

Identification, Diagnosis and Remediation of the Struggling Learner

Katie Twist MD

UKCOM Director of Classroom Teaching Faculty Development

Objectives



Identify a struggling learner



Diagnose the deficiency



Formulate & implement an improvement strategy

Case 1

When signing off service, your colleague tells you that the M3 you will be working with "lacks confidence" and is "disorganized."

How do you feel?

Case 1

When signing off service, your colleague tells you that the M3 you will be working with "lacks confidence" and is "disorganized."

How can you help this learner?

Ladder of Inference



Action
Beliefs
Conclusions
Assumptions
Meaning
Select the data
Reality/Data

I better offer him some feedback after rounds

Beliefs

These Gen Z students only care about their narrow interests

Conclusions

He doesn't care about this rotation since he wants to do surgery

Assumptions

He must not value the learning experience

Meaning

That is a sign of poor attention

Select the data

The M3 is looking at his phone while another M3 is presenting

Reality/Data

The team is gathered for rounds

Climbing Down the Ladder

Action
Beliefs
Conclusions
Assumptions
Meaning
Select the data
Reality/Data

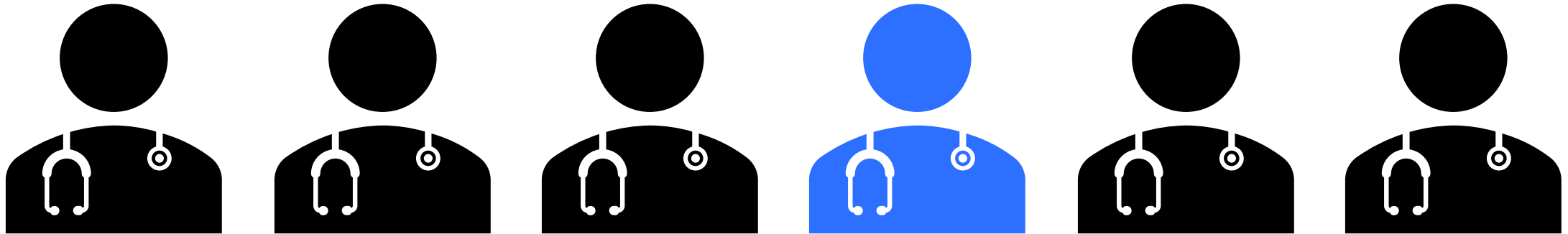


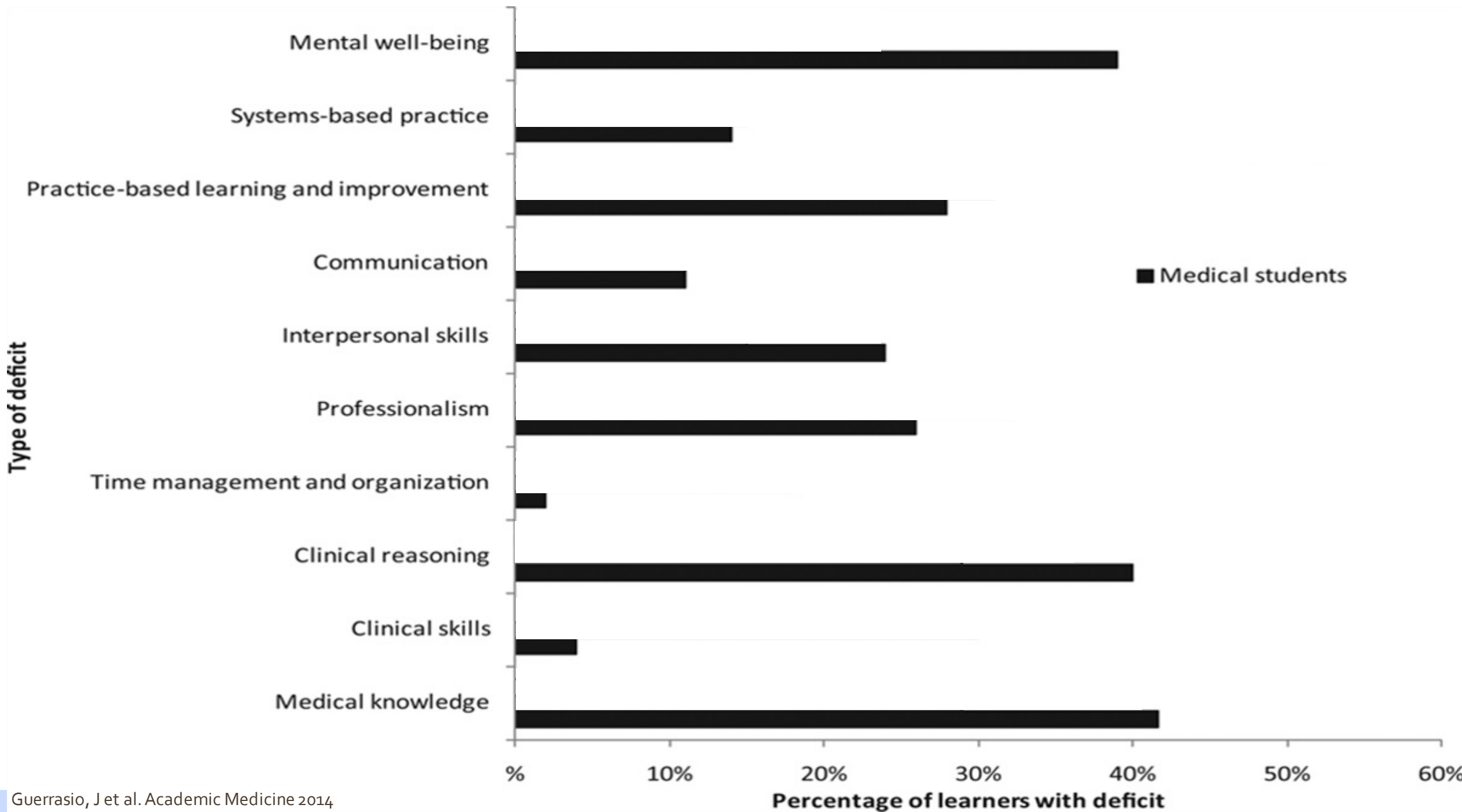
Replace
“You seem...”
with
“I noticed...”

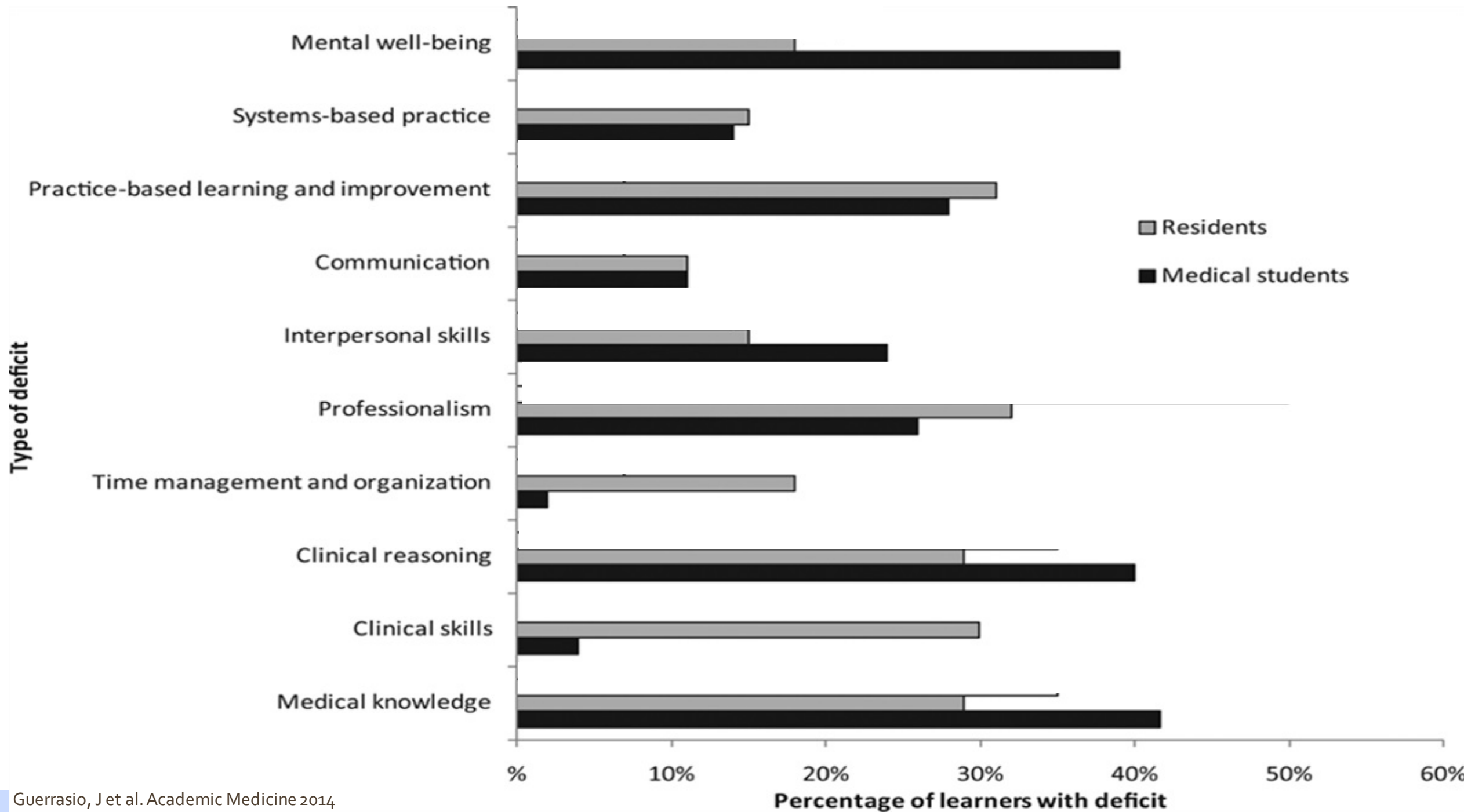
Case 1: “Disorganized” M3

- Arrives earlier than his peers
- Checks on stable patient awaiting placement before seeing new patient from overnight
- Oral presentations include extra commentary while presenting history, interpreting labs during objective, and plan does not include all problems
- In his notes, important clinical findings are sometimes overlooked but many less relevant details are discussed in detail

Scope: Up to 1 in 6 learners "struggle"







Impact



Time



Morale



Reputation



Patient safety

Model for Remediation

1. Identify

2. Diagnosis

3. Triage

4. Feedback + Corrective Plan

5. Reassess +/- Reporting

Step 1: **Identify**

Observations:

- On time
- Pre-rounding/preparation
- Bedside with patient
- Presentations
- Notes
- Interactions with team members

Common "Presentations"

"Can't present"

"Totally overwhelmed"

"Lacks confidence"

"Doesn't take ownership of patients"

"Can't troubleshoot"

"Doesn't get it"

These are formulations/judgements/inferences



Step 2: **Diagnosis**

“Differential Diagnosis”

- Medical knowledge
- Clinical skills
- Clinical reasoning
- Organization, efficiency, task prioritization
- Communication, Interpersonal skills
- Professionalism
- Mental well-being

Medical Knowledge

- Unable to answer fact-based questions
- Lacks evidence of reading
- Poor written exam scores

Clinical skills

- Most evident during direct observation
- Physical exam lacking, incorrect, or obtains incorrect information
- Poor procedural skills
- Unable to answer technique questions about exam or procedure

Clinical reasoning

- Adequate knowledge/good pre-clinical exam scores
- Extraneous info on H&Ps, unfocused H&P
- Order too many tests
- Difficulty assigning pre-and post-test probabilities
- Difficulty prioritizing Ddx

Organization, efficiency, task prioritization

- Unprepared
- Disorganized appearance, presentation, notes, thought process
- Shuffling through multiple documents on rounds
- Multiple incomplete tasks
- Starts earlier/leaves later than peers
- Keeps patients waiting, frequently running behind

Interpersonal skills

- Attempts to transfer blame
- Inflexible with negotiations
- Difficulty reading social cues
- Awkward peer interactions
- May expect too much or too little from others (inappropriate or lack of delegation)

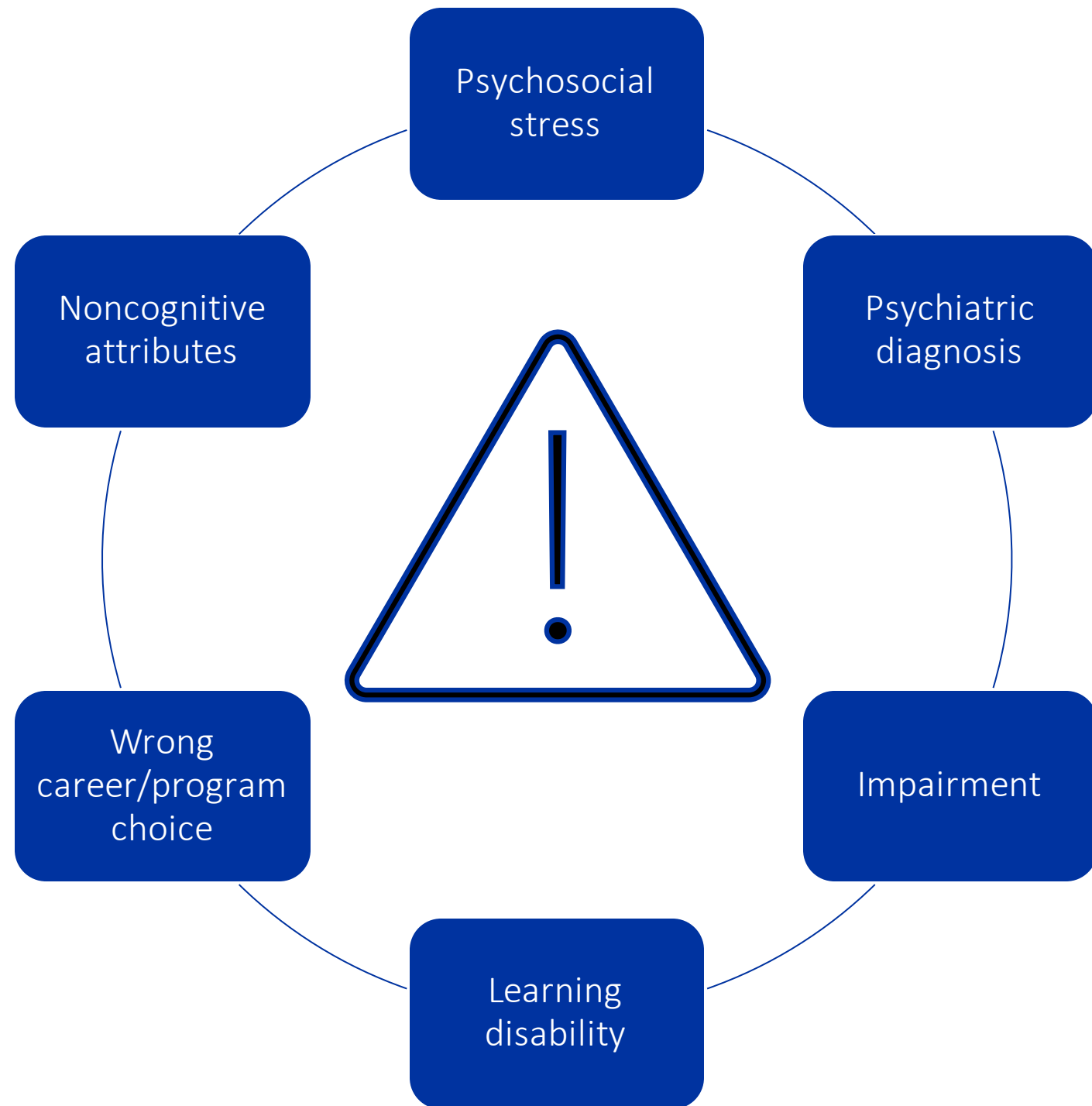
Professionalism

- Poor patient-doctor relationships
- Demonstrates lack of respect, dishonesty, or laziness
- Absent or unreliable, late
- Unethical actions
- Tries to pass off inappropriate amounts of work

Mental wellbeing

- Wide variety of problems = wide variety of presentations
- May have inconsistent performance

Confounding Factors



Case 1 revisited

Model for Remediation



1. Identify

2. **Diagnosis**

3. Triage

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Corrective Plan

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Reporting

Case 1: “Disorganized” M3

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Competency	Examples
Medical Knowledge	Unable to answer knowledge-based questions; poor MCQ exam scores
Clinical Skills	PE lacks key elements; doesn't understand what type of history info should be collected
Clinical Reasoning & Judgement	Extraneous info on H&Ps; orders too many tests; cannot prioritize Ddx
Time mgmt. & org	Unprepared; disorganized notes/thought process; starts earlier/leaves later than others
Interpersonal Skills	Difficulty functioning in a team; interpersonal conflicts; unrealistic expectations
Communication	Poor oral presentation skills (despite adequate knowledge); difficulty formulating/answering questions
Professionalism	Poor clinician-patient relationships; lack of respect; late
Practice based learning & improvement	No self-directed learning; not reviewing literature to answer patient questions; does not seek feedback
Systems-based practice	Does not value interprofessional input; does not consider cost & risk/benefit analyses; neglects transitions of care
Mental well being	Inconsistent performance; may present in a multitude of ways; always consider

Step 3: Triage

How “big” is the problem?



What other resources can provide support to the student?



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Reporting

Step 4: Feedback plus corrective plan



Feedback Refresher



TIMELY AND
FREQUENT



SPECIFIC



OBSERVATION
BASED



BALANCED

Step 5: Reassess/Reporting

Documentation is essential in the remediation process

Case 2: M3 in clinic

M3 on her last clerkship rotation

Case 2: M3 in clinic (end of rotation, end of year)

Patient	Student behaviors
1:00 – T2DM follow up	Arrived at 1:06, couldn't get logged in until 1:15, so you saw the patient yourself
2:00 – cough	
3:00 – headache	
4:00 – HTN follow up	

Case 2: M3 in clinic

Patient	Student behaviors
1:00 – T2DM follow up	Arrived at 1:06, couldn't get logged in until 1:15, so you saw the patient yourself
2:00 – cough	Did not mention that the patient is already on antibiotics from UTC Presented a broad physical exam (“lungs sounded ok”) Contacted the social worker to help with affording meds
3:00 – headache	
4:00 – HTN follow up	

Case 2: M3 in clinic

Patient	Student behaviors
1:00 – T2DM follow up	Arrived at 1:06, couldn't get logged in until 1:15, so you saw the patient yourself
2:00 – cough	Did not mention that the patient is already on antibiotics from UTC for cough Presented a broad physical exam Contacted the social worker to help with affording meds
3:00 – headache	Thinks patient has migraines, does not have any alternative diagnoses. Only red flag feature she can think of is “other neurologic deficits”
4:00 – HTN follow up	

Case 2: M3 in clinic

Patient	Student behaviors
1:00 – T2DM follow up	Arrived at 1:06 because the bus got stuck in traffic, couldn't get logged in until 1:15, so you saw the patient yourself. Apologized for tardiness.
2:00 – cough	Did not mention that the patient is already on antibiotics from UTC for cough Presented a broad physical exam Contacted the social worker to help with affording meds
3:00 – headache	Thinks patient has migraines, does not have any alternative diagnoses. Only red flag feature she can think of is “other neurologic deficits” but said she would go look it up right away.
4:00 – HTN follow up	Recommended appropriate second line therapy when BP wasn't at goal. Screened for other CV risk factors. Suggested workup for secondary causes of HTN

Case 2: M3 in clinic

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Questions?

References

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