

Welcome to Precepting

Part 5



EAST TENNESSEE STATE
UNIVERSITY

Precepting Medical Students Series

Part 1: Introduction to Medical Student Precepting

Part 2: How Medical Students Learn in Clinical Settings

Part 3: Providing Feedback

Part 4: Providing Evaluations

Part 5: Learners Experiencing Difficulty



Learners Experiencing Difficulty

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Disclosures

- No conflicts of interest
- No compensation from outside sources
- Free from commercial bias
- This lecture series is based on, at times extracted directly from, the Society of Teachers of Family Medicine's, "Teaching Physician".

Objectives

- The preceptor will be able to recognize students experiencing difficulty with learning and communication
- The preceptor will identify areas of student difficulty using the HEART acronym
- The preceptor will learn how to give specific feedback to students experiencing difficulty
- The preceptor will learn how to share concerns about students in difficulty with College of Medicine faculty.

Introduction



- Early identification and intervention of a problem yields much better outcomes than ignoring it.
- Approximately 90% of learners identified as learners-in-difficulty will succeed after a structured intervention is initiated.¹
- Often, a preceptor intuits that something is "not quite right."
- The challenge many clinical teachers face is overcoming their own hesitancy to identify and report a learner in difficulty

1. Reamy BV, Harman JH. Residents in trouble: an in-depth assessment of the 25-year experience of a single family medicine residency. *Fam Med*. 2006;38(4):252-257

Why Hesitancy?

- Inexperience
- Self-doubt
- The investment of time
- Fear of student retribution
- Not wanting to negatively impact the learner
- Don't like confrontation
- Not my problem



What should I do?

- If you have concerns about a student you should share your concerns with the College of Medicine faculty Director or Course Coordinator.
- If the concern is a simple learning opportunity then using the formative feedback approach is appropriate. If you gets resistance or do not see progress then sharing this with COM faculty or staff is appropriate.
- Document your concern for future summative evaluations

Identifying Difficulties

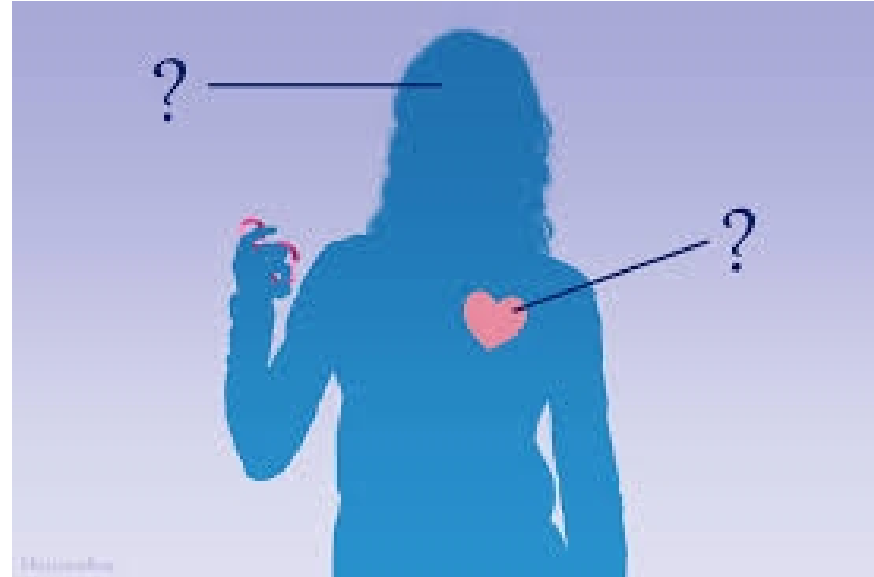
- Your intuition will often guide you. Consider Unconscious Bias.
- Frequently shows up late or late with assignments
- Goes missing a lot
- Repetitively makes the same mistakes after proper instruction
- Does not process data appropriately for level of training
- Has emotional issues such as temper, withdrawn, overly anxious, abrasive, rude
- Unkempt
- Smells of alcohol

Causes: HEART Acronym

- **H** **Health** – Underlying physical health condition or contributor such as thyroid disorders, eating disorders, poor sleep hygiene, and overall lack of attention to their own health during residency
- **E** **Emotional wellbeing** – Depression, mood changes, flat affect, edginess or temper outbursts, and avoidant behaviors
- **A** **Alcohol** – Includes alcohol or any other substance use disorder, DUI's, and diversion of prescriptions
- **R** **Relationships** – Stress with family, divorce, peer relationships, and isolating themselves from support
- **T** **Trustworthy** – Includes lateness both in arriving to work, but also in completing notes and tasks; is disorganized in presentations and data collection

Classifying Difficulties

- Affective class
- Cognitive class
- Structural class
- Interpersonal class



Affective Class

- These learners may be experiencing pivotal life events that are pushing them into affective states that may manifest as:
 - sleep disorders
 - memory loss
 - Withdrawal
 - failure to perform.
- You might observe learners having issues with memory and motivation.

Cognitive Class

- Learners in this category typically have difficulty with written or oral communication, spatial perception ability, or integration of material.
- You may see them fall behind in workload, demonstrate a fundamental lack of knowledge, or perform poorly in discussions or on exams.
- Be aware that learners with continued cognitive difficulties may have an underlying learning disability.

Structural Class

- Learners in this category have difficulty organizing and applying their educational experiences in their environment.
- They may demonstrate poor time management and disorganization in their learning process.



Interpersonal Class

- Learners in this category are difficult for patients, staff, or faculty to interact with.
- They may be shy, have poor social skills, engage in argumentative behavior, or display prejudicial attitudes towards others.
- These behaviors can sometimes be indicators of professionalism issues, psychiatric problems, or substance abuse.

Initial Assessment

- Directly observe the learner's behavior and personal appearance. Make note of any abnormal changes.
- Request input from nurses or other staff members. Problematic behavior will likely be noticed by others.
- Pay close attention during clinical situations to determine if the learner is struggling to put lessons into practice and/or is progressing slower than other learners.¹

1. Kahn NB Jr. Dealing with the Problem Learner. *Fam Med* 2001;33(9):655-657. October 2001

Initial Assessment

- Ask yourself if the learner's difficulty is caused by a gap in knowledge, lack of skill, or because of attitude problems.
- Review the learner's chart notes, evaluation forms, and other documentation for errors.
- Determine if the problem is ongoing or if this could have just been a bad day for you, the learner, the patient, or another staff member.

Remember

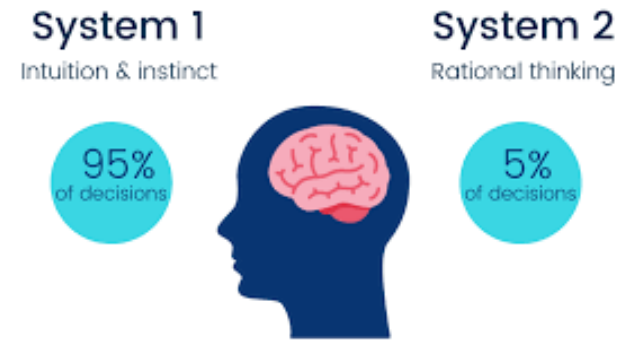


- As the community preceptor you are not expected to try to correct a difficulty that you have identified.
- We want you to feel confident in your ability to identify a student experiencing difficulty and to report the difficulty to the COM.
- Being able to clearly articulate your concerns helps the COM faculty and staff address the specific difficulty.

Preventing Problems

- Understand the school's expectations for the clerkship/rotation before agreeing to teach.
- Conduct a thorough orientation that sets clear expectations and goals for the learner.
- Establish protocol for the work environment. This includes dress code and arrival time.
- Communicate regularly with the learner. Listen carefully to his or her self-assessment, needs, and interests.
- Provide regular feedback, with a focus on behavior-specific feedback.
- Set aside time for a formal mid-rotation conversation to reevaluate goals and discuss any issues that may have arisen.
- Encourage staff and patients to share observations about the learner with you.

Unconscious Bias



- Our society teaches and reinforces many biases about groups and individuals that may be harmful in working with others.
- Many of these biases are not consciously held by the person and may be counter to how the person believes groups and individuals.
- Having a bias is not the same as being racist, sexist, ageist, or opposed to any individual.
- Biases are a normal part of the human brain's ability to interpret complex data streams.

Unconscious Bias

- Even though these beliefs are not conscious, they can, and often do, impact the way we interact with others.
- Be aware of the existence of unconscious bias and that it may be influencing the behavior of preceptors and students.
- Reflect on the information and messages you receive throughout the day in media, news, advertisements, etc, and consider how this might be unconsciously influencing your views towards particular groups or individuals.

