



RECS Preceptor Press



September 2018

The Difficult Learner

A problem learner is a learner with academic performance that is significantly below performance potential because of a specific affective, cognitive, structural or interpersonal difficulty.

Vaughn, et al. Teaching and Learning in Medicine 1998; 10(4): 217-222.

Tips

T = type and specify the behaviors (gather specific examples)

I = identify the category of difficulty (cognitive, structural, interpersonal, affective)

P = perception versus reality (ask your learner for their perspective)

S = strategies for treatment and follow-up

Example 1

Inefficient, poor time management:

"You are doing a good job gathering and accurately reporting the relevant information for your patients, however your visits are taking longer than I would expect. It can be challenging to not get off on tangents in patient's rooms – do you think this is what is happening? This is a skill you need to learn to work in a busy clinic. I want you to try to look at the patient list ahead of time and write down pertinent issues to address and what tests, labs, or immunizations they need so you will quickly be able to order these."

For more examples, see feedback scripts from the Society of Hospitalist Medicine: <http://www.sohmlibrary.org/feedback-scripts.html>

Can present with:

Poor fund of knowledge, poor integration of material, inability to focus on important material/prioritize, problems with written or oral communication, poor organization, poor time management, overall low performance.

Strategies

1. Give feedback of no more than 3-4 sentences
2. Use neutral language
3. Focus on behavior and actions
4. Create 1-2 specific methods for improvement

* The office of MedEd is always willing to help with this!

Article: <https://www.tau.ac.il/medicine/cme/pituach/170210/7.pdf>

Example 2

Miss something on PE:

"I notice you sometimes miss more subtle exam findings (ex: rash, thrush, sacral) dimple) particularly at WCC's. Remember it is important to be thorough even when patients come in for a WCC and you are not expecting to find something wrong. Do you typically pull up/remove all clothing or check the mouth with a tongue depressor? I would like to observe 1 or 2 full physical exams and see if I can give you more specific tips."



Reminders!

Residents are not expected to stay in their clinic past 6pm.

For unexpected resident absences, while you may hear from your resident, you should expect to hear from the Chief resident and/or an APD via email or phone call.

ACGME requirements for RECS attendance: 36 half day sessions and 26 weeks/year

ACGME requirements for patients/session (average):
PGY-1: 3; PGY-2: 4; PGY-3: 5 patients/half session.

Precepting Pearl: "When I have a resident who says they hear something in the lungs or sees an ear infection and I disagree after I have examined them and I am in the room with the family, I say, "I see why you would have thought that" or "I see what you are talking about" BUT the lungs cleared after he coughed or the landmarks were clear/there was no bulging....."