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

May 2, 2019
NO CONFLICTS OF INTEREST TO DISCLOSE
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

- 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

- 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

- 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
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

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
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

- 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?
Underperformance is a symptom, not a diagnosis.
THREE INITIAL QUESTIONS

- What is the problem?
- Whose problem is it?
- Is it a problem that must be changed?
# A FRAMEWORK FOR ANALYSIS

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<tr>
<th>Knowledge</th>
<th>Attitudes</th>
<th>Skills</th>
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<tbody>
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<td>Teacher</td>
<td>Learner</td>
<td>System</td>
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<td>Responsibility</td>
<td>Clinical reasoning and judgment</td>
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<td>Basic sciences</td>
<td>Self-assessment</td>
<td>Technical abilities</td>
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<td>Punctuality</td>
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<tr>
<td>• Perceptions</td>
<td>• Life history/stress</td>
<td>• Too much work</td>
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<td>• Expectations</td>
<td>• Learning disabilities</td>
<td>• Unclear standards and responsibilities</td>
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<tr>
<td>• Feelings</td>
<td>• Mental health issues</td>
<td>• Difficult patients</td>
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<tr>
<td>• Personal experiences and stresses</td>
<td>• Expectations</td>
<td>• Lack of support</td>
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<td>• Reactions</td>
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TEACHER ROLES

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

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

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

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?
FROM SYMPTOMS TO DIAGNOSIS: SOAP

- Subjective
- Objective
- Assessment
- Plan
FROM SYMPTOMS TO DIAGNOSIS: SOAP

- **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

- **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**
Observe → Feedback → Document → Observe again → Has there been improvement and integration of the feedback that was given?
FROM SYMPTOMS TO DIAGNOSIS: SOAP

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

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

Whose problem is it?

System

Learner

Teacher

What is the learner’s problem?

OT/PT
- Expert in Enabling Occupation / Physiotherapy Expertise
- Communicator / Communication
- Collaborator / Collaboration
- Practice Manager / Management
- Change Agent / Leadership
- Scholarly Practitioner / Scholarship
- Professional / Professionalism

Isolated Minor

Recurrent Triangulated

Isolated Red Flag

Jeffrey Wiseman 2018
CHALLENGES FOR TEACHERS

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

- 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
CONCERNS ABOUT SUBJECTIVITY

Multiple subjective observations result in an emerging picture.
FAILURE TO FAIL

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

M. Yepes-Rios et al. BEME Guide No. 42, Medical Teacher, 2016
THE EDUCATIONAL PROGRESS NOTE

Direct Observations

Subjective & Objective

Feedback

Assessment

Plan

The learner did/wrote/said/performed

Considering this outcome benchmark

The learner's strengths are

The learner was told to do

Given this clinical situation

With what supervisory supportive actions

Considering previous observations & FB given

The learner’s growth areas are

Jeffrey Wiseman 2018
FROM HYPOTHESIS TO DIAGNOSIS

- 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)

Competency committees. Second, we have concentrated on those medical education systems that prepare future physicians, but we acknowledge that there are likely to be applications in other medical education systems, such as continuing medical education. Although the zones, their schemas, and the rules for passing between zones may differ, the general principles would still seem to apply. However, future work must validate this assertion. Third, we did not focus on “best practices” in specific episodes of remediation, nor did we consider the specific assessment practices that identify whether learners may need to be remediated; this article is intrinsically strategic and system-wide in scope. Subsequent studies will be required to address these issues. Finally, we have presented an ideal model without factoring in issues such as difficulties in acquiring performance data, data gaps, and other process challenges.

We acknowledge that even the most carefully planned system will not function optimally, and that systems resilience and sustainability will also need to be considered in future work. Although we present a simple model for these five zones, the schemas that define them, and possible phenotypes and educational responses for the learners who traverse them, we acknowledge that reality is more complex and that the model is perforce abstract and idealized. Most learners will likely take an uneven path in developing different competencies. In building on concepts of CBME, we inherit their common challenge: that measurements of competencies need to be practical and fit for purpose. Ultimately, medical school leaders must take responsibility for making high-stakes decisions in the face of uncertainty and complexity. We hope that, by using this model, they will be better able to do so both systematically and consistently.

Conclusions
The need for individualized remediation for learners who stumble along the way has been a relatively neglected aspect of CBME. By making theories of remediation explicit and integrating them into the emerging practices of CBME, we have sought to clarify systems-level responses to degrees of learner difficulty and failure. Much of the discourse around CBME has Figure 2

A five-zone model of rules and practices associated with different levels and subsystems of performance in a hypothetical medical education system, incorporating expected progress (reflected in higher levels of performance over time) with exemplar learner pathways equivalent to those depicted in Figure 1. While Learner A thrives (Zones 1 and 2), Learner B does not progress in performance. Learner B falls out of the success subsystem, undergoes remedial action (Zone 3), and returns to the success subsystem. Learner C’s performance is also increasingly poor; the learner is suspended (Zone 4) and required to retake the episode of training with which the learner was struggling, after which Learner C’s performance improves. Learner D is consistently unable to meet required levels of performance and is eventually excluded from the program (Zone 5).
DESIGNING AN INTERVENTION – W5

- **What** problem are you trying to address?
- **Why** does it have to be addressed?
- **How** will you address it?
- **Who** should be involved?
- **When** will the intervention take place and for how long?
TO CONSIDER

- 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

- Peer support
- Specific skills training
- Formal remedial program
- Counseling/therapy
- Leave of absence
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

- **Fairness**
- **Accuracy**
- **Documentation**
FAIRNESS & ACCURACY

- 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

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

- 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