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# **THE STRUGGLING LEARNER: WHAT IS THE ROLE OF THE CLINICAL TEACHER?**

May 2, 2019



# NO CONFLICTS OF INTEREST TO DISCLOSE

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Acknowledgments to Yvonne Steinert for materials  
from which this workshop was adapted.

*The “problem” learner: Whose problem is it?*

Acknowledgments to Jeffrey Wiseman  
for sharing some slides



# LEARNING OBJECTIVES

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- To recognize early signs of learners who may be in difficulty
- To describe a framework for analyzing the struggling learner
- To articulate the key steps in gathering relevant data
- To outline potential strategies and approaches to assist the struggling learner

# WORKSHOP OUTLINE

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- Plenary I: The Struggling Learner: Moving Beyond Intuition
- Small Group I: Using a Framework for Analysis
- Break
- Plenary II: From Symptoms to Diagnosis
- Small Group II: Moving Beyond “*Just read more*”
- Adjournment - Lessons Learned & Next Steps

# SMALL GROUP FACILITATORS

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- Liliane Asseraf-Pasin
- Marika Demers
- Karen Falcicchio
- Sabrina Figueiredo
- Debbie Friedman (The WELL Office)
- Crystal Garnett
- Susanne Mak
- Caroline Storr
- Adriana Venturini
- Martha Visintin



# INTUITION AND BEYOND

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MA responds to every suggestion with: “But I don’t do it that way”. This has affected her ability to adapt to the routine of the clinic. You have been concerned that her rigidity interferes with patient management on a few occasions. The comment “*Needs to be more flexible*” has appeared on several summative assessments since the beginning of the academic year.



# DEFINITIONS OF A STRUGGLING LEARNER

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A learner whose academic performance is significantly below performance potential because of a specific affective, cognitive, structural, or interpersonal difficulty.

Vaughn et al. 1998

A student or resident who does not meet the expectations of the training program because of a significant problem with knowledge, attitudes or skills.

Y. Steinert BMJ 2008



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- Clinical teachers' perceptions are generally considered to be fairly reliable predictors of learners' difficulties
  - The discomfort of not knowing what to do next can lead to teacher inertia



# PREVALENCE

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- 2-6% of learners per clinical course experience significant difficulties during training
- Hard to predict which students will have difficulties
- Significant impact on teachers, teaching resources and the program

# EARLY SIGNS?

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Underperformance is a symptom, not a diagnosis.



# THREE INITIAL QUESTIONS

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- What is the problem?
- Whose problem is it?
- Is it a problem that must be changed?



# A FRAMEWORK FOR ANALYSIS

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<b>Knowledge</b>	<b>Attitudes</b>	<b>Skills</b>
<b>Teacher</b>	<b>Learner</b>	<b>System</b>

Steinert Y. The “problem” learner: Whose problem is it?

BMJ Jan 2008



# A FRAMEWORK FOR ANALYSIS

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<b>Knowledge</b>	<b>Attitudes</b>	<b>Skills</b>
<ul style="list-style-type: none"><li>• Clinical sciences</li><li>• Basic sciences</li></ul>	<ul style="list-style-type: none"><li>• Responsibility</li><li>• Self-assessment</li><li>• Punctuality</li><li>• Relationships</li><li>• Motivation</li></ul>	<ul style="list-style-type: none"><li>• Clinical reasoning and judgment</li><li>• Technical abilities</li><li>• Communication</li><li>• Organization</li></ul>
<b>Teacher</b>	<b>Learner</b>	<b>System</b>



# A FRAMEWORK FOR ANALYSIS

Knowledge	Attitudes	Skills
Teacher	Learner	System
<ul style="list-style-type: none"><li>• Perceptions</li><li>• Expectations</li><li>• Feelings</li><li>• Personal experiences and stresses</li></ul>	<ul style="list-style-type: none"><li>• Life history/stress</li><li>• Learning disabilities</li><li>• Mental health issues</li><li>• Expectations</li><li>• Reactions</li></ul>	<ul style="list-style-type: none"><li>• Too much work</li><li>• Unclear standards and responsibilities</li><li>• Difficult patients</li><li>• Lack of support</li></ul>

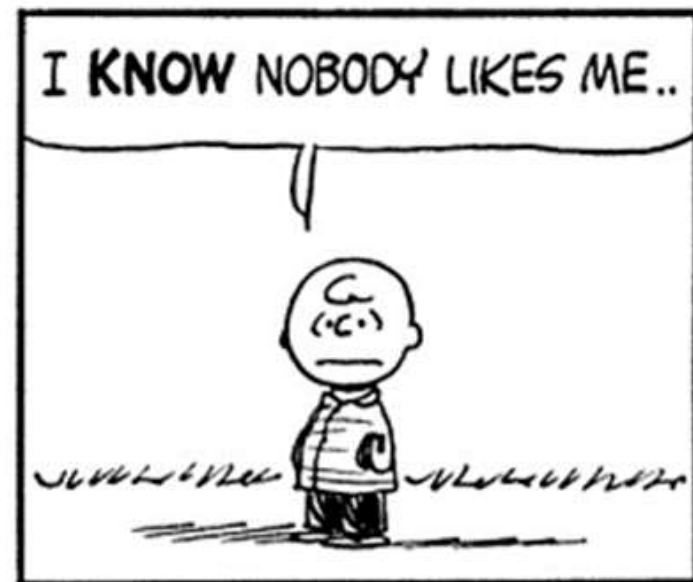


# TEACHER ROLES

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- Facilitator
- Mentor
- Expert
- Formal Authority
- Socializing Agent
- Person
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# TEACHER RESPONSES

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- Denial
- Avoidance
- Desire to rescue
- Anger
- Frustration
- Helplessness
- Impotence
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# LEARNER RESPONSES

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- Denial
- Avoidance
- Anger
- Fear
- Withdrawal
- Stress
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What is the problem?  
Whose problem is it?  
Is it a problem that must be changed?



# SMALL GROUP I

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*For each of the vignettes, consider the following questions. Please use the framework to help structure your analysis:*

- What is the problem?
- Whose problem is it?
- Is it a problem that must be changed?
- What additional information do you need?
- How will you obtain it?
- How might you articulate your preliminary assessment?





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# Pause



# FROM SYMPTOMS TO DIAGNOSIS: SOAP

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- **S**ubjective
- **O**bjective
- **A**ssessment
- **P**lan

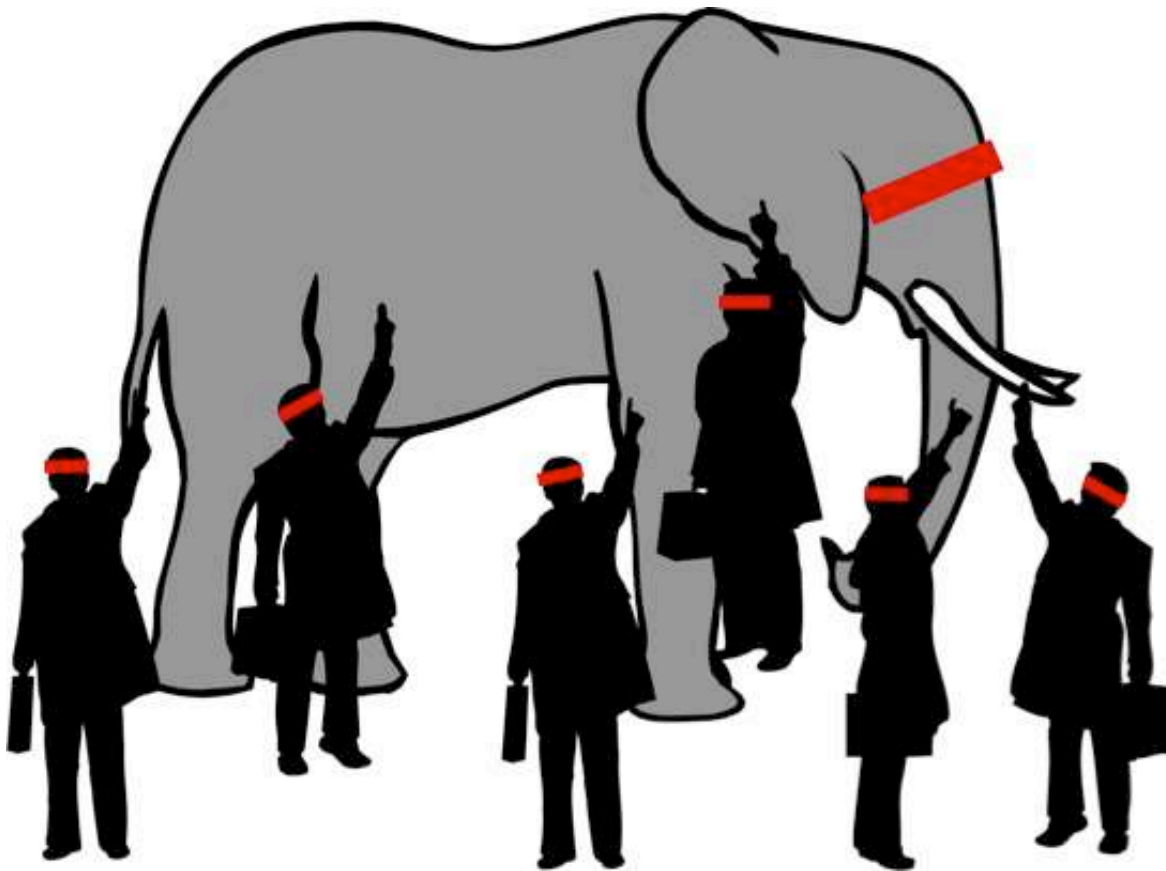
Boileau E, St-Onge C, Audetat MC. Is there a way for clinical teachers to assist struggling learners? Adv Med Educ Pract. 2017

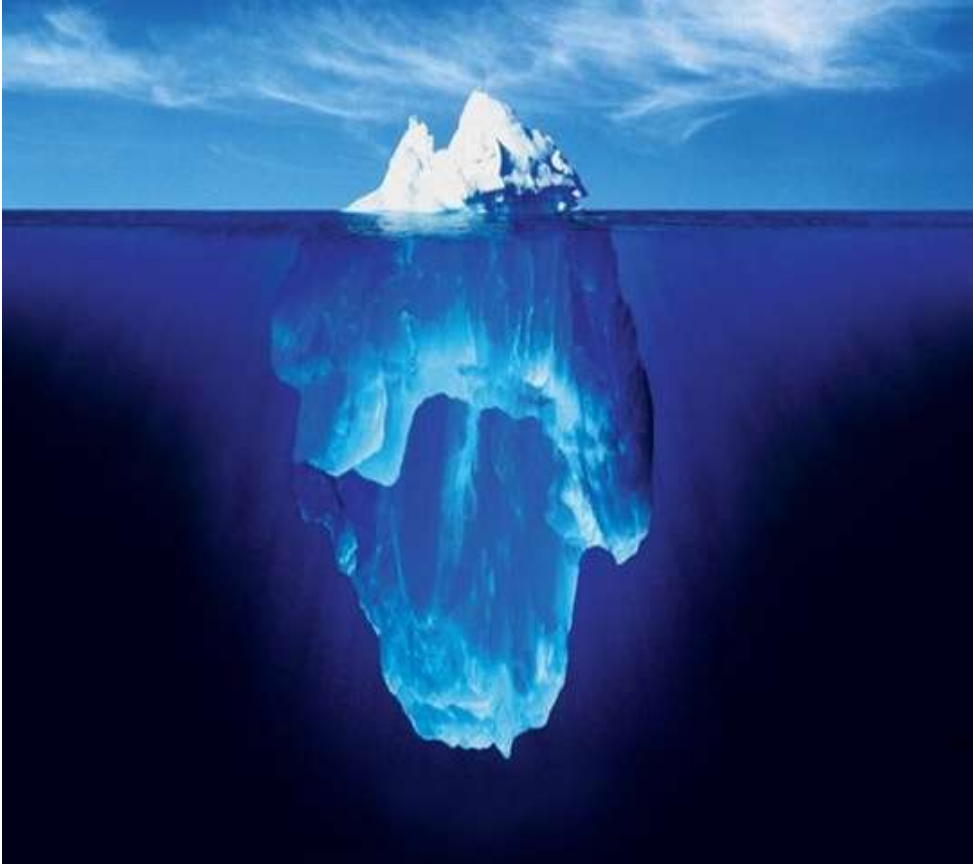


# FROM SYMPTOMS TO DIAGNOSIS: SOAP

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- **Subjective**
  - Intuition or hunch – don't ignore
  - Triggered by sampling at one or a few points in time
  - Could be an isolated minor occurrence
  - Could also be a red flag for a serious issue
- **Objective**
- **Assessment**
- **Plan**

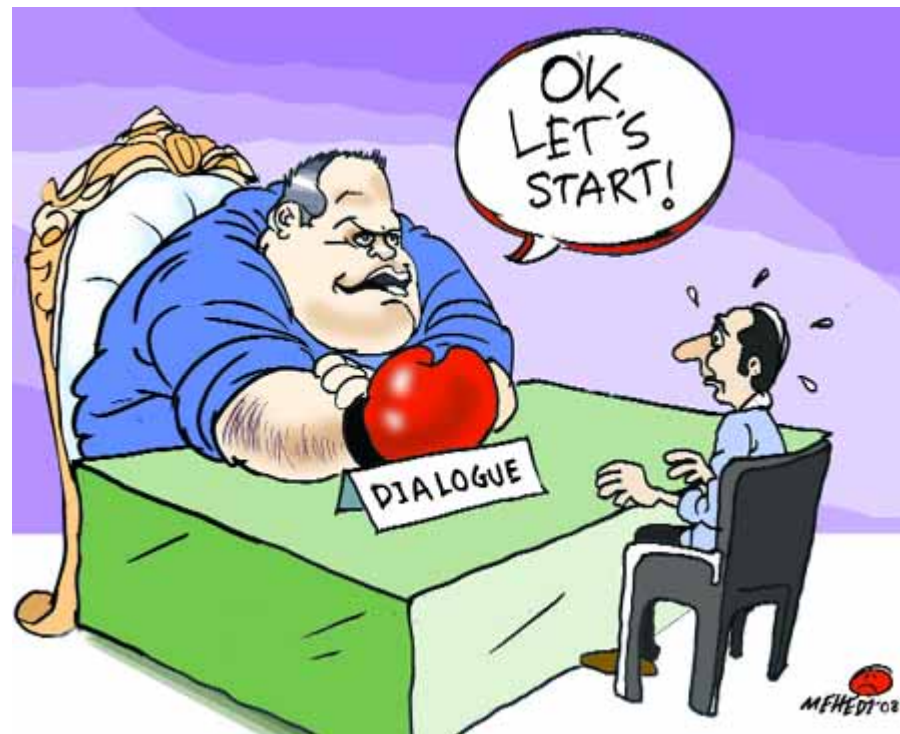




# FROM SYMPTOMS TO DIAGNOSIS: SOAP

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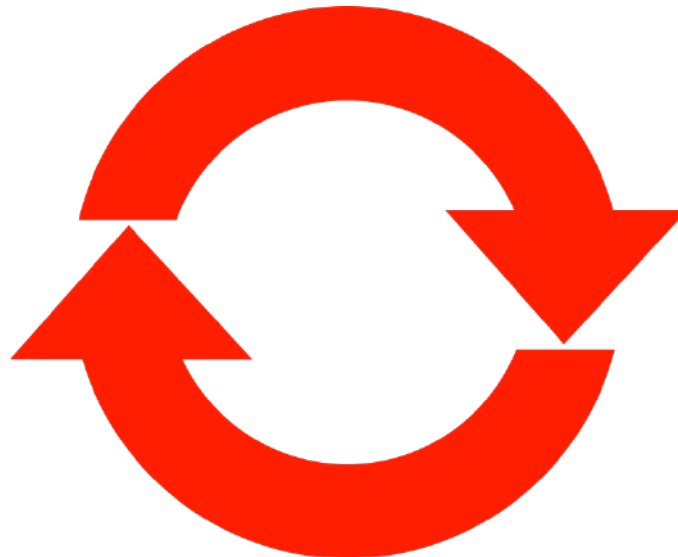
- **Subjective**
- **Objective**
  - Increase direct and/or indirect observations
  - Multiple observers, different situations
  - Perceptions of the learner
  - Perceptions of colleagues
  - Clear articulation of the problem
- **Assessment**
- **Plan**





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Observe → Feedback → Document → Observe again →  
Has there been improvement and integration of the  
feedback that was given?



# FROM SYMPTOMS TO DIAGNOSIS: SOAP

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- **Subjective**
- **Objective**
- **Assessment**
  - Educational diagnosis based on confirmatory evidence
  - Translation to a competency-based language
- **Plan**

# EXAMPLES

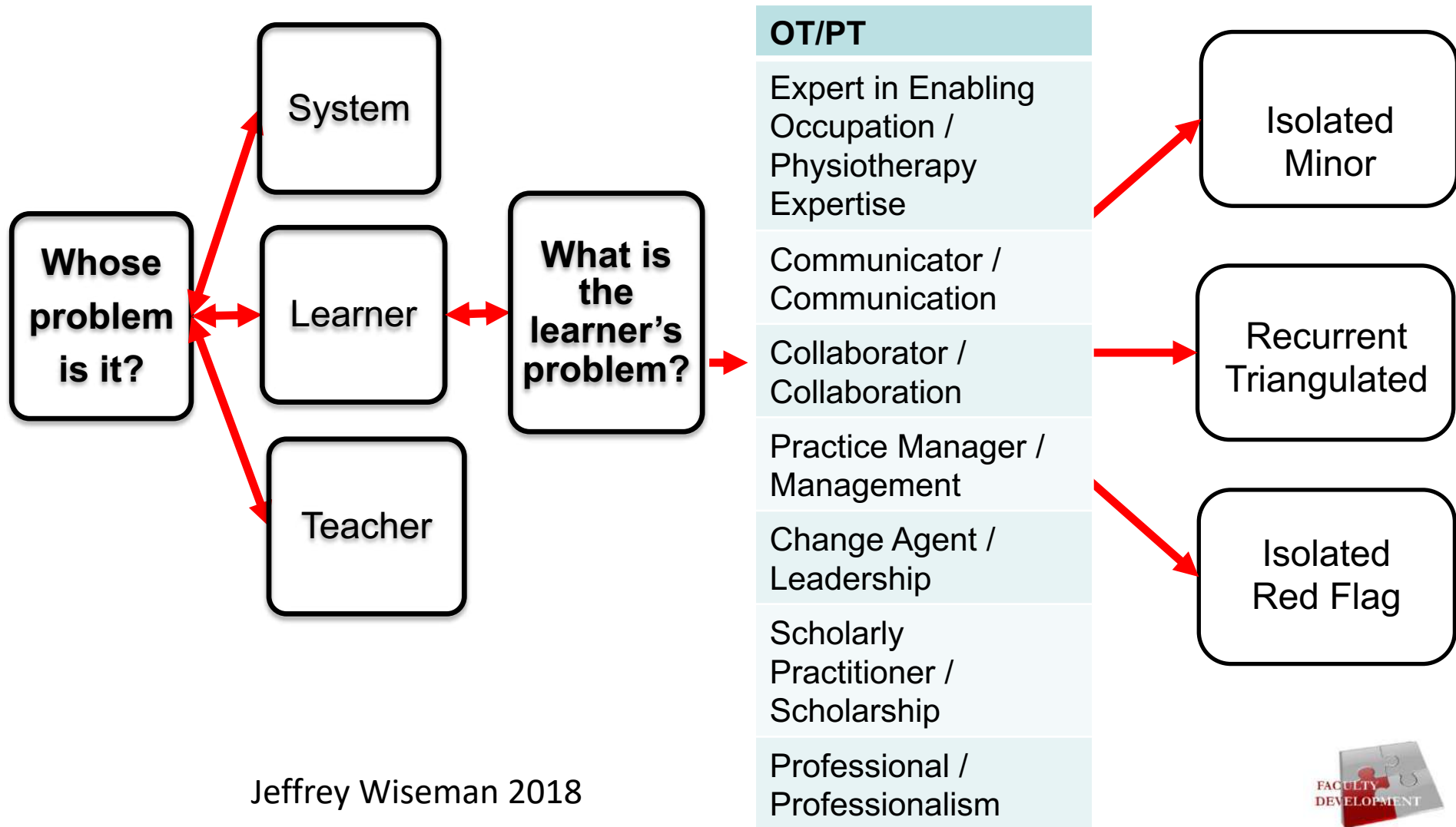
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**Communicator:** PS has a rigid interviewing style that is not patient-centered. She has difficulty adapting to verbal and non verbal cues.

**Professional:** KL is frequently unaware of his limitations. He hesitates to ask for help. He is defensive when constructive feedback is provided.

**Manager:** NB is not able to see 4 patients per day. She does not complete her charting in a timely manner.

# FROM SYMPTOMS TO DIAGNOSIS



# CHALLENGES FOR TEACHERS

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- Discomfort with feedback
- Concerns about subjectivity
- Confusion between low and high-stakes assessment
- Difficulty in articulating a qualitative/narrative assessment
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# DISCOMFORT WITH FEEDBACK

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- Giving *and* receiving feedback: a two-way dialogue
- In competency-based frameworks:
  - Feedback is less “anonymous”
  - Feedback is more frequent
- Concern about mistreatment flags

# CONCERNS ABOUT SUBJECTIVITY

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# CONCERNS ABOUT SUBJECTIVITY

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Multiple subjective observations result in an emerging picture.





# FAILURE TO FAIL

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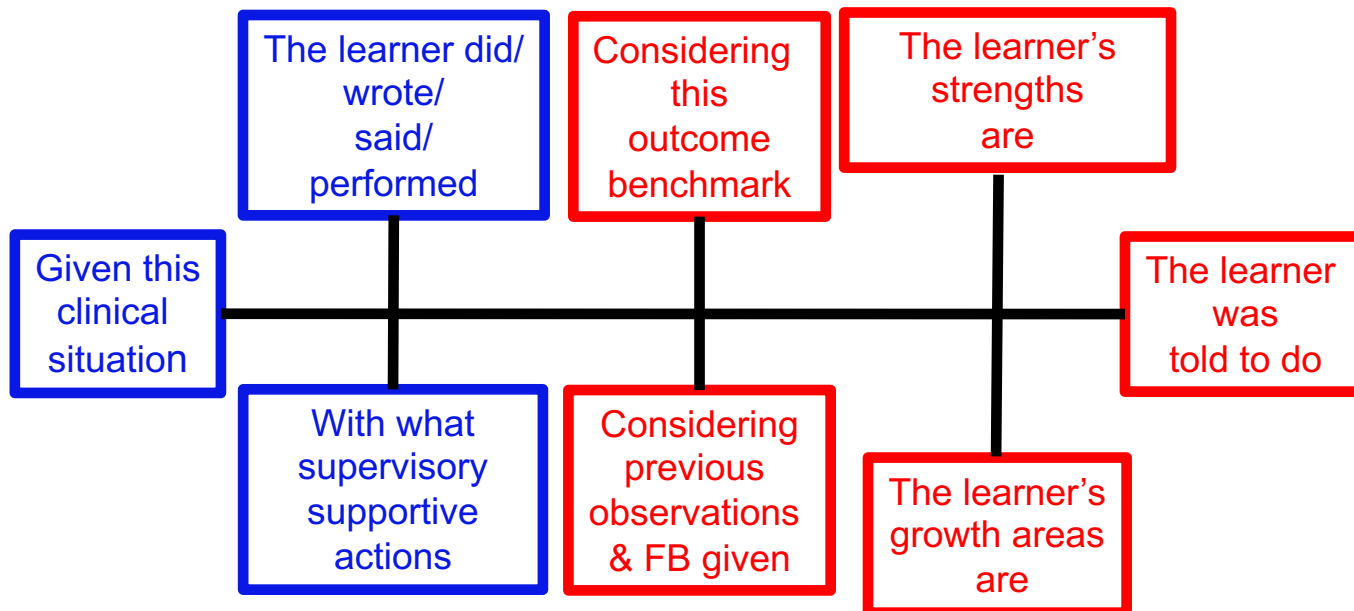
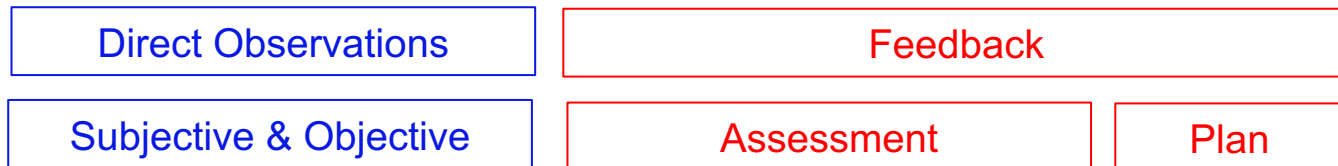
## BARRIERS

- Professional considerations
- Personal considerations
- Learner considerations
- Unsatisfactory evaluator training and tools
- Institutional culture
- Lack of available remediation

## ENABLERS

- Duty to patients and society
- Institutional support (support from colleagues; strong assessment systems)
- Opportunities for students after failing

# THE EDUCATIONAL PROGRESS NOTE



# FROM HYPOTHESIS TO DIAGNOSIS

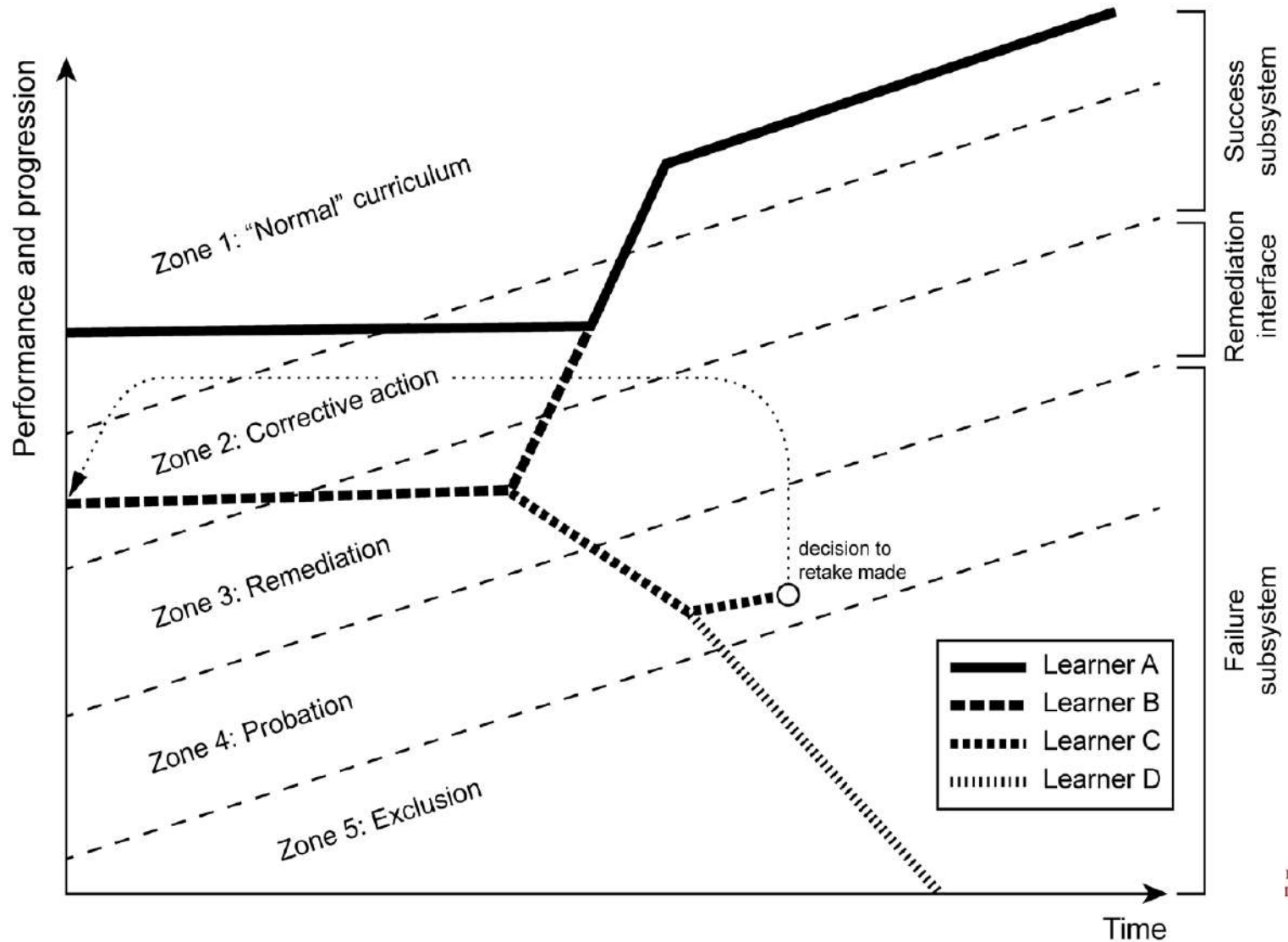
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- **Subjective**
- **Objective**
- **Assessment**
- **Plan**
  - Designing a “small i” intervention (*correction*)
  - Designing a “big I” Intervention (*remediation*)



# ZONE MODEL FOR REMEDIATION IN CBME

(Ellaway et al. Acad Med March 2018)



# DESIGNING AN INTERVENTION – W5

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- **W**hat problem are you trying to address?
- **W**hy does it have to be addressed?
- Ho**W** will you address it?
- **W**ho should be involved?
- **W**hen will the intervention take place and for how long?

# TO CONSIDER

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- Increase in direct and/or indirect observations and feedback
- More time
- Further discussion with the learner
- Modeling/making thinking explicit
- Change in schedule
- Assigned readings with follow-up
- Targeted teaching (e.g. clinical reasoning)

# TO CONSIDER

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- Peer support
- Specific skills training
- Formal remedial program
- Counseling/therapy
- Leave of absence
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How will you involve the learner?  
How will you document the intervention?  
How will you evaluate the outcome?  
How will you ensure due process?



# DUE PROCESS: A F.A.D. THAT'S HERE TO STAY

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- **F**airness
- **A**ccuracy
- **D**ocumentation



# FAIRNESS & ACCURACY

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- Both learner and supervisor are aware of the learning outcomes and performance benchmarks
- Assessment is supported by adequate direct and/or indirect observations
- Feedback is given and opportunities to learn and improve are provided
- Field notes support the summative assessment decisions

# DOCUMENTATION

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- Documentation of the:
  - Issues identified
  - Discussions
  - Proposed plan
  - Follow-up



# SMALL GROUP II

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*Please consider the following questions in designing an intervention plan for the vignette provided:*

- What is the problem?
- Why does it have to be addressed?
- How will you address it?
- Who needs to be involved?
- When will the intervention take place and for how long?



*\*Take  
home message*

# CONCLUSION

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- Intuition is important for early identification
- A “hunch” isn’t enough
- Underperformance is a symptom not a diagnosis
- Multiple subjective data points result in “objective” evidence
- The problem may lie with the teacher or the system
- Most struggling learners improve in response to educational interventions

