

The Learner with Problems: Strategies

Diagnostic Framework
1. Affective: stress/anxiety/mood disorders
2. Cognitive: knowledge base and or reasoning problems.
3. Structural: Learners who are unable to structure their experiences in the environment.
<ul style="list-style-type: none"> • poor time management, • lack of organizational skills, • poor study discipline
4. Interpersonal
<ul style="list-style-type: none"> • Learners have difficulty interacting with others due to personality (eg. Shy) and or pathological characteristics (eg. Dishonest and manipulative) • Unprofessional behaviors - Prejudices - racial, ethnic, gender. Ethical integrity.

Problem	Strategy
1. Affective	<ul style="list-style-type: none"> • Ensure that resident has a GP who can provide primary care • Encourage resident to discuss problem with GP and obtain appropriate referrals • Residents reluctant to discuss concerns with GP can also access aid from the BCMA Physician Health Program or Hospital Employees Health programs. • Review residents rotation schedule and adjust if possible • Consider “sick leave” • Assessment & care by a psychologist or psychiatrist may become part of a remediation plan.

Problem	Strategy
2. Cognitive “Empty Mind”	<ul style="list-style-type: none"> • Review standard learning objectives for rotation • Prioritize objectives for resident. What are their major deficiencies that need to be immediately addressed? • Set up a daily/weekly/monthly study plan to cover objective OR have resident set up a “learning map” and study around the clinical cases that they encounter on their rotation or their formal scheduled academic topics. • Plan weekly reviews. • Review what resources (textbook, journal, web, etc) the resident is using – are these appropriate? Encourage residents to use resources that are appropriate to their level of training. Many textbooks are now written around “cases” and this will help the resident to apply their knowledge. • Set up a regular study time and place

	<ul style="list-style-type: none"> • Review strategies for effective studying eg. How to read a textbook effectively by using SQ3R: Survey, Question, Read, Recite, Review (See an excellent online resource “Study Skills Self Help Center” at http://www.ucc.vt.edu/stryhlp.html) • Encourage learners to <u>self-assess</u> what they are learning. They should spend equal time “applying facts” vs. rote memorization. For example, for every 20 minutes of reading they should devote an equal amount of time doing multiple choice questions or interactive cases etc... this will encourage them to recall and apply the facts they just read.
2. Cognitive “Cluttered Mind”	<ul style="list-style-type: none"> • Provide a framework for clinical reasoning – diagnostic and therapeutic. (See our booklet available for downloading from our website www.facdev.med.ubc.ca entitled “Teaching Skills for Community Based Preceptors” which outlines several frameworks and teaching strategies such as the one minute preceptor.) • Increase exposure to patients. • Role model this framework. Ask clinical supervisors to “think out loud” for these residents. • Have residents apply this framework when: charting, and or presenting a patient. • Review patient charts with residents using framework. For example, “What were you thinking after you performed the physical exam?” • Encourage residents to prioritize their differential – eg. Given this patient’s age what would be the most common diagnosis? Or “What would be the most important diagnosis to make?” • Encourage residents to use resources that are “case based” rather than standard textbooks. • Look at the format of their formal academic activities – do they promote critical thinking (case-based discussions) or rote memorization (didactic powerpoint discussion). Consider a different teaching format for all residents.

Problem	Strategy
Structural “time management”	<ul style="list-style-type: none"> • Outline explicitly to the learner what the expectations are for time management and professional behavior. • Identify what are the issues behind the poor time management – are they solvable? For example, if the resident takes double the amount of time to perform a history from the patient is it because: they don’t know what to ask (knowledge deficiency), they don’t know how to organize their history, they are perfectionists and rewrite the history 3 times, etc... • Directly observe learner at work to help diagnose the time management problems or have learner keep a logbook of their

	<p>daily activities to identify possible problem areas.</p> <ul style="list-style-type: none">• Explore time management strategies “Study Skills Self Help Center” at http://www.ucc.vt.edu/stdyhelp.html). Have learner prepare daily schedules.• Assign a clinical supervisor who can work consistently with the learner and serve as a role model and review their performance on a regular basis.
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Problem	Strategy
Interpersonal	<ul style="list-style-type: none">• Gather information from direct observation and or multiple sources (360 degree evaluation – from nurses, patients, colleagues and supervisors) to identify <i>specific</i> examples of the problem behavior.• Outline specific expectations regarding “ideal” behaviour as a professional who is a member of a health care team. Learners from different backgrounds (International Medical Graduates) may need orientation to our health care system and clarifications as to how to integrate into our system.• Problems with interpersonal behaviors may be challenging to deal with, get help early from your colleagues or the Postgrad Deans Office.• Assessment & care by a psychologist or psychiatrist may become part of a remediation plan.

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