Early Identification of Learner Capabilities

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Associate Professor and Chief, Division of
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Objectives

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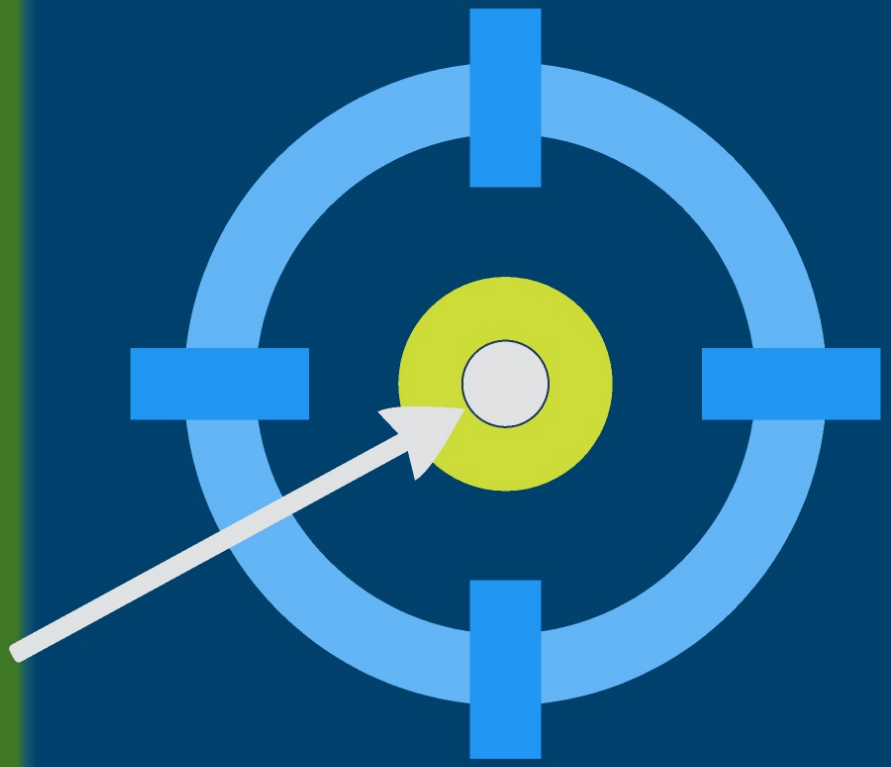
10-15% of all medical learners will experience significant difficulties during their medical training

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

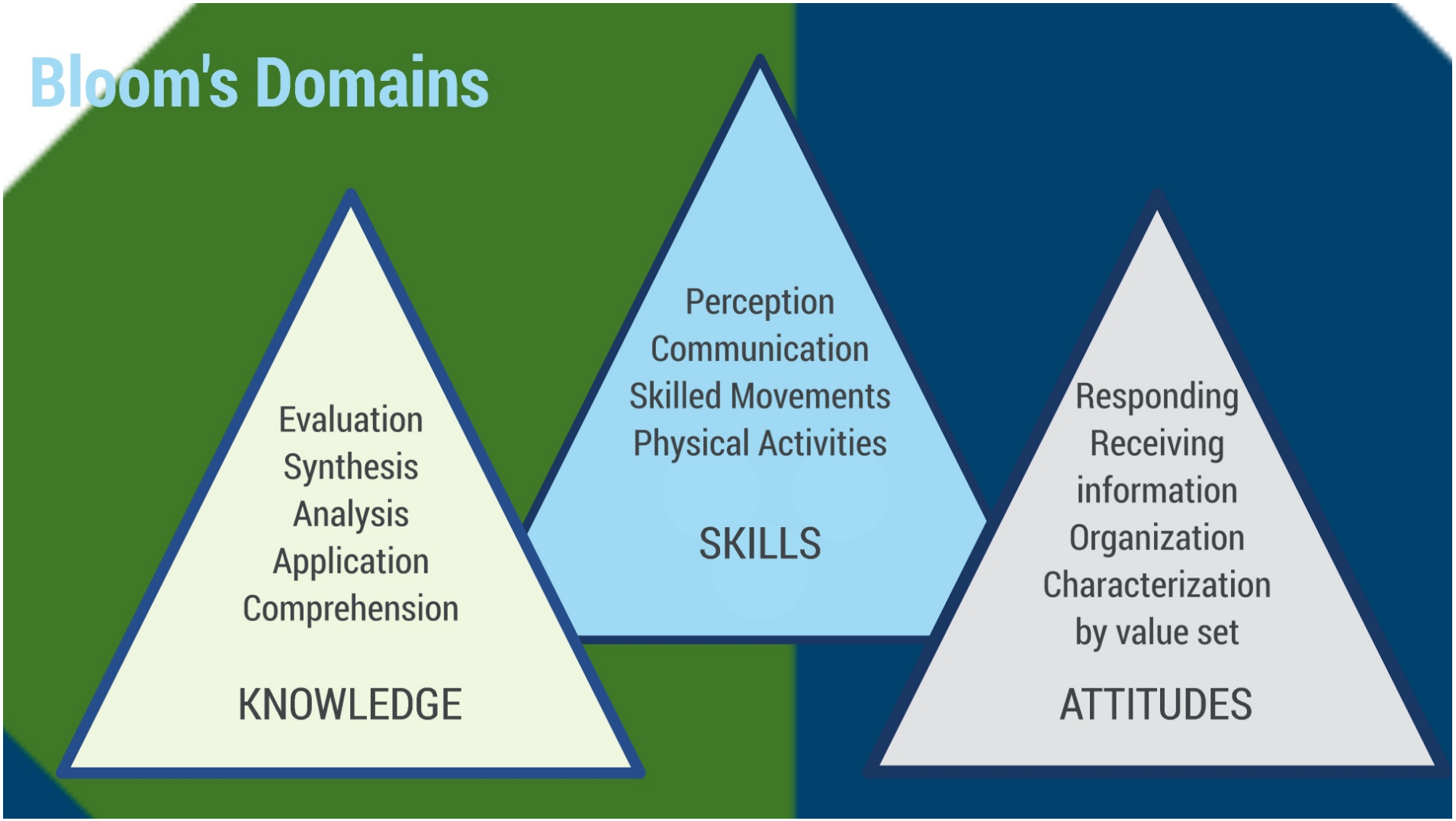
EARLY

- 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

LATE


Bloom's Domains
Evaluation
Synthesis
Analysis
Application
Comprehension
KNOWLEDGE
Perception
Communication
Skilled Movements
Physical Activities
SKILLS
Responding
Receiving
information
Organization
Characterization
by value set
ATTITUDES

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

Guerrasio J, Garrity MJ, Aagaard EM. Learner deficits and academic outcomes of medical students, residents, fellows, and attending physicians referred to a remediation program, 2006-2012. Acad Med. 2014;89(2):352–358.

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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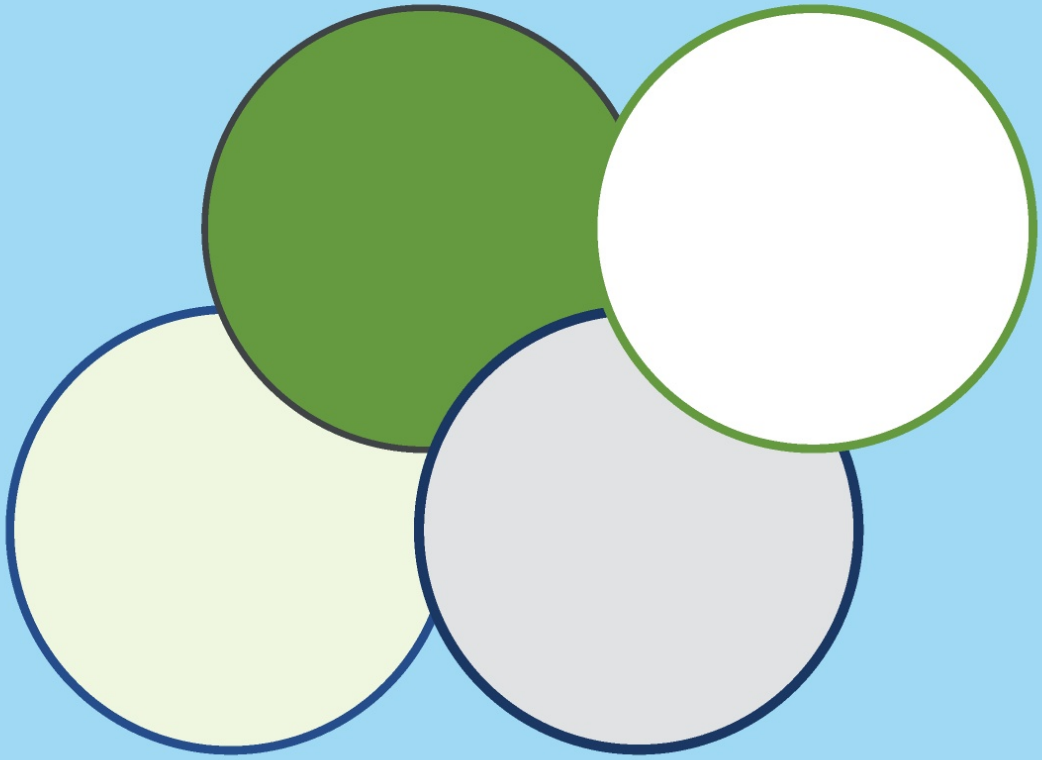
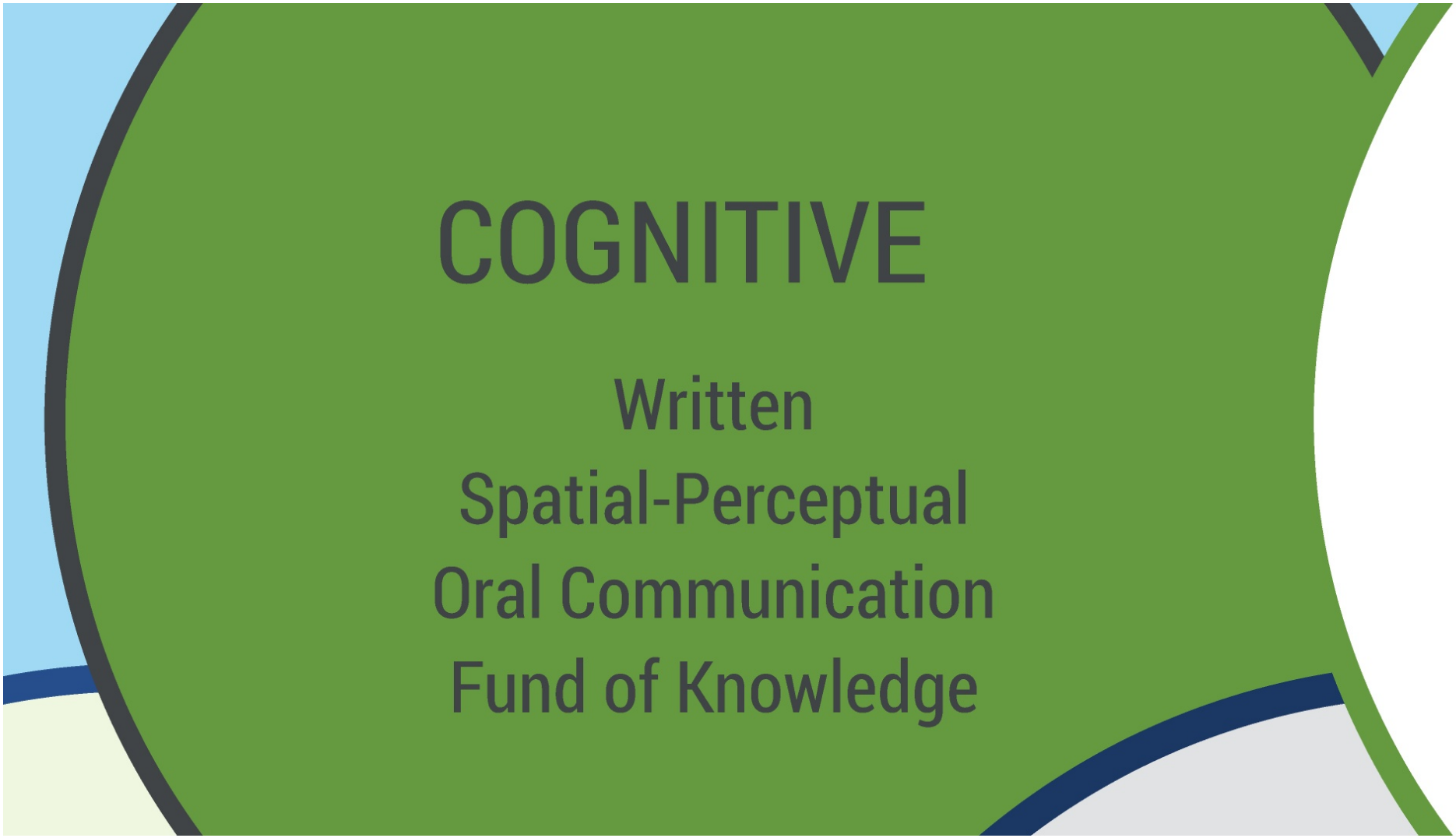
In 2000, 59% of US internal medicine program directors reported residents in difficulty were identified after a critical incident

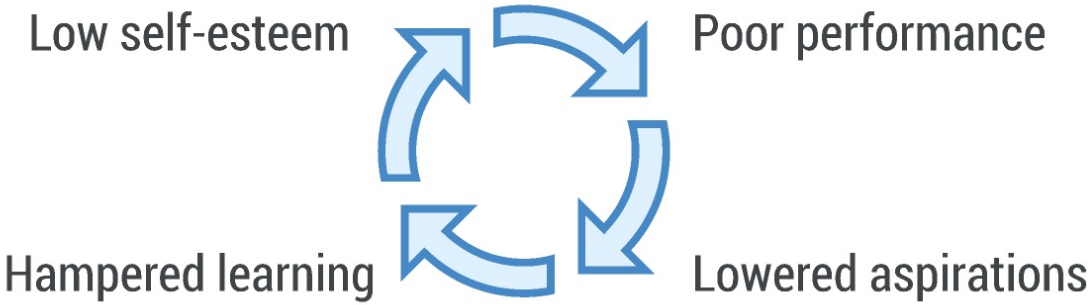
Yao DC, Wright SM. National Survey of Internal Medicine Residency Program Directors Regarding Problem Residents. JAMA. 2000;284(9):1099–1104. doi:10.1001/jama.284.9.1099

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

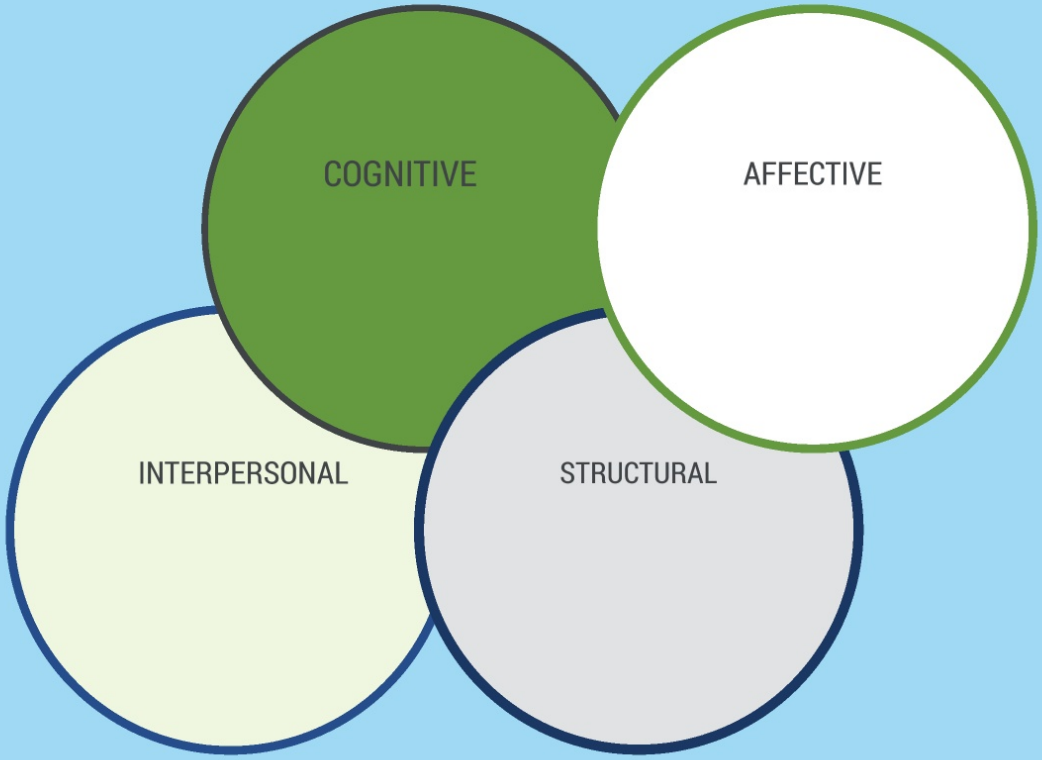
STRUCTURAL

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

INTERPERSONAL

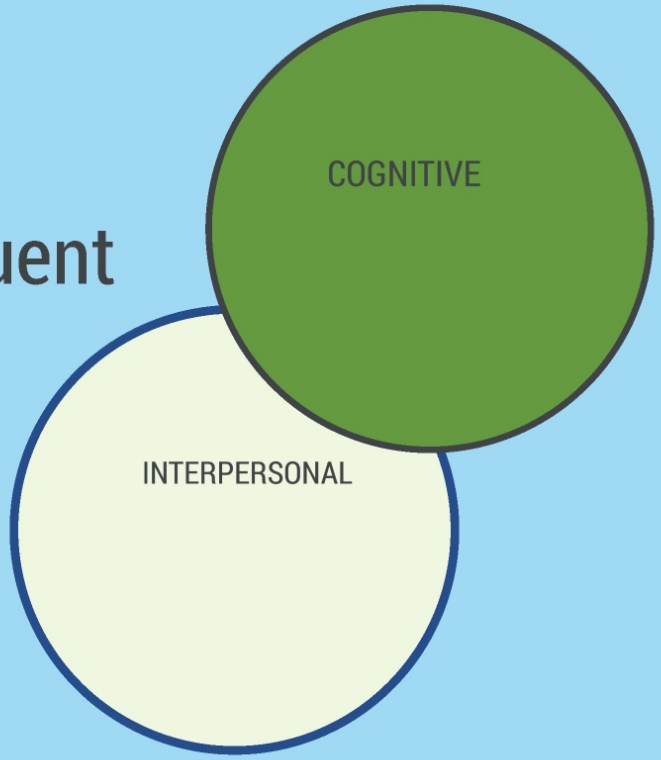
React poorly to feedback
Shy or non-assertive
May have biases
Bright but lack social skills
"Non-teachable"

What kinds of problems may be encountered?

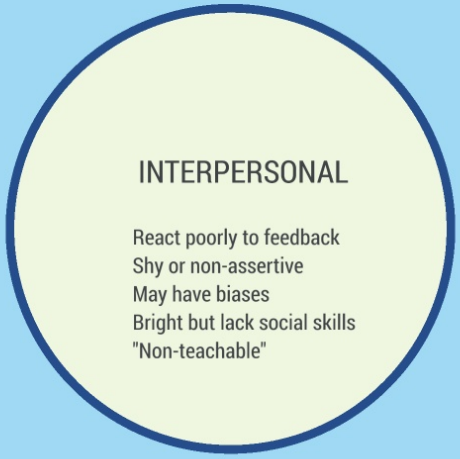


What kinds of problems may be encountered?

Most frequent



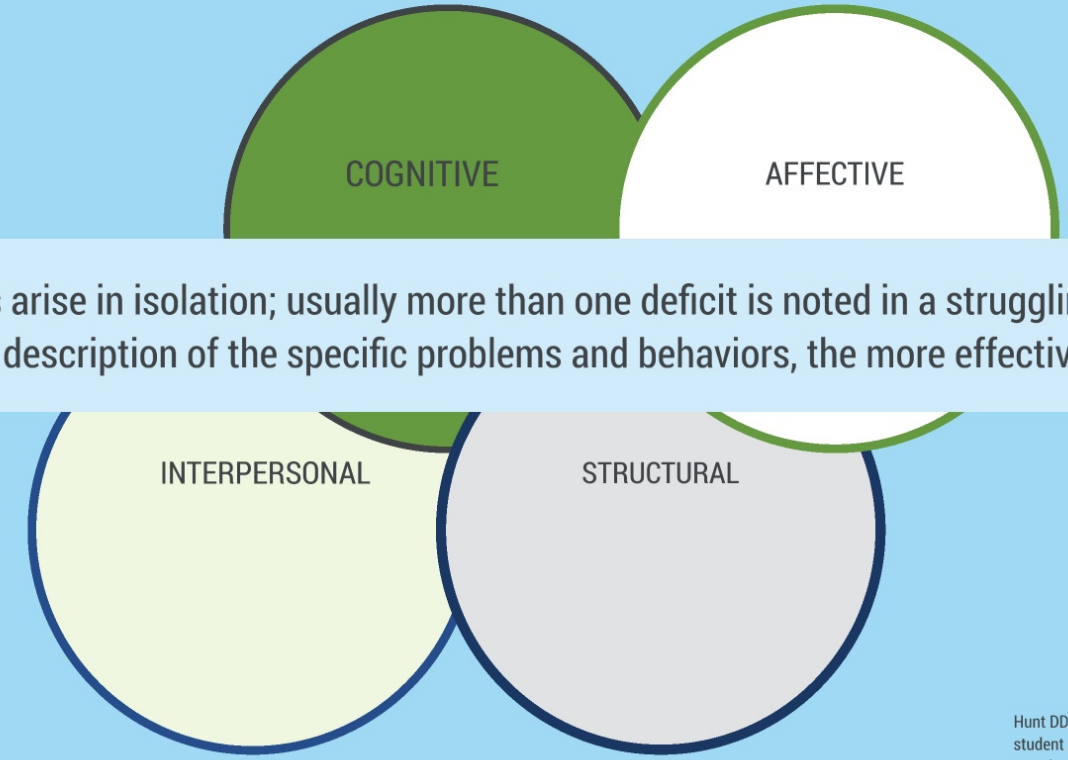
What kinds of problems may be encountered?



Most difficult to manage and and requiring most resources

Hunt DD, Carline J, Tonesk X, Yergan J, Siever M, Loebel JP. Types of problem students encountered by clinical teachers on clerkships. Medical Education 1989;23:14±8.

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

Hunt DD, Khalid BA, Shahabudin SH, Rogayah J. The problem student on clinical rotations: A comparison of Malaysian and North American views. Medical Journal of Malaysia 1994;49 (3):275±81.

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

Hunt DD, Carline J, Tonesk X, Yergan J, Siever M, Loebel JP. Types of problem students encountered by clinical teachers on clerkships. Medical Education 1989;23:14±8.

Gathering objective data

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

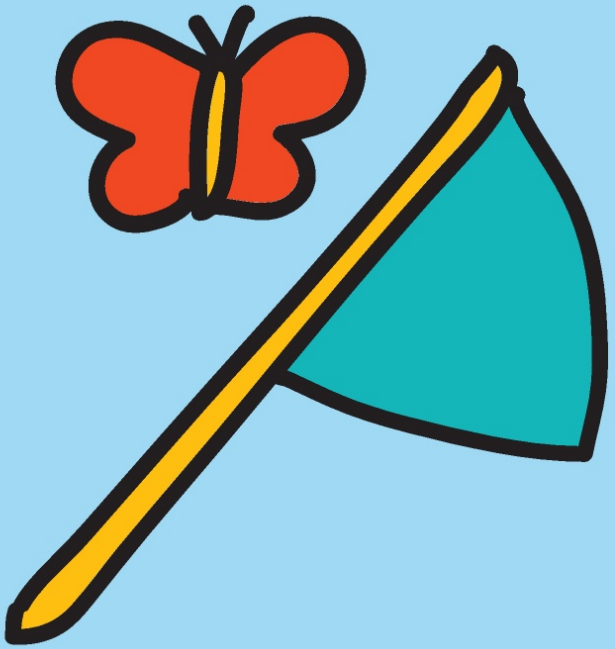
> Establishing a diagnosis in medical education consists of "identifying discrepancies between expected performance standards and demonstrated performance, and then trying to establish the **reason** for underperformance"

Bearman M, Molloy E, Ajjawi R, Keating J. “Is there a plan B?”: clini- cal educators supporting underperforming students in practice settings. Teach High Educ. 2013;18(5):531–544.

Gathering objective data

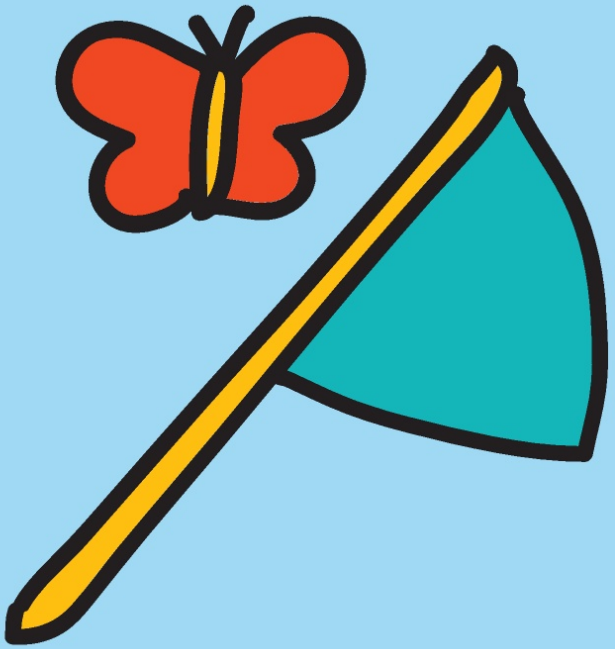
Direct observations from multiple contexts

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

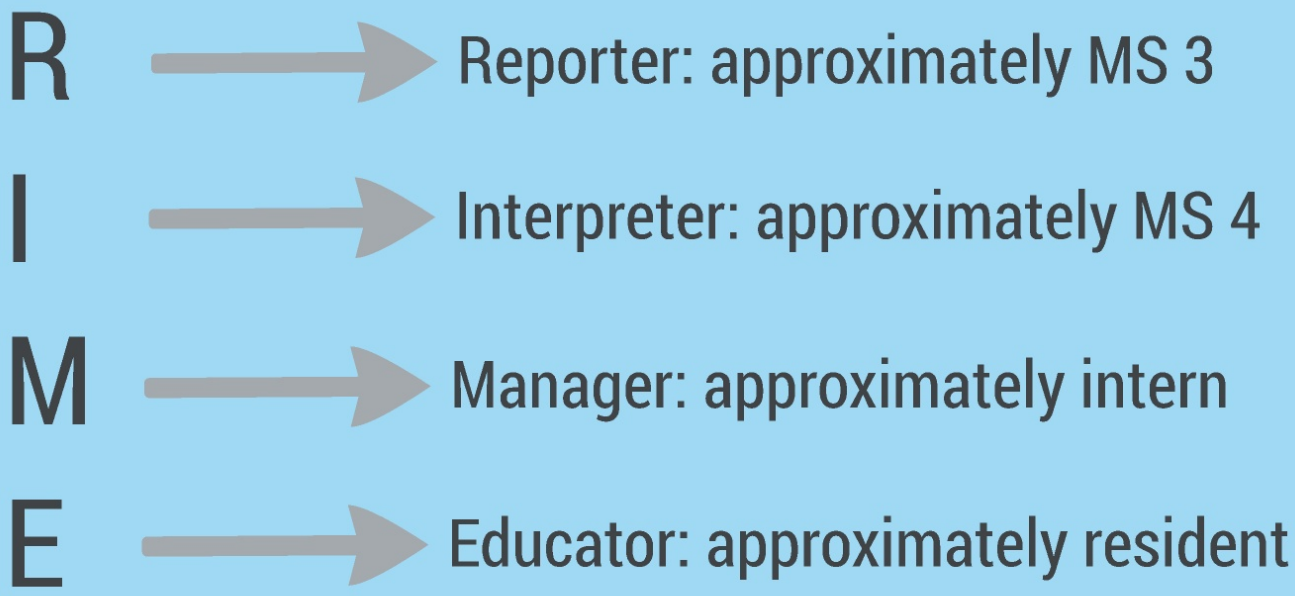


Gathering objective data

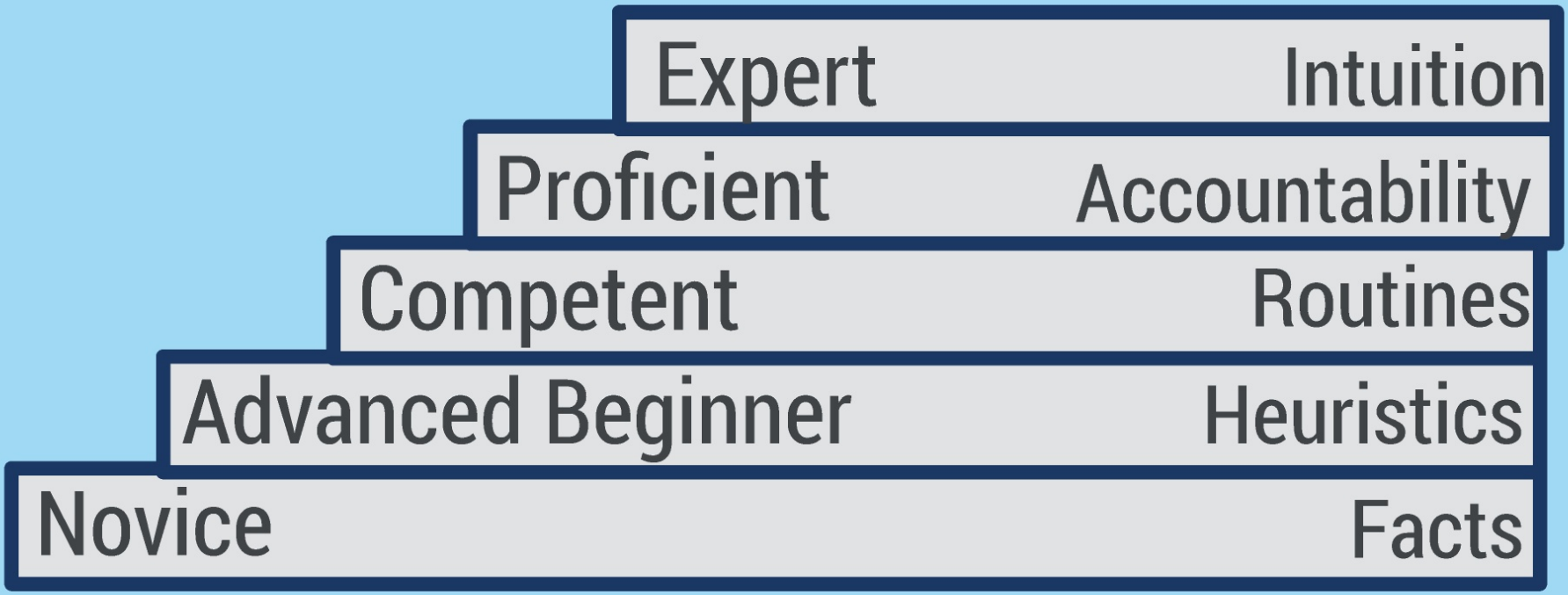
- Patient notes
- Verbal rounds and presentations
- Observation of patient interactions
- Feedback from administrative staff, colleagues, patients
- EPAs can objectify and delineate standard behavior and performance
- Student interviews in the form of diagnostic conversations



RIME for Assessing the Learner's Level

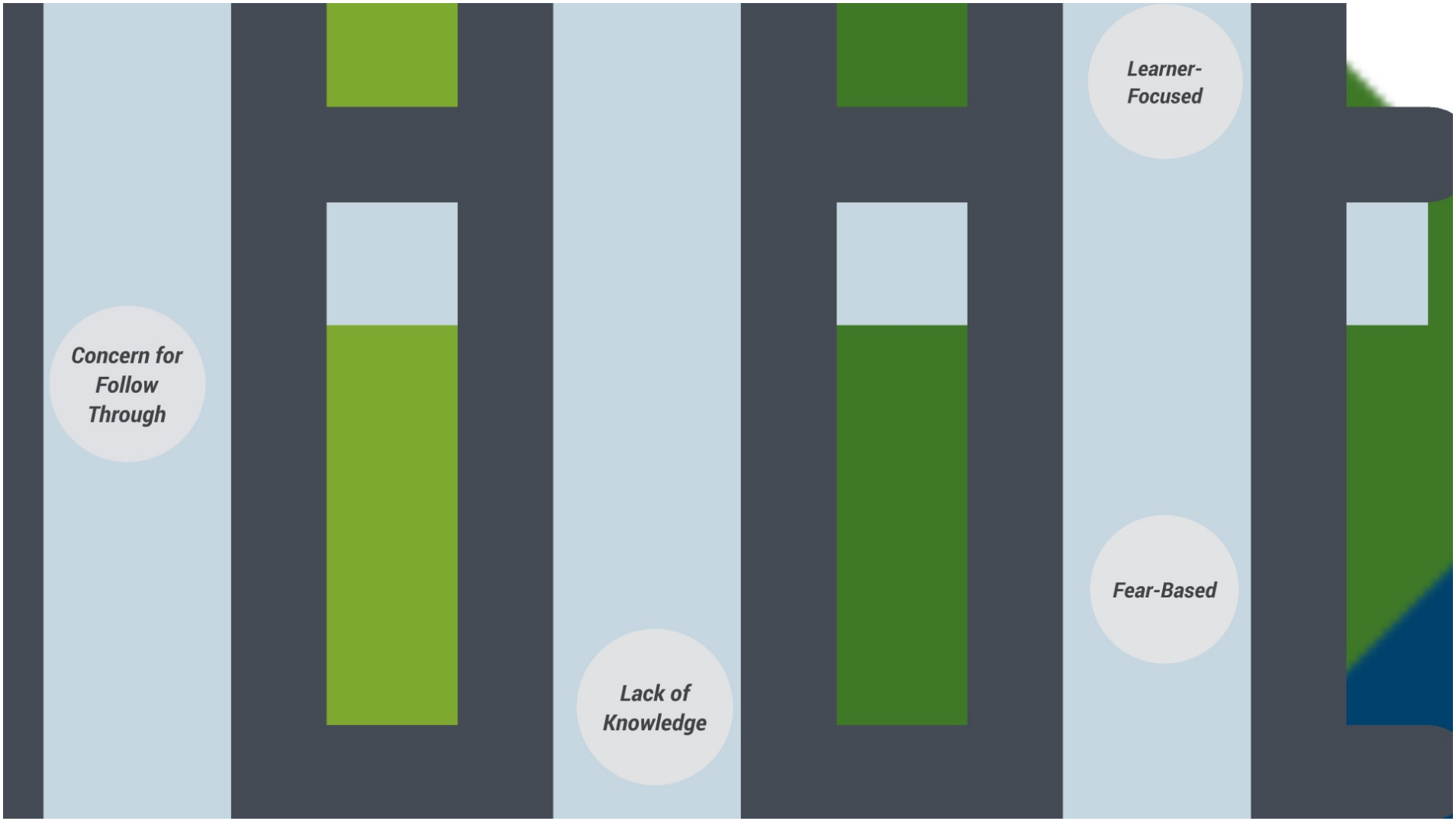


Information and Processing by Level



Barriers to Reporting

Educators can get stuck when problems are identified


Concern for Follow Through
Lack of Knowledge
Learner-Focused
Fear-Based

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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Insufficient student contact to know standards for performance expectations

Question the ability to fully and fairly assess the problem

EPA-based specific identifiers for level of training to establish expectations and determine where deficits lie

PNWU's Documentation of Counseling form for professionalism

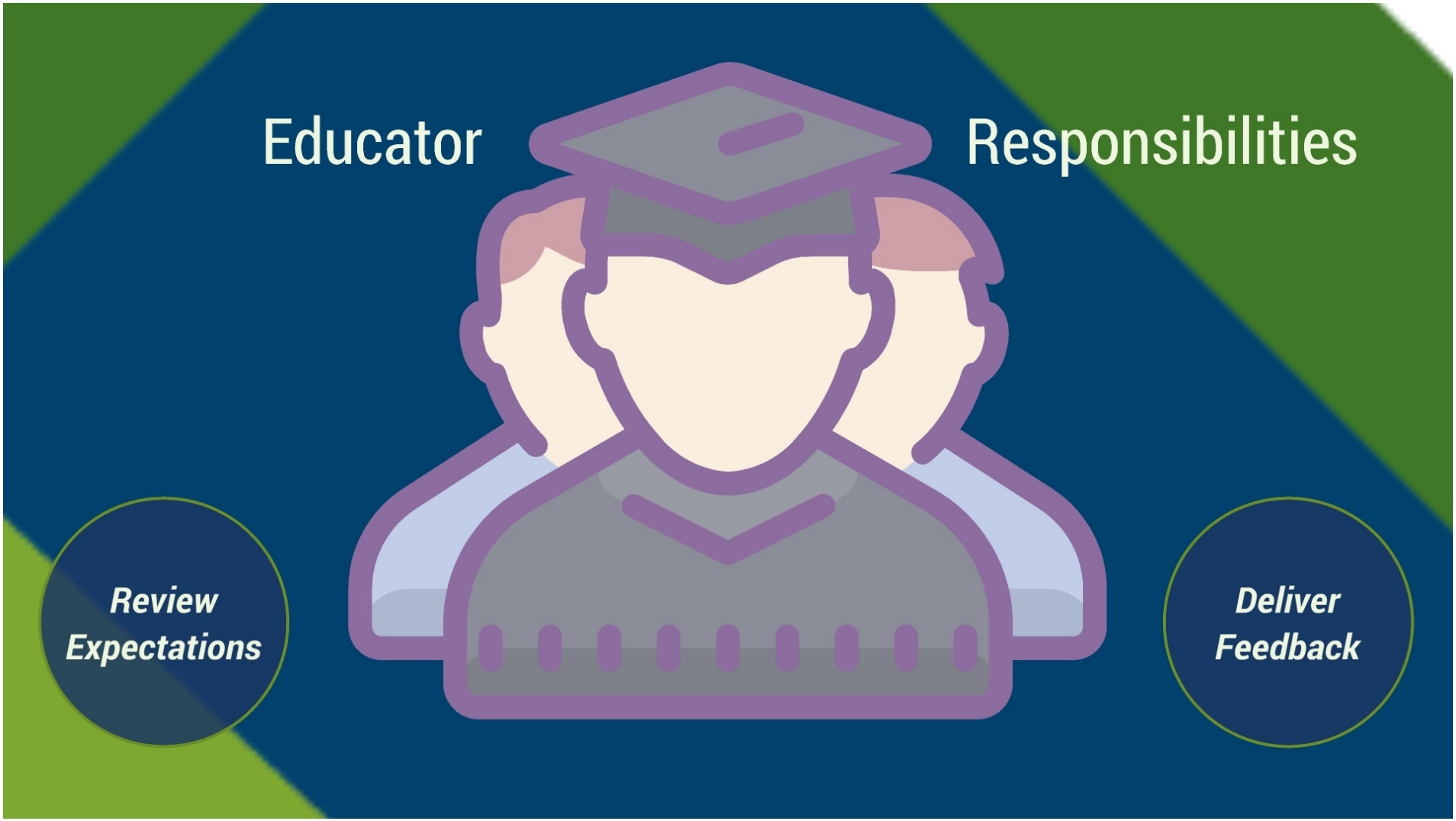
Concern for Follow Through

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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