Early Identification of Learner Capabilities

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Objectives
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10-15% of all medical learners will experience significant difficulties during their medical training

Only 2-6% of those will self-report and seek help
Identification is the first crucial step
HIDDEN BENEFIT

Become more comfortable giving actionable feedback targeted to areas of deficit

Grow your skills for preparing summative evaluations and letters of recommendation
Common Competency Deficits

**EARLY**
- Communication
- Medical Knowledge
- Well-Being

**LATE**
- Professionalism
- Clinical Reasoning
- Judgment
Common Identifiers

Verbal Comments
SIM Encounters
Mid-Rotation Evaluations
Post-Rotation Evaluation
General Reporting System
Common Identifiers

OSCE, mini-CEX, CEX
Written Exams
Course Failure
Formal Review
Peer or Multi-Source Evaluation
Trust your intuition

We follow our clinical gestalt about patients all the time...

...we can follow our instincts about struggling learners, too
Trust your intuition

Most often, steps leading to remediation during medical training are initiated based on the subjective impressions of clinical teachers.

Concerns should prompt

More direct observations

More formal or informal interactions

More opportunities to gather data
What should you do about doubts?

Identify and report as early as possible, ideally in the first quarter of a rotation

Allows for time to course correct actions or attitudes

Minimizes chances for direct patient consequences as a result of under performance
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In 2000, 59% of US internal medicine program directors reported residents in difficulty were identified after a critical incident

What kinds of problems may be encountered?
COGNITIVE

Written
Spatial-Perceptual
Oral Communication
Fund of Knowledge
AFFECTIVE

- Low self-esteem
- Poor performance
- Hampered learning
- Lowered aspirations
STRUCTURAL

Poor time management
Difficulty completing tasks
Disorganized
Poor study habits or ineffective studying
INTERPERSONAL

React poorly to feedback
Shy or non-assertive
May have biases
Bright but lack social skills
"Non-teachable"
What kinds of problems may be encountered?
What kinds of problems may be encountered?

Most frequent

COGNITIVE

INTERPERSONAL
What kinds of problems may be encountered?

Most difficult to manage and requiring most resources

INTERPERSONAL
- React poorly to feedback
- Shy or non-assertive
- May have biases
- Bright but lack social skills
  "Non-teachable"

What kinds of problems may be encountered?

Rarely do problems arise in isolation; usually more than one deficit is noted in a struggling student, and the more complete the description of the specific problems and behaviors, the more effective the intervention.

Specialties were not uniform in perception of problems

**Emergency medicine**: most common was lack of motivation or interest

**Internal medicine**: fund of knowledge deficits

**Psychiatry**: greater prevalence of psychiatric disorders than other specialties

**Pediatrics**: students challenged things more frequently

**OB/GYN**: reported fewer problems than other specialties

Gathering objective data

Underperformance is a symptom of a problem, not a diagnosis in itself

Establishing a diagnosis in medical education consists of "identifying discrepancies between expected performance standards and demonstrated performance, and then trying to establish the reason for underperformance"

Gathering objective data

Direct observations from multiple contexts

- Allows a clearer picture to form
- Eases learner receiving feedback
- Delivers credible information to the institution
- Supports reasoning for remediation decisions
Gathering objective data

- Patient notes
- Verbal rounds and presentations
- Observation of patient interactions
- Feedback from administrative staff, colleagues, patients
- EPAs can objectify and delineate standard behavior and performance
- Student interviews in the form of diagnostic conversations
RIME for Assessing the Learner's Level

R  Reporter: approximately MS 3
I  Interpreter: approximately MS 4
M  Manager: approximately intern
E  Educator: approximately resident
Information and Processing by Level

- Expert
- Proficient
- Competent
- Advanced Beginner
- Novice

- Intuition
- Accountability
- Routines
- Heuristics
- Facts
Barriers to Reporting

Educators can get stuck when problems are identified
Learner-Focused Barriers

Students working excessively to just keep up are reluctant to ask for help

Personality-based differences

Cultural differences
Fear-Based Barriers

Fear of damaging student-preceptor relationship

Fear of damaging their reputation as an educator

Fear of damaging student's educational career or future opportunities to matriculate

Anticipation of an appeal

Implications for faculty advancement
Lack of Knowledge

Knowing who to report to and what to report

Insufficient student contact to know standards for performance expectations

Question the ability to fully and fairly assess the problem
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EPA-based specific identifiers for level of training to establish expectations and determine where deficits lie

PNWU's Documentation of Counseling form for professionalism
Concern for Follow Through

What will be the preceptor's obligation in remediation of a student they've identified?

What will the institution do about the reporting, if anything? Will that effort go wasted and ignored?

Will the student be kicked out of school or punished for perceived deficits?

PNWU has a process in place for remediation, but we need your help!
Educator Responsibilities

Review Expectations

Deliver Feedback
Base Expectations on Learning Level

Review syllabus requirements

Understand the difference in learning levels and how to help students achieve the next step in their education

Know EPA-based criteria for specific learning levels and be on the lookout for deficiencies
Now you can...

- Identify strengths and weaknesses in the first half of a clinical rotation
- Decide whether a student is performing at the expected level early in a rotation
- Choose strategies to improve clinical trainees’ performance along the spectrum from under performance --> adequate --> exceptional
Deliver Feedback

Timely
Based on direct observation
Actionable
Intended to improve performance

On-the-fly
Mid-rotation evaluation
End of rotation evaluation
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Thank you for your commitment to education