(s) will they need to have feedback on?

How will the feedback be documented and communicated?

How often will the feedback be provided?

<u>Meetings with the Program:</u>

Pre-remediation – ensure they are clear on the plan and expectations, they are well

Mid-remediation – check-in re progress, try to anticipate outcome and next steps

Post-remediation – review progress +/- discuss outcome (sometimes if unclear needs an additional meeting)

Treatment: Objectives and Outcome

Have **SMART** objectives (specific measurable statements)

(Example: Manage and prioritize patient tasks as expected for level of training by completing all tasks daily by handover.)

What are the mandatory (measurable) achievements for a successful learning plan completion?

(Example: Resident will manage a patient load expected for level of training (i.e. approximately 4 patients per day) by the final block of the remedial period without passing on tasks to the handover team.)

What happens if they are successful or not successful in completing the learning plan?

https://cumming.ucalgary.ca/programs/pgme/supportlearnersindifficulty/stepbystep/step3

Example:

You receive a flagged evaluation for Resident A (a PGY-1 resident) during his Family Medicine clinic rotation.

“Resident A is pleasant to work with and well liked by members of the team. He is functioning at the level of a third year medical student, requiring significant help in developing differential diagnoses and management plans.”

What are your next steps?

Example Continued:

1. **Get Collateral Information:**
   - Are there other evaluations from clinic?
   - What do other off-service evaluations say?
   - Talk with faculty advisor and/or site director

2. **Meet with the resident:**
   - What are the circumstances around the evaluation?
   - Does he agree with the evaluation?
   - Are there other factors impacting his performance?

Example Continued:

Additional information:

- Off-service evaluations have commented mainly on professionalism and bedside manner.

- Minimal other comments on medical knowledge and clinical reasoning

- Resident admits to difficulties at home - very little time to study due to family commitments

Example - Components of a Remediation Plan:

Timing? Next available block

Duration? 8 weeks - Major Learning Plan - extension of training

Setting? Academic Family Medicine Clinic (different from home clinic)

Tools? Given a non-assessing mentor, scheduled half-day per week for dedicated study time, pre-remediation and post-remediation critical reflective exercises.

Measurable objectives?
1. Obtain the appropriate history and physical exam, develop a safe differential diagnosis and management plan and complete appropriate documentation.
2. Distill history and physical findings into pertinent positives and negatives and deliver his findings in an organized case presentation to his preceptor.

Assessment? Minimum of 5 field notes per week, Final evaluation from primary preceptor

Benchmarks for success? Able to demonstrate a level of efficiency, medical knowledge, physical exam skills, clinical reasoning skills (differential diagnosis and management), and selectivity at a PGY-1 level.

Remediation Reflective Exercises

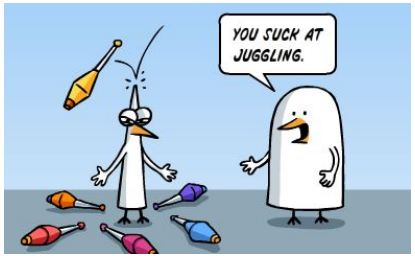
A tool for residents to critically assess the goals, barriers to success, and available supports before and after the remediation process.

Questions:

1. What are your goals for this remediation period?
2. What are the potential barriers to achieving these goals?
3. What tools, supports and/or resources do you plan to use to achieve your goals?
4. How will you know you are making progress* in achieving these goals? (*progress means consistent, significant improvement in the area of concern and evidence that the improved behaviour has become habitual)

Impact of a Learner in Difficulty

** Early identification of when **YOU** are starting to struggle as a preceptor is *just as important* as early identification of a learner



<u>Signs of struggling:</u> Rumination on the weekends about the learner, dreading working with the learner, nausea/headaches before clinic, increasing fatigue

If you are having a tough time:

- pace yourself, focus on patient care and re-calibrate your expectations on how much teaching you get done in a day
- have the learner work with other preceptors (more opinions, break for you)
- document (field notes, EPAs, emails)
- reach out the department

Review of Objectives

At the conclusion of this activity, participants will be able to

1. Identify and work through the differential diagnosis for the learner in difficulty
2. Discuss how to communicate and provide feedback in difficult learner situations
3. Identify methods to create a learning plan best suited for the identified learner

References:

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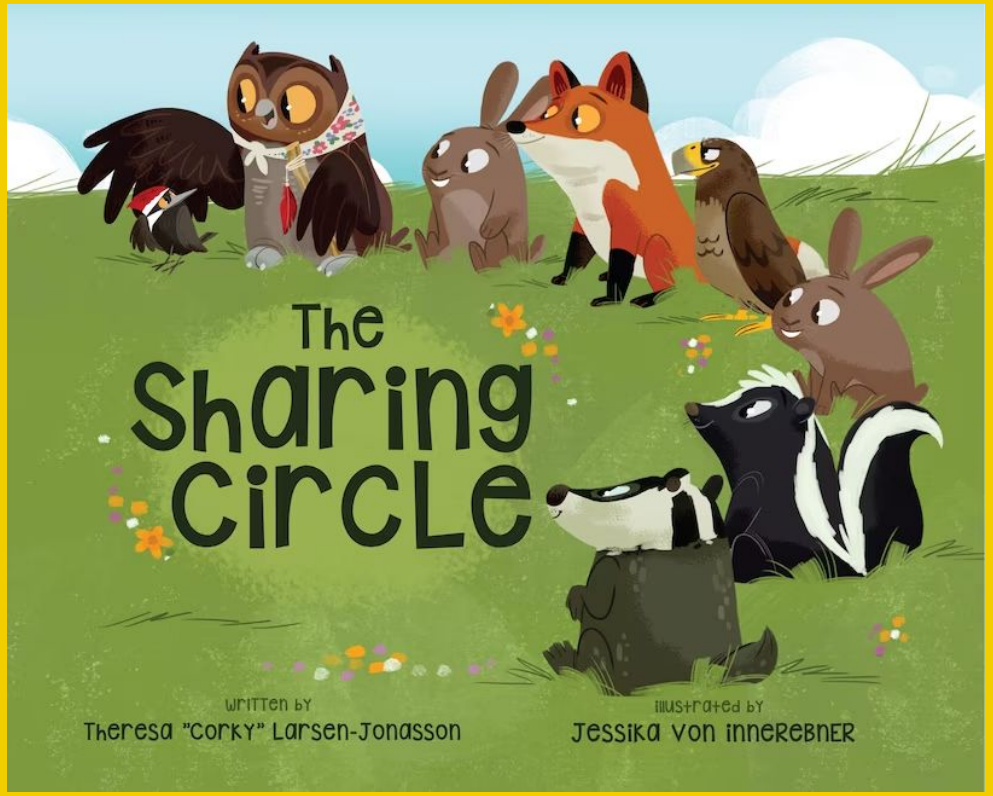

Or Questions?

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